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TRANSITIONS IN FOSTER CARE:

THE DEVELOPMENT OF TRAINING PROGRAMMES FOR FOSTER CARE WORKERS

VOLUME ONE

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ABSTRACT

This thesis set out to develop training programmes for foster parents and social workers involved in the provision of foster care services, as a means to addressing the current crises in the field. Studies both nationally and internationally have been critical of efforts by agencies to provide stable placements to children who needed to be removed from their biological parents but, with some notable exceptions, few have gone on to address responses to these deficiencies in any systematic way.

The first element in the development of these training programmes was to establish an epistemology which would provide a comprehensive framework for practice. Urie Bronfenbrenner's theory of human development and Garbarino's empirical research into environments which are detrimental to children were brought together with principles emerging from research into foster care, to develop an ecological framework for foster care.

The ecological framework was then translated into a training methodology by means of the Developmental Research and Utilization Model advanced by Thomas. This methodology identified a series of reference points around which the training programmes were constructed. These training programmes, which are set out in Volume 2 of this dissertation, were then evaluated in agencies concerned with the provision of foster care services. Changes in perceptions about

foster care, their methods of service delivery, increased attention to agency policies supporting effective intervention and delivery of foster care services were reported. Greater emphasis on the role of biological parents, agency responsibility for assessing their needs and providing them with appropriate services were highlighted. The direct impact of the training programmes on children, however, was beyond the scope of this thesis.

Foster care is only one option to be considered when determining the most suitable alternative for a child. It can not be taken as a superior or inferior form of care in comparison to others but is only appropriate under certain circumstances. An important element in the management and development of a series of alternative options for children requiring substitute child care is knowledge about the extent of current provisions and their diverse forms. The thesis also reports on a limited survey of such facilities and programmes in New Zealand.

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training needs of foster care workers in New Zealand and have been intimately involved with the project since its inception. Their guidance, support, feedback and challenges have been most helpful in the development and evaluation stages of the project. They have now become the agents through which the training programmes developed in this thesis are made available to the practice community.

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INTRODUCTION

This thesis arises from a manifest social need in Western societies for the provision of foster care. It is also motivated by a powerful concern for those children who are the subjects of foster care services. Writing in the context of the United States, Fanshel and Shinn (1978) posed this question which is equally pertinent to New Zealand:

Why is this system (foster care) intended to offer temporary haven to children, incapable of restoring large numbers of them to their own families or of providing adoptive placements? (Fanshel and Shinn, 1978:476).

The focus and approach of the present thesis represent a practical response to the difficulties experienced by all parties engaged in providing for and managing the complex processes involved in quality foster care. My concern with the plight of foster children grew from practice as a social worker in the Department of Social Welfare during the 1970's. This was a time when criticism of the foster care system in New Zealand was increasing and evaluative research studies were beginning to suggest that too many children were experiencing a series of placements, often in quick succession, which were endangering their long term mental health (Stirling, 1972; Prasad, 1975). The validity of these early findings was questioned because the samples used were small and limited to particular geographical regions of New Zealand. Subsequently, a much more elaborate national study which was undertaken to identify the true nature of foster care in New Zealand

(Groves et al., 1978; Mackay, 1981) confirmed that "a substantial number of children ... experienced a relatively high turnover of long term placements" (Mackay, 1981:61), a condition that was considered detrimental to their individual and social well-being.

Studies into foster care in the United States and the United Kingdom have identified similar concerns. Foster care, although intended to be a short term arrangement aimed at alleviating family crises, (Child Welfare League of America, 1975), has become a permanent state for many children. Indeed, many studies have discovered that inadequate planning for children who needed foster home placements resulted in long delays in reuniting them with their biological parents (Sherman, Neuman and Shyne, 1973; Festinger, 1976; Wiltse, 1976; Gruber, 1978). While it was recognized that foster care seemed destined to remain an indispensable service for many children there was concern that a placement could be prolonged beyond a limited time when it was likely to be of benefit to the foster child and his/her family. Furthermore, it was believed that the child should be guaranteed the best possible care during the intervention process and that a placement should not be made if the provision of appropriate services would enable the child to remain with the biological family (Kadushin, 1980).

The Response

In the United States during the 1970's there was "an unwillingness to tolerate these problems" (Lahti, 1984a:6) in foster care. This sense of urgency in the practice community triggered a search for solutions to improve foster care services. Perhaps the most significant of

these entailed the setting up of demonstration projects in which enriched programmes were offered to selected children and the effectiveness of these projects was measured against controlled groups which continued to be provided with the usual agency programmes. Results from these demonstration projects (Jones, Neuman and Shyne, 1976; Stein, Gambrill and Wiltse, 1978; Emlem et al., 1977) suggested that when it became necessary to place children in foster homes, every effort should be made to provide the necessary services to reunite the children with their biological families. Where such reunification was not possible or advisable, every effort should be made to place the children in an alternative permanent placement as soon as possible. The intensive programmes advanced by the demonstration projects effectively synthesised research findings and identified a number of principles which were considered essential to the provision of effective foster care. These principles included the following:

- (a) The provision of appropriate services to both children and their parents
- (b) The involvement in planning of people significant in a child's life
- (c) The adoption of a decision making stance coupled with constant monitoring of progress towards agreed goals
- (d) Use of the legal process to make a child available for placement in a permanent home when family circumstances indicated that it would not be possible for the foster child to return to the care of the biological parents.

Many of the principles have subsequently been incorporated into

legislation in the United States. To some extent, the provision of federal funding to state and county departments of social services has been made contingent on adherence to these principles.

By the time the findings from Mackay's (1981) study were available in New Zealand, some significant policies were being put in place by agencies providing foster care services in order to provide more effectively for foster children and their families. Two of the most important developments were programmes entitled 'planning for children in care' and 'intensive foster care schemes', which were established in Auckland and Christchurch. Planning emphasized the formulation of clear goals by those involved in the foster care of any child, the development of contracts amongst the parties and the setting up of procedures for reviewing progress. These intensive foster care schemes, while incorporating the new planning procedures, also enabled specially selected social workers to be responsible for up to ten cases of severely disturbed children who would normally have been placed in institutions. The intensive schemes heralded a new and important development in foster care in New Zealand. Although their success was not initially questioned, the schemes had only catered for 33 children between December 1979 and February 1982 (Department of Social Welfare and New Zealand Foster Care Federation, 1982). These 33 children represent a very small proportion of the approximately 1000 children who enter care each year in New Zealand. Many of the children admitted to foster care are disturbed and have experienced considerable instability in their lives. Their needs are therefore immediate and they require intensive support and services to address the factors which resulted in the separation from their parents. The

rate at which the intensive scheme could respond to them was far too slow. The policy of supporting only a limited number of children in the scheme at any one time clearly indicated that such services would not be available to all the children requiring them for some time.

The planning procedures being proposed were clearly capable of affecting many more children in a much shorter time than the intensive scheme. However, this approach emphasised administrative procedures and did not articulate any specific philosophical approach to the provision of foster care services. Although the planning procedures adopted facilitated the entry of a child into foster care, and monitored the process of intervention, it is doubtful whether these procedures addressed the fundamental problems involved in the way foster care services were delivered.

Perhaps the leading national proponent of foster children in New Zealand is the New Zealand Foster Care Federation (NZFCF), a national organisation of foster parents, social workers and allied professionals. While the Federation supported and was actively involved in the 'intensive foster care scheme' as well as 'planning for children in care', its members were dissatisfied with the direction and pace of change because large numbers of children were outside of these initiatives and therefore unlikely to be affected by them for some time to come. The executive of the Federation actively campaigned for a greater awareness of the nature of foster care amongst its members and expected a similar commitment from the personnel of social service agencies engaged in the provision of foster care. My involvement with the NZFCF since its inception in

1976, together with earlier research and practice in the field, convinced me of the urgent need for substantive reforms in the delivery of foster care services which supported the reunification of the foster child and his/her biological family.

Clearly many types of responses to the problems in foster care were possible. However, it was evident that there was merit in pursuing an option which had the greatest potential to reach a relatively large number of people. Because the majority of practising social workers in New Zealand were untrained (Rochford and Robb, 1981) and no readily available indigenous training programmes in foster care were available, the decision to develop training programmes, which could also reach a relatively large practice population, seemed logical. The proposal also found favour with members of the NZFCF who simply did not wish to repeat isolated intensive programmes which benefited few children. The aim was to disseminate, as widely as possible, the experience and knowledge gained from research and practice and thus the development and testing of a theoretically based training programme emanated from a desire to respond to the 'problems' of foster care. The training programmes are at the centre of the present study.

Thesis

It will be argued in the present thesis that the purpose of a foster care programme is to provide temporary placements for children who cannot remain with their biological parents because of some identifiable stress in their lives. Foster care is designed to

provide appropriate services to the respective parties involved, including the biological parents, so that eventually the child can be returned to his/her natural home. If regular monitoring of the progress of all parties indicates that the child's return cannot be achieved within a reasonable period of time, then it is assumed that permanent alternatives should be sought as soon as possible.

The means by which the above objective could be achieved are referred to by Thomas (1978b) as social technology. The training programmes represent the social technology developed in this thesis. There were four elements which guided the development of the training programmes.

First, training programmes should be based on an overall theoretical framework which finds support for the particular relationships emphasised in the research literature. An ecological framework for foster care is advanced, based on a synthesis of ecological theory (Bronfenbrenner, 1979), and taking into account the environments which place children at risk (Garbarino, 1976, 1978 & 1982a) as well as research evidence in foster care.

Secondly, the translation of the theoretical framework into curriculum for the training programmes is guided by the Developmental Research and Utilization Model (Thomas, 1978a & 1978b). This model provides a systematic series of steps to guide the development of a 'tool' with which to address the problems in foster care.

A third element in the thesis addresses the practices of social workers and foster parents, all of whom are intimately involved in the

delivery of foster care services. Any approach aimed at addressing the problems in foster care needs to consider these respective parties because their roles are complementary. The development of a partnership amongst those involved in foster care is therefore emphasised as is training for both the foster parents and social workers.

Finally, we take the view in this dissertation that training programmes should be the subject of a thorough evaluation in the field to see whether or not they fulfil the objectives set for them and the extent to which they meet the needs that were the basis for developing the courses in the first place.

Thesis Outline

The development and evaluation of a theory based training programme for foster parents and another for social workers is the subject matter of this dissertation. Chapter 1 reviews the relevant research literature, specifically those studies which examine the nature of the problems in foster care while simultaneously proposing ways in which foster care services might be improved. Priority was given to those findings which could directly benefit the practice and policies of foster care agencies.

Chapter 2 develops an ecological framework for foster care which conceptualises the overall process of the placement of a child in a foster home, identifies the significant participants and the dynamic relationships among them. This framework also enables one to examine

the roles of respective participants and the central coordinating functions of the agency. The framework specifically highlights the biological parent role and its relationship with the agency.

Because the decision to place a child in a particular type of facility should be made on the basis of the child's needs and the ability of the institution or home to meet them, it is essential for the practitioner to have a good knowledge of the broad range of substitute child care resources. To develop such a resource and in order to place foster care in the context of other forms of substitute child care in New Zealand, a survey of the provisions available was undertaken. The results of the survey are reported in chapter 3. For reasons explained elsewhere in the dissertation, the survey which generated the data used in the "map" was limited to voluntary agencies, private agencies, Hospital Boards and the Education Department.

The development of an ecological framework, the literature and the survey of current provisions for substitute child care do not, on their own, result in a new "tool" with which to attack the problems of foster care. The particular social technology to do this, namely the training programmes for social workers and foster parents, were developed in accordance with the methodological steps contained in the Development Research and Utilization Model (Thomas, 1978b). Chapter 4 examines this model in the context of other approaches to research in an applied professional field such as social work. In addition to describing the procedures used in developing the training package, Chapter 5 also examines the programme and content.

The training programmes were evaluated in two steps, a pilot test followed by a more extensive field evaluation. Changes to the training programmes arising from the results of the pilot test are also discussed in chapter 5. Chapter 6 presents, in case study form, a preliminary evaluation of the impact of the training programmes on foster care workers. This chapter also examines the initial step in dissemination of the training programmes. Chapter 7 summarizes the dissertation and draws some conclusions.

The two training programmes developed in this dissertation and collectively referred to as 'A Journey into Foster Care' are contained in Volume 2 of the thesis. This part of the thesis was published in 1984 by the New Zealand Foster Care Federation, after it had gone through the evaluation phase reported in Chapter 6. It bears pointing out that Volume 2 is written as a guide to trainers and is not presented as a dissertation. It represents an early stage in the development of this dissertation.

CHAPTER ONE

EMERGING PRINCIPLES IN FOSTER CARE RESEARCH

The literature on the foster care of children is both extensive and complex. Research studies have been conducted in a number of countries, on a range of exhaustive assessment of the many different types of studies available. Instead, it examined those studies which clarified the problems in foster care and those which suggested possible ways for improving foster care service to children and their families. The search was for indicators on which some consensus existed and which were capable of guiding improvements in social work practice and agency policies directed towards serving foster children.

In order to organize the examination of the large number and different types of studies it was necessary to develop a method for categorizing them. While no classification of studies in such a complex field would be absolute, nor would it place every study into precise categories, a general classification based on a methodological series of distinctions was adopted in this thesis. Thus the studies were divided into the following four types: Follow Up, Cross-sectional, Longitudinal and Experimental studies. Follow Up studies evaluated the adjustments of adults who had been in foster care as children. They were the earliest form of studies in foster care and are now not as common as experimental studies. Cross-sectional studies examined the experiences of samples of children, foster parents, biological parents, and social workers who were actually involved in foster care

at the time of the study. Longitudinal studies traced, over an extended period, the experiences of foster children, foster parents, biological parents, and agencies. Finally, experimental studies tested some of the ideas from earlier studies within a philosophical framework that supported permanent arrangements for children.

A different format was adopted in this chapter for discussing each of the four types of studies because each made unique contributions to our understanding of the problems in foster care and avenues which could be pursued in developing solutions. Follow Up studies were reviewed in the chronological order in which they were conducted. Emphasis was placed on the personal adjustment of adults as well as the factors associated with their foster care experience which made positive contributions to that adjustment. Cross-sectional studies, the most common of all the types of studies, pursued a number of similar themes which detailed the experiences of foster children, biological parents, foster parents and agency practice. Not only did these themes enhance our understanding of foster care, but they also identified avenues which could be explored in developing more appropriate foster care programmes. The discussion of cross-sectional studies is therefore organized along the themes which emerged from this group of studies. Longitudinal studies in foster care were conducted as a consequence of criticisms of cross-sectional studies and their inability to give a historical perspective of the life experiences of foster children. As far as can be ascertained, only one longitudinal study in foster care has ever been published (Fanshel and Shinn, 1978). It comprised a series of sub studies of the experiences of biological parents, agencies and foster children. Each

is discussed separately with a view to confirming findings studies and seeking guidance for areas in which improvement achieved. The final group, experimental studies, which includes demonstration projects, applied new ideas on service delivery and evaluated the changes they were able to achieve. These studies were of interest because they provided details on what could be generalised to agency practice in foster care. The review of experimental studies is organized along those dimensions of practice found to be associated with reunification between foster children and their biological parents or, where this was not possible, the placement of the foster child in an alternate permanent home. The chapter culminates in a summary of the major literature reviewed along six dimensions.

Follow Up Studies

Up until the early 1900's in New Zealand, residential institutions provided the main method of caring for children who could not remain with their parents. However, the children could be placed out in foster homes with the permission of the managers of the institutions. Concern for the care provided for the children under this system led to a campaign by John Beck (1) for legislative change which made it mandatory for children to be placed in foster homes unless there were very special reasons for their placement in institutions. During the same period it also became common practice to "place out" large numbers of children from East Coast cities of the United States of America to rural areas. The system generated much controversy in the early part of this century (Kadushin, 1980) and led to a number of

studies designed to assess the effects of placement on adult life. The earliest such study (Theis, 1924) followed up a sample of 562 former foster children (2) who were over eighteen years of age and who had been in foster care for at least a year. The subjects were either interviewed personally or information obtained from relatives or foster parents. Those who were:

....law abiding, managed their affairs with good sense, and who were living in accordance with the moral standards of their communities.... (Kadushin, 1980:377)

were judged by experienced supervisors as "capable". Those that were "shiftless, or who defied the accepted standards of morality or order of their communities" were considered "incapable". On these criteria, 73% were adjudged as "capable".

A second large study (Baylor and Monachesi, 1939) conducted in 1939, followed up 478 children four to six years after discharge. Information was gathered from a variety of sources, including visits to employers and related people. While the material was assembled by case workers, the authors independently evaluated their findings and concluded that 67.4% were "behaving favourably" at the time of the follow up (3). Children placed because of behavioural difficulties had a much higher percentage of "unfavourable behaviour" than those placed for health reasons, those from broken homes and those placed because of neglect.

While these two studies (Baylor and Monachesi, 1939) showed positive results, each contained methodological problems. Both studies used

different indicators of success which makes comparison problematic. Furthermore, baseline data on the behaviour of the children at the time of entry into care was not available, thus making an assessment of the degree of change difficult to gauge. Nevertheless, the positive findings were taken by programme operators to indicate that their practices were generally sound (Theis, 1924).

Such findings were called into question by a Dutch study of 160 former foster children (Van der Waals, 1960). The study, conducted between 1952 and 1954, involved in depth interviews by a trained social worker. The children were between three and fourteen years of age when they entered foster care and all had spent most of their childhood with foster parents. Although at the time of the interview the former foster children were socially well established

....many felt unsuccessful, dissatisfied and distressed. Emotionally unadjusted, they felt that their lives had not been worth living (Van der Waals, 1960:33).

More than half the sample expressed strong negative feelings towards their former foster parents and felt deprived, materially as well as emotionally. Seventy-five percent had no contact with their own parents, expressed strong feelings of hostility toward them and spoke bitterly of how the parents had wronged them.

The study (Van der Waals, 1960) suggested former foster children carried the negative lasting impressions of their time in foster care with them into adult life and also gave glimpses of the conditions associated with positive experiences. Placements in which children felt secure were characterized by the following: a close positive bond

between foster parents and foster children, mutual understanding and forgiveness, and belief in the real devotion of their own mothers which transpired when natural parents had kept in close contact with the foster parents. Van der Waals (1960) concluded:

This feeling of being loved by their own mothers evidently helped in their relationship with foster parents, for these respondents also tended to speak kindly of their foster parents (Van der Waals, 1960:31).

A study by Meier (1966) which duplicated earlier follow up studies, gave more details of specific areas in which former foster children had problems. Meier studied 66 former foster children when they were aged between 28 and 32 years and who had spent at least five years of their childhood in care. None of them had returned to their biological families. Each person was rated for "social effectiveness" and "sense of well being" (4) on six factors (5). Data was collected through personal interviews, observations, and questionnaires.

In "social effectiveness" 59% of all men received no negative ratings, 21% received one and 20% received two or more (6). In "sense of well-being", 56% of men and women had four or more positive ratings and 44% had fewer. While these findings would suggest that the majority of former foster children were well adjusted, in some specific areas significant proportions of adults were having difficulties. For example 30% of the women had "social effectiveness" ratings for parenthood that were negative, that is, the physical care they provided their children was poor, they had severe child behaviour or discipline problems and severe parent-child relationship problems. Fifty percent of the women had negative well-being ratings for

parenthood in that they felt inadequate as parents and did not adapt well to it. Thirty-seven percent of the women had negative well-being ratings for "health". They described their current circumstances in terms of unresolved matters from the past, such as death of their mother or traumatic childhood events. An examination of other specific indicators of "well-being" and "social effectiveness" also showed significant proportions of the survey sample reporting adjustment difficulties as adults. Notwithstanding questions about the validity of the measures Meier (1966) used to determine what constituted successful foster care experiences, we do get an indication from the study of some of the areas in which former foster children experienced difficulties as adults.

Gil (1964) added a further dimension to follow up studies by asserting that the method of service delivery to children in foster care determined the nature of their future adjustment. Calling agencies to provide appropriate services and to be accountable for the services provided, he argued that such questions could not be addressed simply by collecting data on children's post-placement experiences and comparing them with "normal" levels of functioning in their communities. Gil (1964) believed that foster care outcome could only appropriately be determined by taking account of the child's pre-placement developmental potential (7), its post-placement realization and the services provided by the agency in realizing that potential. Gil (1964) conducted such an intensive study, following 25 adults who had left the agency's care five or six years earlier. Their pre-placement "developmental potential" and services provided by the agency were determined from agency records. Post-placement

realisation of their "pre-placement potential" was assessed on the basis of concurrence by a panel made up of social workers, psychologists, and psychiatrists.

Forty-eight percent of the subjects showed "considerable realisation of preadmission developmental potential" (Gil, 1964:235), while the remainder achieved limited realization of such potential. These two categories reflected marked differences in formal education, occupation, interpersonal relationships, sexual relations, functioning in the parental role, conformity to social norms, personality, mental health and a sense of contentment. The study also established that adjustment was not related to the number of placements a person had when in care but to the quality of the foster homes and social work services. Children who had positive placements and those for whom case plans were consistent with their developmental needs realized their potential to a "considerable extent".

Follow up studies, carried out in the mid 1960's, made a second important contribution in addition to establishing that many former foster children led productive lives as adults. They identified features of foster care programmes that could be incorporated into agency practice to improve the effectiveness of foster care services. The Gil (1964) study is one such example. Another is a Canadian study by Murphy (1964, a; 1964, b) which examined the experiences of 346 former foster children for factors that were predictive of placement outcome. The children were classified into two groups: those who were considered "bad risk" (148 children) and "favourable risk" (198 children) on the basis of data from agency records. These children

had been in continuous care for five years, had left the care of the agency when the study began, had no indication of mental subnormality or brain damage and were over eleven years old when the study began. The experiences of the children in the foster home in which they stayed the longest time were analyzed and related to placement outcome.

Experienced agency workers familiar with the cases were asked to rate the outcome of the children's experiences in foster care using one of the following three categories:

- (a) Outcome ostensibly satisfactory
- (b) Less satisfactory but without signs of open pathology
- (c) Unsatisfactory, with signs of pathological or anti-social behaviour.

Categories (a) and (b) were later collapsed into one.

Eighty percent of the children had either an (a) or (b) rating which would appear to confirm that outcome was satisfactory in the majority of cases. However, some caution is indicated since the study was not of adults but of children who had just left foster care. Of greater significance, from the point of view of future practice, were the findings relating to factors in the biological homes and foster homes that related to outcome. Where the children had been rejected by both parents, "outcomes" for boys were poorer than for girls. Placements made for reasons outside parental control, including mental illness, were related to positive outcomes. A hostile attitude on the part of the foster mother toward the biological mother was also associated with poor outcome.

The most recent follow up study was carried out by Rest and Watson (1984). Although based on a small sample, it was an in-depth inquiry into the experiences of nine men and four women who had been in long term foster care since six years of age. They were discharged as adults. Three dimensions were considered:

- (1) Current functioning
- (2) Significance of the foster care experience in childhood and its influence on present life and
- (3) The subject's judgments and experiences.

The study concluded that the young adults were functioning "at quite an acceptable level" (Rest and Watson, 1984:297). Such a positive conclusion, however, masks some of the more subtle aspects of foster care experiences which account for the potentially damaging images former foster children may carry with them into adult life. In all cases there was a discrepancy between the subject's and agency's version of how the child came into foster care. The subjects were generally protective of their biological parents and saw placement as being forced on them. They felt their parents had financial and health worries and therefore had no choice in placing them in foster care. Agency records, however, gave quite different accounts of the reasons for their admission into foster care. These former foster children also displayed some confusion about what they understood were the reasons for the moves they made while they were in care. When asked about their perception of their foster care experiences, the subjects reported feeling expendable in that they could have been removed from their foster homes at any time and therefore had a complete lack of control over their situations. The authors concluded

that the impermanence experienced by the subjects did not:

....impair their abilities to lead independent, outwardly satisfactory lives but left them at risk of an impaired self image from the deeply felt stigma of foster care, a difficulty in establishing emotional intimacy, and an unresolved sense of loss (Rest and Watson, 1984:291).

What can we learn from the follow up studies reviewed here? Kadushin (1980:379) concluded that "children who were in foster care for long periods have in 70% to 80% of the cases grown up satisfactorily". Whether such a conclusion can be fully supported is open to question. Some of the variables used to denote success are debatable. For example, measures of "well-being" and conformity to the mores of the community one lives in could mask some of the hurt and pain which resulted from negative early experiences in foster care and which former foster children may carry with them into adult life. Important data is usually missing in these studies because they do not tell us about the experiences of the adults from the time they left foster care to the time of the follow up, sometimes a period of years. Finally, when the quality of the child's early experiences and agency services are examined in detail, useful positive attributes can be extracted which could inform current and future provision of foster care services.

Follow up studies tell us something about the adjustment of former foster children. Information on the experiences of foster children still in placement and the activities of agency personnel, foster parents and biological parents who are associated with them, however, comes from a second group of studies referred to here as cross-

sectional studies.

Cross-Sectional Studies

Studies based on samples of those (8) currently involved in foster care are the most common type of investigations carried out in this field. While providing information on the present provision for foster children, the studies vary in their size, focus and methodology. In size they range from those based on large samples (Gray and Parr, 1957; Maas and Engler, 1959; Vaslay, 1976; Gruber, 1978), to those based on single agencies, (MacKay, 1981). Some studies focus on the children (Weinstein, 1960; Rowe and Lambert, 1973) while others concentrate on foster parents (Wolins, 1963; Adamson, 1973). In methodology, the studies range from in-depth qualitative analysis of small numbers of subjects (Weinstein, 1960; Adamson, 1973), to those based on quantitative surveys and sociometric tests (Mackay, 1981; Fanshel and Shinn, 1978). Information utilized has been gathered from agency records (Trasler, 1960; Parker, 1966, George 1970; Napier, 1972) as well as through questionnaires and interviews (Maas and Engler, 1959; Gruber, 1978). There is a remarkable similarity in the findings of many of the studies. Perhaps this should not be surprising since most of the studies were conducted in the United States of America, the United Kingdom and New Zealand, all countries that have much in common with each other and amongst which literature and ideas are easily exchanged.

There are two purposes for reviewing findings from cross-sectional

studies: to identify the precise nature of the problems in foster care, and to isolate those factors that occur with some regularity and which would be useful in guiding practitioners in foster care. The six themes which emerged from the cross-sectional studies, and which were corroborated by a number of studies, are used to organize the discussion of the findings in this section. They were:

- (a) Instability of foster home placements
- (b) The place of the biological parents
- (c) Differences in role perceptions of participants in foster care
- (d) The importance of the first year of placement
- (e) The need for detailed assessment of biological parents' circumstances
- (f) Socioeconomic status and ethnicity of those involved in foster care.

Studies that contribute to an understanding of the above themes are discussed in the chronological order in which they were completed. Only when a study is referred to for the first time will an explanation of the purpose and methodology be given.

(a) Instability of Foster Home Placements

One of the recurring themes over the past 25 years in the foster care literature is the amount of instability in the lives of foster children while they are still in the care of agencies. This theme runs counter to the sentiment contained in the definition of foster care as a stable (planned) experience for children. The Child Welfare

League of America defines foster care as:

A child welfare service which provides substitute family care for a planned period for a child when his own family cannot care for him for a temporary or extended period and when adoption is neither desirable nor possible (CWLA, 1975:8).

It has always been expected that foster care placements for a child could be for varying periods (Slingerland, 1919). However, what the definition highlights is the additional requirement that it be a planned process. One of the earliest and probably most significant cross-sectional studies to alert social workers to the instability experienced by children in foster care was conducted by Maas and Engler (1959) in nine communities in the United States of America. In this large scale investigation the authors set out to collect data on the experiences and adjustments of dependent children, their placement history and their chances of gaining a permanent home. Over four thousand case records from a range of agencies were examined and 882 cases selected for detailed study. Information on the children was gathered from agency records while characteristics of the communities were obtained from secondary sources on population and community profiles. Interviews were also conducted with key people in the nine communities. This study was the first to provide systematic and detailed information about foster children in America (Maas and Engler, 1959).

One of the most disturbing findings was that in all the communities the parents of over half the children in foster care had no plans other than for long term care or had unresolved conflicts over plans.

The parents preferred foster care even when, in the authors' estimation, one child in four could have been made available for adoption. It was clearly the intention that foster home placement be a temporary process on the way to a more permanent outcome. However, Maas and Engler (1959) found that the average length of stay of the children varied in the nine communities from 1.2 to eight years, with the majority staying between two and five years.

In Gray and Parr's (1957) study of foster care in England and Wales, the average time per child in care was 4.77 years with 67.3% experiencing over two years in placement. This was a study of 1,776 children in the care of six local authorities. Data on the characteristics of the foster parents and foster children was collected from agency records. More recent studies also confirmed that on average, children spent considerable periods of time under the temporary status of foster care even though indications were that a more permanent status could have been confirmed.

Bryce and Ehlert (1971) were concerned with the number of children staying in temporary care even after it had become clear that they could not return home. They followed up 144 children in an American midwest county collecting data from case supervisors. The average length of time the children had been in placement was over three years. Twenty-five percent had been in their foster home for over 5 years. From the social workers' ratings of the biological parents' potential to continue caring for these children, it was clear that half the children would never return home and yet for many that was the agency plan.

Rowe and Lambert's (1973) comprehensive review of 2,812 children in 33 agencies in England, Scotland and Wales concluded that the average time the children had been in care was more than three years. Many children had spent the greater proportion of their lives in care. This finding was corroborated by Gruber's (1978) survey of 5,862 children which set out "to identify the characteristics and problems of children in...(the care of state and voluntary agencies)...in Massachusetts" (Gruber, 1978:18). Even more alarming was the assessment of the social workers that 61% of the children were expected to remain in care until their eighteenth birthday. More often than not, those involved in foster care expected the children to remain permanently in foster care. Sixty-eight percent had been in foster care between four and eight years with the average being five years. Quite surprisingly, 83% of the children had never returned to their parents even for trial periods, although 49.4% had entered care for a specific length of time.

The above studies reveal that although many children enter foster care for short periods, they remain there for long periods. While such a pattern reflected instability in the lives of foster children, an additional characteristic was the number of disrupted placements or moves experienced by foster children while they were in care. These were generally referred to as failed placements.

Trasler (1960) was the first to suggest a simple yet clear criterion for the success of a placement. He believed that placements which lasted five years or more should be deemed successful. While such a definition presents problems where placements are terminated for

reasons beyond the control of the parties involved, such as the death or illness of a foster parent, it has been widely used as a criterion for success in a number of studies (Parker, 1960; George, 1970; Stirling, 1972; Napier, 1972; Prasad, 1975). Trasler (1960) followed the placement histories of 57 children and estimated that "between a third and two fifths of all long term placements are unsuccessful" (Trasler, 1960:2). In a similar study, Parker (1960) concluded that 52% of placements ended prematurely.

George (1970) replicated Parker's study in three different agencies and with subjects who were placed in long term foster care between 1961 and 1963 (9). Based on data extracted from case records, the success rate in George's study was 30% when children who returned to their parents, or were adopted by foster parents, were excluded. When adopted children and those who returned to their parents before the five year period are taken as being successful, the success rate for the study was still only 46%. A further replication of these studies in one English agency (Napier, 1972) found a much more favourable rate of success with 64% of the children remaining in placements which lasted for five or more years.

The first evaluation study into foster care in New Zealand, conducted by Stirling in 1972, was essentially a replication of Parker's study with the exception that a 2 year period of stay in a foster home was taken to define success. The study sample was made up of 67 children who came into the care of the Department of Social Welfare between 1960 and 1965. The placement histories, as recorded in the personal files of each child was examined for the five year period following

entry into care. Sixty-six percent of the placements had terminated within the first two years. When the results were reworked, by the writer, using a five year period as denoting success, only 13% were successful. A further replication of this type of study which was conducted using a different sample of New Zealand children (Prasad, 1975), produced a much higher success rate of 34%. The difference in success rates could possibly be explained by the different locations of the two studies (Auckland and Wellington) and the Prasad study being based on children who largely came into care a few years after those in the Stirling study. Both New Zealand studies reflected success rates considerably below comparable overseas studies.

As a follow up to such findings the Department of Social Welfare set up a large study published in two volumes (Groves et al: 1978; MacKay, 1981). The study aimed:

....to establish the real extent of breakdown in foster placements in this country, and to attempt to determine what factors are associated with such breakdown (Mackay, 1981:12).

Data were collected from agency records by caseworkers on a randomly selected national sample of 654 children who came into the care of the state in 1971. In addition social workers and foster parents were asked to complete postal questionnaires on demographic details and opinions about foster care. Three hundred and ninety six children from this sample had been placed in foster homes during the five year follow up period and between them they had 868 placements, an average of 2.2 placements per child. Seven hundred and twenty seven of these placements ended during the study period. Using a two year criterion

for success, the authors concluded that 23% of all foster home placements made during the five year period were successful. Of those that were intended to be long term placements, 24% lasted only three months and 83% less than one year. The 654 children in the study had experienced 4,220 placements in total over five years, an average of 6.5 placements. The authors concluded that:

The total number of placements, as a gross measure of change, indicate that the lives of some of these children have been characterized by at least as much change and disruption since the guardianship order as they were preceding it (MacKay, 1981:61).

Therefore these children could not be guaranteed any more stability than they were experiencing in situations that required their admission into state care.

The final aspect of instability examined was the number of moves children experienced while they were in foster care. In the past there has been much criticism of foster care for allowing discontinuity of care arising from frequent changes of placement (Kadushin, 1978). Certainly the impression gained from the media and from practitioners' comments is that many children do experience a large number of moves while in care. Before critical comment can be made on this aspect of instability, there has to be some agreement on what is an unacceptable number. It is normal practice in many agencies to place a child in a temporary facility upon admission into care either for assessment purposes or as a temporary measure in an emergency. The following placement is then usually considered a permanent foster home. Thus one move could be considered normal and a

second one perhaps necessary in some situations. Fanshel and Shinn (1978) however, argued that it was accepted by most experts that "three or more moves would reflect going beyond the transfer from temporary to long term care" (Fanshel and Shinn, 1978:139). It would thus seem reasonable to assume that any more than two moves, coming in addition to the usual disruptions that children experience prior to entering care (MacKay, 1981) should be considered unacceptable.

A close examination of the research literature did not support the belief that the majority of children in foster care had more than three moves. Kadushin's examination of ten studies from the 1970's (Kadushin, 1978) showed that in six of the studies between 25% and 42% of the children had three or more moves while this figure was considerably lower in the remaining four studies. A similar pattern was revealed in the studies from the five American states synthesised by Vaslay (1976). Rowe and Lambert (1973) in their United Kingdom study found 27% of their large sample of 2,812 children had three or more moves. In two New Zealand studies, however, the number of moves was alarming. In one study (Prasad, 1975) 46.6% of the 91 children had three or more moves while MacKay (1978) found that only 21% of the 654 children had less than three moves. It has to be acknowledged that some of the studies showing a lower figure may have used different criteria for "moves". Assuming that the New Zealand figures would be lower if only "significant" moves were counted, then Kadushin's conclusion (1980) that about 75% of children in care experience two or fewer placements seems reasonable. However, the remaining 25% to 30% of children who experienced three or more moves ought to be of concern because these children take up a

disproportionate amount of agency time and effort. Practitioners are most concerned about these cases.

The cross-sectional studies reviewed indicated that many children experienced instability in foster care which was manifested in three ways. First, large numbers of children stayed in "temporary" placements for long periods of time without the certainty of permanence. Secondly, many foster home placements experienced unplanned terminations. Thirdly, about a quarter to a third of the children in care moved on three or more occasions and there was some evidence (Maas and Engler, 1959; Vaslay, 1976), to suggest a positive correlation between number of moves and increased levels of emotional disturbance.

Foster care researchers have often been criticised for dwelling on negative aspects of foster care (Dinnage and Pringle, 1967; Kadushin, 1978). Practitioners' interests lie in improving the system. Hence having identified the problem of instability, we now shift to isolate those factors which were associated with positive outcomes. If sufficient agreement was evident on these positive variables, it would provide impetus for their inclusion in agency policies, programmes and practice in foster care.

(b) The Place of Biological Parents in Foster Care

It is a common perception that biological parents are considered to have failed their children while foster parents have something to offer foster children that biological parents cannot, at least for the

time being. Such a relationship has often made the involvement of biological parents in the lives of their children in foster homes difficult, and at times traumatic. Some of the most consistent findings in the literature on foster care point to the importance of the biological parents in deciding on permanent homes for foster children.

We have already seen in the Maas and Engler (1959) study that many biological parents did not have clear cut plans either for the return of their children or their relinquishment to other forms of care. Seventy percent of the biological parents either had no relationship with the agencies that provided care for their children or had very untrusting and erratic links (Maas and Engler, 1959). In addition it was found that the agency workers' time was fully taken up by the day to day completion of agency tasks in caring for the children. Hence it came as no surprise that "most of the children were in a situation in which neither one of their parents ever visited or had more than superficial contact with them" (Maas and Engler, 1959, p. 351). On the basis of parental visiting and the existence of parental plans for the future of their children, Maas and Engler (1959) proposed three categories of children: the "unvisited", the "visited", and the "relinquished". Children whose parents had no plans for them other than long term care, who seldom visited, and who did not have an emotional relationship with their children were the "unvisited". These seemed destined to remain in long term care. The "visited", i.e those who also didn't have any plans but who visited and showed concern for the children, were likely to stay in long term care unless parental conditions changed. The third group received no visits and

parents either had relinquished them for adoption or were in the process of so doing. This group was the "relinquished".

A consistent finding in the studies that have examined the relationship between foster children and their families was the large percentage who did not have any contact with each other. The extent of "non visited children" (10) ranged from 41% to 86% in the following studies (Gray and Parr, 1957; George, 1970; Rowe and Lambert, 1973; Holman, 1973; Jenkins, 1969; Napier, 1972; Vaslay, 1976; Gruber, 1978). The finding was consistent in both the United States and the United Kingdom. It also seemed that the longer a child was in care, the less likely were they to receive visits from parents (Rowe and Lambert, 1973). When it is realized that the rehabilitation of foster children to their parents is a primary goal in foster care, such weak direct links between biological parents and foster children are not encouraging.

Is there any relationship between parental visiting and the child's adjustment in placement? Two studies, cited earlier, examined this aspect of foster care. Van der Waal (1960) concluded that foster children felt secure in their placements when they had close bonds with their biological mothers and when foster and biological parents had a similarly close relationship. Murphy (1964 a; 1964 b) also found that a hostile attitude on the part of the foster mother to the biological mother was associated with a "poor" outcome for the child. A further American study, (Weinstein, 1960) recorded the feelings of 61 foster children about their natural parents, foster parents and the agency. Data were collected through in depth interviews. The

children's "well-being" was calculated from responses to a "Total Well-Being Scale" based on the assessment of the child's ability to handle future situations. The most significant finding was that continuing contact between foster child and natural parent was important for the child's adjustment in placement. They found the average well-being of children whose natural parents visited them regularly to be significantly higher than those who did not have such contact. Interestingly, this was also true for children who had been in care most of their lives and identified predominantly with their foster parents. It was also established that foster children who identified predominantly with their natural parents had the highest well-being rating of any group in the study. As a result of these findings, Weinstein (1960) encouraged practitioners to promote identification with natural families unless there were strong indications to the contrary. While this (Weinstein, 1960) was a small study dependent on verbal responses from young children, it clearly established the importance of the natural parents. The significance of these findings became even more compelling for practitioners when they were supported by evidence from other sources.

Thorpe (1974) replicated the Weinstein (1960) study with 121 children aged five years and over. These children were in the care of one English local authority and had been in the same foster home for at least one year. Children who had close connections with their biological parents had a good understanding of their personal history, a more complete picture of their family background and the reasons for their coming into care. Children with good knowledge and understanding of their foster situation tended to be better adjusted.

A considerable part of Trasler's (1960) study dwelt on the experience of separation for the foster child. When separation occurred Trasler (1960) found it was the quality of the relationship that had been established between the child and the biological parents that helped the child adjust. The case studies led him to the following conclusion:

If he can meet the disaster (of separation) equipped with a secure knowledge of his own value, and a well-founded trust in the genuineness of his parents' affection, it will be easier for him to understand the reasons for their separation and will not be irretrievably damaged (Trasler, 1960:230).

Trasler (1960) acknowledged, but did not agree with the argument that children who had strong bonds with their biological parents also experienced divided loyalties in the foster home and therefore should be placed in residential care where the demands for close personal relationships were not as great. He found support for his position in his case studies of successful placements in which the biological parents were welcome visitors to the foster home. From the evidence of his study Trasler (1960) supported a strong connection between biological and foster parents.

The final cross-sectional study that contributed to our understanding of the effects of parental visiting was reported by Vaslay (1976). This was an evaluation of a random sample of 462 children and 295 foster homes in Arizona. She found that less than 30% of the children interviewed received visits from their parents. It was also established that with a few exceptions, those social workers who had

the greatest amount of contact with biological parents were also those that moved children out of foster care and into permanent settings more rapidly.

Two major themes emerged from a consideration of the position of biological parents in foster care. The close involvement of biological parents with their children in foster care appeared to contribute positively to their well-being. Biological parents' visits to their children also raised many difficulties. These included visits made at inconvenient times, children being upset over visits, the threat to foster parents who experienced a certain amount of competition for the child's love and affection and the negative feelings of foster parents towards biological parents who had let their children down and who could not provide a home of the same standard as themselves (Kadushin, 1980). With reference to contact with biological parents, the evidence from cross-sectional studies did identify an area in which changes needed to occur.

Because of the central position occupied by social workers, their attitudes could be seen as critical in determining the nature of biological parents' involvement with their children in foster homes. George (1970) followed up the extent to which social work help was provided to biological parents by the three English Children's Departments. Four categories of attitudes towards biological parents were evident. In 40.6% of the placements, workers discouraged biological parents from being involved with their children. They were excluded from the planning process for the child, and at times quite hostile attitudes existed in not telling parents the whereabouts of

their children. In 44.3% of the placements biological parents were neither encouraged nor discouraged. Here the agency may have allowed visits but did not follow them up if they were not made. Active encouragement of biological parents' involvement and facilitation of visits occurred only on 3.8% of the placements. In 6.6% of placements no consistent attitude was evident and in the remaining 4.7%, the parents were deceased. Social workers' attitudes towards biological parents can thus influence whether or not they will be connected to their children while in placement and therefore affect the length of placement and the maintenance of a child's identity.

Rowe and Lambert (1973) asked social workers in their study of 2,812 children, in which 70% were expected to remain in care for over six years, to give reasons for their estimates. The authors concluded:

The extraordinarily discouraging picture ... is borne out by their answers. In only sixty two cases (2%) was 'rehabilitation planned' given as a reason for a fairly rapid discharge, whereas rehabilitation problems were mentioned in three hundred and eighty-two (14%) long-stay cases. Family problems were responsible for nine hundred and twenty-six (33%) children remaining in care and almost as many children were expected to stay in care because of lack of 'parental interest' (28%) (Rowe and Lambert, 1973:39).

Parents not visiting their children in foster care were likely to be interpreted by social workers as a sign of disinterest (Rowe and Lambert, 1973; Thorpe, 1973). Both studies found evidence of disparagement of biological parents concerns and discouragement of contact. Thorpe (1974) found little evidence of biological parents having lost interest in their children.

The negative attitude of social workers toward biological parents, revealed in the above studies, may also be reflected in the quantum of services offered to them. Gruber (1978) included a sub study of 160 biological parents in which he discovered that many biological parents felt that the services they required were not available to them until placement of their child was being discussed. They also reported that once the children had been placed in foster care, very little service was provided for them. The general picture that emerged from this study was that in about a third of the cases, biological parents believed that if appropriate services had been provided earlier, it would have prevented their children from entering care. In her synthesis of studies in five American States, Vaslay (1976) concluded that in many cases placements were made on a crisis basis. Therefore, children were placed in foster homes without the provision of adequate services for their natural parents to address their difficulties. The amount of contact with foster parents and agency workers could be taken as a measure of the services provided to biological parents and reflects the agency's investment in meeting a primary goal of foster care, i.e. to rehabilitate children to their parents (Vaslay, 1976). From her review of ten studies in five States, Vaslay concluded: "services provided (to) natural families are not adequate to achieve the goals of the foster care system" (Vaslay, 1976:36).

Cross-sectional studies clearly confirmed that those children who had close connections with their biological parents were well adjusted in foster care. The literature also revealed that large numbers of biological parents were not involved in the lives of their children in foster care. Attitudes in agencies towards biological parents were

generally negative and revealed a poor level of service to them.

(c) Differences in Role Perceptions of Participants in Foster Care

Because foster care is a complex system involving a number of people in different roles, it is necessary to have agreement on the responsibilities of the various roles. For our purposes we define a role as "a set of activities and relationships expected of a person occupying a particular position in society and of others in relation to that person" (Bronfenbrenner, 1979:85). Agreement amongst the parties in a role-set is easier when they all share the same values and expectations.

The new roles that foster care establishes are those of foster child, biological parent, foster parent and the consequential relationships amongst them. A great deal of confusion has historically surrounded the foster parent role. Agency behaviour toward foster parents, theoretical positions on the foster parent role and the evidence from research do not reflect clarity or consensus. The English boarding out system was based on conflicting principles of trusting foster parents to provide a caring environment for children while at the same time having an elaborate system that observed their conduct and reported it to the guardians (Wolins, 1963). Glickman (1957) saw the foster parent role in relationship to social workers :

....not just like that with a client, nor is it exactly like that with a colleague. It does, however, bear a strong resemblance to the relationships between supervisor and student social worker or later experienced worker (Glickman, 1957:201).

Charnley (1966) and Kline and Overstreet (1972) agree that on occasions the foster parent will be like a client. This would occur when they had special needs such as looking at their own motives for fostering or its effects on them and their families. However, such a relationship would be time limited. In addition Charnley (1966) considered foster parents as "staff workers" who shared the jobs of rehabilitating children with the social worker. Thus the foster parent role could vary at times between foster parent, agency employee or client (Kline and Overstreet 1972). Regardless of the way role is defined, the most important consideration is role clarity.

The research evidence from cross-sectional studies also supports the conclusion that there is considerable role confusion in foster care. An important finding in Trasler's (1960) study was that a significant reason for placement break down was attributable to the inappropriate expectations of foster parents. Wolins (1963) conducted a study of nineteen social workers, 93 foster parents and 78 neighbours of foster parents to clarify their perceptions of the foster parent's role. From data collected through personal interviews, the study concluded that 77% of the foster parents saw themselves as the child's own parents or as adoptive parents. Social workers saw the foster parent role as a temporary substitute parent and only a third agreed with the foster parents' description of their own role. A further third of the social workers saw the foster parent role as a relative or a step parent.

While the above findings reflected an absence of consensus between social workers and foster parents concerning the foster parent role,

similar confusion was evident in the perceptions of social workers and foster parents of each others roles. George (1970) examined the latter relationship through a postal questionnaire to 135 foster parents and 28 social workers. While 82% of the social workers considered foster parents as colleagues, only 32.4% of foster parents felt the same way. Almost 49% of foster parents saw social workers as a friend but only 7.1% of social workers were in agreement. The majority of foster parents thought of themselves as most like the child's natural parents while a minority (18%) of the social workers agreed with this view. Almost a third of the foster parents felt most like adoptive parents but again only 17.9% of social workers agreed. Half the social workers saw foster parents more as relatives.

A further study of 128 foster mothers (Adamson, 1973) examined their role perceptions. A list of eleven criteria extracted from the work of established writers in the field was used to evaluate the foster mothers' understanding of their role. From data collected through personal interviews, 48% were judged to have either "very good" or "good" role understanding. The remaining 52% had either "adequate" or "poor" understanding of what was expected of them. Those in the "adequate" category were quite "satisfactory" in appreciating what was expected of them in providing day to day care of the foster child, but had not fully understood either the place of natural parents or the aims of the agency concerning foster children. These foster mothers were adjudged by the researcher not to be bringing up the children to accept their true status of foster children. Quite independently, the social workers were asked to state opinions on the role understanding of the foster mothers. A high percentage (62%) were judged as having

"very good" or "good" understanding of their role and only 38% were "adequate" or "poor". The author points out that in a number of instances workers were making their assessments on the basis of the child's care in the foster home rather than giving consideration to factors like the need for the child to have a realistic understanding of his status and the inclusion of biological parents in the lives of their children. Good role understanding was common with only 17% of the foster parents. The divergent understandings evidenced in this study reflect the lack of role clarity found in other studies reviewed earlier and call for urgent attention to this matter.

Role perceptions do translate into specific behaviours as exemplified by the Adamson's study (1973). He developed a Likert type 'Scale of Possessiveness' and found that 43% of the mothers were either "very possessive" or "possessive". The remaining 57% were "not so possessive" or "non-possessive". The highest score on the scale for "possessiveness" referred to those foster mothers who regarded the foster child as their own. They also felt that while there should be contact with the natural parents, the child should not return to them in any circumstance. The other end of the scale referred to foster mothers who always reminded themselves that the child was not theirs, who welcomed contact with natural parents and who hoped the child would return to them. This finding again showed the aversion of some foster parents to the inclusion of biological parents in the lives of their children in foster care.

The only New Zealand study to examine the role perception of foster parents and social workers confirmed the widespread lack of agreement

(Groves et al., 1978) (13). Foster parents as well as social workers were asked to respond to a series of alternatives that best reflected their understanding of the foster parent role. Two hundred and six foster mothers, 181 foster fathers and 382 social workers participated in this study conducted in a large state agency. While 80% of foster mothers saw their role as being most like a biological parent or an adoptive parent, only 33% of social workers concurred with this perception. There was no large measure of agreement amongst social workers as to which of the alternatives presented best reflected their understanding of the foster parent role. In pursuing the issue of role perception further, the study revealed that social workers with academic social work training tended to see the foster parent role more as professionals who were trained to provide a service and received payment for such services.

An absence of consensus on the role of particularly the foster parents was also evident in the other studies reviewed (Wolins, 1963; George, 1970; Kline and Overstreet, 1972; Prosser, 1978). Wolins (1963) and Kline and Overstreet (1972) believed, in suggesting reasons for this state of affairs, that "role clarity has its inception in the agency" (Kline and Overstreet, 1972:220). Foster care systems were initiated in the agency and it was here that the rules of the game should have been made clear to the players (Wolins, 1963). Kline and Overstreet concluded:

When the agency is unclear, inconsistent, or vague in its philosophy, programme of services, policies, and role definitions, it is literally impossible for the caseworker to perceive and define the varying roles in the foster care system. Conversely,

when the agency provides clear and consistent programmes and policies, there is little role confusion (Kline and Overstreet, 1972:220).

George succinctly stated the challenge to practitioners as follows:

What needs to be done is not for the child care officers to continue trying to implement an ill-defined role but rather to urge their departments to clarify the foster parent role so as to minimize conflict situations which demand compromise solutions. Role clarity is basic to satisfactory role fulfilment (George, 1970:61).

(d) The Importance of the First Year of Placement

The timing of any social intervention is crucial to its success. Crisis theory (Caplan, 1964) has indicated that the greatest potential for positive change and growth exists at the time of crisis. The need for foster care is a major crisis for many families both in terms of the factors that lead to the family being unable to continue caring for a child and the departure of the child for a foster home. The period leading up to, and following on from placement is then crucial for ensuring that children are either returned to their parents in the shortest possible time or, when this is not possible, they are placed in permanent alternative homes. Evidence from research supports the significance of the early period of placement in influencing the subsequent welfare of the foster child.

Two key points emerge from the research. First, most placement breakdowns occur in the first eighteen months. Of all unplanned terminations, about 50% occur in the first year and by the end of the

second year this figure rises to almost 75% (Trasler, 1960; Parker, 1966; George, 1970; Napier, 1972; Stirling, 1972; Prasad, 1975; Mackay, 1981). (14).

The second point, initially made by Maas and Engler (1959), and subsequently followed up by others, referred to the significance of the first eighteen months for a child's placement in a permanent home. In the Maas and Engler study (1959), of the children who left foster care and were either returned home or placed in permanent adoptive homes, between 50% and 87% did so in the first eighteen months of entering foster care. Those who stayed beyond this period were mostly still in care at the time of the study. Gray and Parr's (1959) systematic analysis of the children in their study who left care showed that in any one year about two-thirds of the children who came into care in that year were discharged compared to only one-fifth of those that came into care the previous year. Thus the greatest proportion of children were discharged in their first year in care. Vaslay (1976) added a further dimension to the importance of the early period in placement. From her synthesis of ten studies, she concluded that "a child's probability of returning home decreased rapidly after two years in placement" (Vaslay, 1976:54). Rowe and Lambert (1973) further contributed to an appreciation of the importance of the first year with their conclusion that the provision of services to address the needs of foster children and biological parents in the first six to twelve months facilitated the decision to reunite parents and children. The importance of the first twelve months of placement reflected in the literature has now been widely accepted in a number of countries and has been enshrined as a principle in the legal

provisions for foster care (15).

(e) Assessment of Biological Parents' Circumstances

Any decision about the type of services a family under stress requires is dependent on a detailed analysis of the family's circumstances. Services, including the placement of a child in a foster home, are then designed to alleviate the stress for the family and prepare it to resume its child caring role. Alternatively, under some circumstances, the family may be assisted to transfer that role to another family on a permanent basis. Historically however, this was not seen as a requirement of foster care services as is exemplified by the "fresh start" concept promoted in the 1940's (George, 1970; Gibson and Parsloe, 1984). The "fresh start" approach, which effectively blamed families for experiencing stress and placed the child in a good and respectable foster home, was accepted as a preferred choice. While emphasis on services to biological families has been progressively stressed from the 1950's, a number of factors identified in the research studies point to the need for a more careful assessment of the circumstances under which children are placed in foster homes. The confusion over placement goals, deficiencies in the availability of adequate information on which to plan the child's future and the common practice of concentrating on the personal deficiencies of biological families, would be related to the absence of a detailed assessment of the circumstances in which families found it necessary to place their children in foster homes. The case for a careful initial assessment and service delivery is made stronger when it is realised that many of the biological families were known to

agencies for substantial periods prior to children entering foster care and yet the services offered could not prevent placement of many children in foster homes. Furthermore, constant changes in the social work personnel responsible for case planning could easily minimize the potential in the early period of the crisis to effect necessary changes. The variables indicated above together make the case for an early detailed assessment of biological parents' circumstances. Each of the above variables are reviewed below.

Vaslay (1976), from her synthesis of ten studies in five American states, discovered deficiencies in the information contained in agency records which would not only have handicapped planning for the child's future but also negatively affected the provision of services to the biological families. Many placements did not have clear goals and were often made on a crisis basis. The circumstances encountered by Vaslay in these studies prompted her to recommend immediate action by most states to review all cases and to ensure required services were being made available to all children and families. She further recommended that parental interest and abilities be assessed in the light of such plans, unnecessary placements be avoided and procrastination in permanent planning be forestalled (Vaslay, 1976). Similar observations were made in other studies. Rowe and Lambert (1973) stressed the importance of early diagnosis and intervention while Kline and Overstreet (1972) saw the evaluation of children and their parents as critical in planning care for the children. They went on to suggest that systematic assessment was not utilized enough to determine the type of care needed and the services that were to be offered.

A second indicator of the limited analysis of the needs of biological families was reflected in the tendency to concentrate on personal and psychological factors. Most studies that have examined the reason for the child's placement have identified the principle reasons as the child's personal misbehaviour, law breaking, and family dysfunction which resulted in parental inability to care for the child (Maas and Engler, 1959; Vaslay, 1976; Mackay, 1981). Factors beyond the family's direct control, like housing, unemployment and geographical dislocation, rarely featured as the dominant reasons for the child's separation from parents. If the actual reasons for a family's stress lie in factors beyond its control, and assistance to the family is only in terms which assume personal deficits, a major dysjunction occurs which could eventually prevent a child from returning home. Social work espouses the principle that practitioners should target their intervention at appropriate levels and not always expect the individual to make personal adjustments when other systems are causing or contributing to family dysfunction (Maluccio, 1983; Reid, 1978; Balgopal, 1983; Bronfenbrenner, 1979). Analysis of the needs of biological families therefore must consider both social and psychological factors.

The length of time a biological family was known to an agency prior to a child being placed in foster care could be taken as one indication of the opportunities available to agency personnel to conduct a detailed assessment of needs and provide appropriate services. George (1970) estimated about a third of the cases were known to the agency for some time prior to placement. Mackay's New Zealand study (1981) reported that 87% of the cases were known to the agency for more than

a year prior to being placed under the care of the agency. Vaslay's American study showed 51% of all cases had been known to the agency prior to placement. Agencies were therefore aware of the needs of families for a considerable period of time, indicating that opportunities existed for a detailed assessment of their needs. The fact that the children still had to be placed in foster care could indicate that appropriate services could not be provided to avert the child's placement in a foster home. Alternatively, it could suggest that the agency was not able to conduct a detailed assessment of the social and psychological factors preventing the parents from providing adequate care for their children. Theoretically at least, the research evidence would suggest that ample opportunity exists for detailed assessment of families experiencing stress and for the provision of appropriate services.

Constant changes in social workers assigned to families would also inhibit the consistent provision of service. Gruber (1978) found that only 16% of the cases had the same social worker in the last two years and 66% had been with the same social worker for less than a year. The implications of these statistics were compounded by the fact that 84% of the children had been in care for more than four years. Rowe and Lambert (1973) discovered that 66% of all children had changed social workers in the last two years. Vaslay's (1976) analysis concluded that there was a high rate of turnover amongst case workers and consequently many children did not remain with the same worker for more than a year. The need for conducting and adequately recording the assessment of a family requiring substitute care for a child is even more critical when considered in the light of a high staff

turnover. Many children do not remain with the same social worker for more than a year (Gruber, 1978; Rowe and Lambert, 1973; Vaslay, 1976). There are many reasons for worker discontinuity, such as promotions, transfers, resignations, and workload increase. However, the high rate of change in workers assigned to cases would make it difficult to give foster children, biological parents and foster parents the intensive support they required. The situation would be aggravated if detailed analysis and treatment plans were not completed and adequately recorded. The four dimensions of analysis of families under stress, discussed above, point to the need for a detailed assessment of their needs and also to the requirement that they be adequately recorded to guide interventions by other workers should case transfer become inevitable.

(f) Socioeconomic Status and Ethnicity

The cross-sectional studies provide a great deal of demographic data on the foster parents and the experiences of foster children in care. While it is not intended to report that data here, two factors deserve mention because of their significance in highlighting the nature of the problems in foster care. We refer to the socioeconomic status and ethnicity of biological families.

The universality of social service provision in New Zealand, the United States and the United Kingdom has not reached the stage where we cannot tell the differences between users and non-users. Some social security programmes such as family benefit and national superannuation are notable exceptions. Substitute child welfare

programmes are primarily used by the poor. Gruber (1978) reported in his study that the majority of biological families were working class as reflected in their income, education and employment. He concluded that foster home care was a programme utilized mainly by the poor or those close to poverty. Vaslay (1976) confirmed this finding. Most of the parents in her study were generally poorly educated, unemployed or employed at unskilled or semi-skilled work. The income of most biological families was below the poverty line and many were receiving public assistance. Trasler (1960); and Parker (1966) concluded from the unavailability of information on socioeconomic status that the fact of income and poverty had not been considered as important by the workers. Two New Zealand studies also confirmed that biological parents generally came from the poorer groups. Stirling (1972) found substantial numbers were employed as process workers or labourers while Mackay concluded that "the biological families were firmly located on the lower socioeconomic strata" (Mackay, 1981:31).

Shirley Jenkins (in Schorr, 1975) who completed a detailed analysis of the users of child welfare services in the United States, concluded that from early times children of the poor differed from other children. Child welfare services, she claimed, did not have a universal child-centred orientation but was based on a tradition that separated the poor and dependent from the rest of society. Schorr (1975) added that it would not be so bad if these were good programmes but many were not. The evidence reviewed in this chapter would generally support that assertion. One of the implications of the fact that foster care mainly serves poor children is that the detailed analysis one conducts in a particular case should take account of the

needs of the poor.

Cross-sectional studies also highlighted the large numbers of foster children from minority groups. In the New Zealand studies, we find consistently that one half of the samples were either Maori or Pacific Islander (Stirling, 1972, Prasad, 1975, MacKay, 1981). Furthermore, many minority children tended to experience unstable placements. While a detailed analysis of the socioeconomic level of non-Europeans was not available, it is highly probable that many of them were also from the lower socioeconomic groups. Realization of the disproportionate representation on minority cultures in foster care statistics in recent years has seen calls for a major increase in cultural input in the planning and provision of services to families under stress.

Summary of Cross-Sectional Studies

The second section of this chapter has examined cross-sectional studies. Two types of findings have been highlighted, those that contribute to an understanding of the problem of "drift" in foster care and those factors which occur with some regularity and which could be incorporated into more effective foster care programmes. The results have been organized according to six themes. For many children foster care was a period of instability, as was demonstrated by the following findings: a significant proportion of foster home placements terminated prematurely or were unplanned, that many children remained in care for long periods of time and that between a quarter and a third of the children experienced an unacceptable number

of moves while they were in care point to the conclusion that for many children foster care was a period of considerable instability. Secondly, biological parents figured prominently in cross-sectional studies which showed conclusively that children were largely unvisited by their parents while in care. Staff from many of the agencies spoke disparagingly about the biological parents and did not actively facilitate parental contact with their children in care. At the same time, several studies clearly established that parental contact was related to the well-being of children in care and to their early discharge from care. Furthermore, biological parents were not often provided with the services they required to come to terms with stresses in their own families. The third theme identified the extent of role confusion that existed between agencies and foster parents. A sizable percentage of foster parents saw their role only in relation to the children in their homes. While agencies were seen to have responsibility in socializing foster parents to their roles, their procedures and policies probably reflected some of the confusion about the nature of the various roles in foster care which were identified in a number of the studies.

The fourth theme related to the critical nature of the first year of placement. While most placement breakdowns occurred during this time, it was also the period showing most promise for rehabilitation of foster children to permanent homes. Difficulties with the provision of appropriate services to biological families was reflected in the fifth theme relating to the need for a detailed assessment of their needs at the point of initial contact with the agency. The research reviewed showed that assessments tended to concentrate more on

individual psychological factors whilst disregarding the social context which at times contributed to their stress. Many biological families had been known to the agency for some time prior to the child entering care and therefore opportunities had existed to assess needs and provide appropriate services. However, biological parents felt early assessment and provision of services was not the norm.

The final theme related to the socioeconomic status and ethnicity of the families who used foster care services. These usually represented the poor in society. In New Zealand, minority groups are disproportionately represented in the foster care population. Some evidence also suggested that the latter also experienced greater instability in care.

Critique of Cross-Sectional studies

Criticisms have been made about the confounding influence of cross sectional studies. It was argued that such studies gave a distorted picture of the foster care system (Kadushin, 1980), in that children discharged from care were not taken into account. Samples in cross-sectional studies included all children in care at one point in time but because the children discharged were no longer included, the samples were "restricted to remnants of earlier cohorts of children who entered foster care over a number of years prior to the study" (Fanshel and Shinn, 1978:5). Children who were returned to their biological parents or who left foster care to begin independent lives represented its successes. When such cases were not examined in the studies, the samples in fact became distorted and the numbers that

left care were underestimated (Kadushin, 1980). Cross-sectional studies were further criticised for reconstructing the child's experience in care from agency records designed for purposes other than evaluative research. Such records were often inadequate and involved problems of interpretation (George, 1970). However, data based on the recall of participants was also considered inadequate (Dinnage and Pringle, 1967).

Cross-sectional studies did not normally include baseline data on subjects at the time they came into care, thus making it difficult to comment on the presence of some factors in placement. For example, it was not possible to determine whether the children were more disturbed prior to placement in a foster home (Fanshel and Shinn, 1978). Only where adequate baseline data was available could the effects of placement and services be assessed. Fanshel and Shinn (1978) postulated that the "noxious environment" image of foster care may reflect the inadequacies of research design rather than the effects of placement.

Dinnage and Kellmer-Pringle (1967) also argued that a certain amount of subject self-selection was evident in cross-sectional studies. The rate of refusals to participate was high and in many cases adults who were in foster care were difficult to trace. Cross-sectional studies also seemed to be restricted to a narrow range of factors affecting the child in foster care, rather than committed to an examination of the complex range of influences in the foster home, biological home and the agencies (Dinnage and Kellmer Pringle, 1967).

Such criticisms generated claims for well designed longitudinal studies.

Longitudinal Studies

The call for a longitudinal study was taken up at Columbia University School of Social Work in a study referred to by Kadushin as:

....the most elaborate and carefully designed and executed study currently available regarding the development of children in foster care (Kadushin, 1980:381).

In probably the only study of its type, a team of researchers (Fanshel and Shinn, 1978; Shapiro, 1976; Jenkins and Norman, 1972, 1975) set out to determine if the foster care system was harming children. Using a longitudinal design, they sought to detail the system of foster care in New York (Fanshel and Shinn, 1978). The study took from 1964 to 1974 to set up and complete. The initial sample of 624 children, from 467 families, were first placed in care between January and October 1966. The children who were up to thirteen years old at the beginning of the study were followed up for five years.

The total study comprised three sub-studies, centering on:

- (a) Biological parents (Jenkins and Norman, 1972; 1974)
- (b) Agency investment (Shapiro, 1976) and
- (c) The children (Fanshel and Shinn, 1978).

Biological parents and foster children were followed up on three

occasions, in 1966, two and a half years later in 1968 and finally in 1971, five years after the children entered care. The agency study used four time periods: 1966/7, a year later in 1969/70, on the third anniversary and finally in 1970/71. The following review of the three interrelated studies will highlight points of congruence with findings of earlier studies, especially those which can provide guidance to future practice in foster care.

(a) Biological Parents Sub-Study

One of the sub-studies (Jenkins and Norman, 1972; 1975) examined the feelings and attitudes of biological parents at the time their children entered foster care and later, as well as the reasons for their children coming into care. Information was collected through interviews. A pilot phase, with a group of non-study parents, identified twelve feelings (16) and seven referents (17) for the feelings which were included in the interview schedule. In one of the original contributions of the study the authors coined the term "filial deprivation" to refer to the feelings expressed by parents when separated from their children.

Biological parents were asked to state how they felt the day the children were removed and what the feelings referred to. Responses were concentrated in a number of areas. Three quarters of the mothers felt sadness and worry and about two thirds identified being nervous and feeling empty (18) on the day their children left home. Anger, bitterness, thankfulness and relief was experienced by between 40% and 50% of mothers. Guilt, shame and numbness were mentioned less

frequently.

Much of the sadness and feelings of emptiness were related to being away from the children and the mother's own separation experience. Anger was generally directed against other persons in the parents' lives, usually an absent partner. Relief and thankfulness were expressed at the agency caring for the children. Feelings of guilt were overwhelmingly self-directed as was shame, but to a lesser extent.

These findings showed the wide range of feelings that can be expressed as well as their diverse referents. There was no single critical emotion and the authors advised the necessity to look at the presence of other variables, such as the reasons why placement was necessary, to get an appreciation of any particular mother's feelings.

At the end of the follow up period, 160 of the mothers were re-interviewed. The predominant feeling reported five years later was still sadness (74%). Slightly fewer mothers were worried whereas about the same number expressed thankfulness. Feelings of bitterness decreased the most but guilt and anger did not change over time.

At the point of entry into care, for all feelings combined, biological mothers reported "self" as the object of their feelings. This was followed by feelings towards the placement, then towards the separation, against other individuals in their own lives and finally towards the child. Five years later, the child and the separation were the dominant objects of the mothers' emotions. Feelings of anger

were expressed by more mothers against the agency than with other people in their lives. Fewer mothers felt bitter towards others but more of them felt bitterness towards the agency.

The mothers' reports of why their children needed care enabled Jenkins and Norman to divide them into two groups: those whose reasons were socially acceptable and those whose reasons were not (19). The two groups had different feelings, attitudes and opinions as summarized in the following table.

Socially Approved	Socially Unacceptable
Thankful feelings at placement	Angry feelings at placement
Positive evaluation of foster care	Negative evaluation of foster care
Higher rating of worker interest, understanding, helpfulness, communication	Lower rating of worker interest, understanding, helpfulness, communication
Fewer problems in visiting	More problems in visiting
70% use community services	30% use community services
71% find others helpful	29% find others helpful
77% found placement agencies helpful	46% found placement agencies helpful

(Source: Jenkins and Norman, 1975:136)

Some suggestions for the considerable differences between the mothers in the two groups were proffered by the researchers. The "socially unacceptable" group may have suffered from the negative attitudes of practitioners and therefore received quite a different service than that received by mothers whose children were in care for "socially acceptable" reasons. Biological parents in this group may also have been more "hard to reach", resistant to services, and were experiencing problems that were more difficult to address (Jenkins and Norman, 1975). Inexperienced and inadequately trained social workers

could have found it more difficult to work with the "socially unacceptable" group. Finally, it may also have been that the foster care system accorded no priority to biological parents who were seen in some way to be personally responsible for their children entering foster care. Cross-sectional studies also indicated similar disinterested attitudes towards biological parents (George, 1970). Perhaps this is a reflection of the attitude society takes to parents who do not fulfil their roles. Such parents are seen to be personally responsible for their inadequacies rather than the victims of the complexities of our modern society. If they are seen as morally inadequate, it is possible that services to them may be curtailed. Either way, such biological parents are caught up in a vicious circle (George, 1970). If agencies do not offer appropriate services or were actively or passively hostile to biological parents, it could result in their alienation from their children. The ensuing distance between parent and child, in turn, could be used by the agency as proof of their disinterest. An alternative to blaming biological parents is for practitioners to understand the emotions associated with their stress, analyse their problems in the context in which they occur, and provide adequate services.

Jenkins and Norman (1975) found three variables to be good predictors of the experiences foster children and their families could have in foster care. The first was "reason for admission" which has already been discussed. The other two variables, ethnicity and economic status, were found to be related to each other. Most of the children in the study were from minority groups, mainly Black and Puerto Rican (20). Mothers were asked for their perception of how the agency

wanted them to act as clients. More black women mentioned that they were expected to hold back verbal or active expressions of feelings and to accept the workers decisions. More white women however believed that they were expected to show their feelings, be open, and describe events comprehensively.

Based on their experiences of 'filial deprivation', the mothers were placed into three groups: the angry, the thankful and the guilty. The "angry" group was 90% Puerto Rican and had children placed in foster care for what were described as "socially unacceptable" reasons. The "thankful" group was predominantly white and had 83% of their children placed for "socially acceptable" reasons. The "guilty" group primarily placed their children because of the mothers mental illness and were mainly from the middle socioeconomic group.

In what still is arguably the most significant study of biological parents to date, Jenkins and Norman (1972; 1975) have not only shown the emotions experienced by biological parents but also their perceptions of how practitioners responded to their needs. They concluded that the social services were unable to provide basic preventive services to strengthen family life. Even though many of the families were known to agencies prior to when placement became necessary, agency resources could not prevent placement. The authors argued for preventive services that included a consideration of family income, housing, employment and frontal attacks on racism and discrimination. Finally they argued for a "no fault" foster care system where biological parents were not to be given the role of guilty party and were not to be blamed for experiencing difficulties

in fulfilling their child care roles. Such a concept would be appropriate, they argued, when the following conditions existed:

- (i) A phenomenon was widely prevalent because of social forces beyond individual control
- (ii) A situation existed where the assessment of blame was likely to be dysfunctional
- (iii) When social benefits could ensue from an appropriate sharing of risks.

All three conditions exist in foster care.

(b) Agency Investment

A second sub-study (Shapiro, 1976) of the Columbia Longitudinal Study examined the investment of the agencies in foster care. Agency investment was defined as: "the effort and skill contributed by the agency staff in helping a sample of children and their families". (Shapiro, 1976:5). It excluded a consideration of matters like clothing, and board rates. The study was based on 1,074 workers from 84 agencies. Data were collected primarily through telephone interviews over four time periods during five years. From a preliminary phase involving observations of social workers, discussions with staff and a review of the literature, a number of indicators of agency input were developed. These were designed to record where workers spent their time, what they actually did, their training and experience, and their opinions and judgments on certain matters.

Agency workers were asked to record the type and intensity of activities they engaged in with each case in each of the four time periods. These included interviews, home visits, conferences, and contacts with other agencies. From this data two indices were developed: the degree of contact centered on the family; and the degree of contact centered on the child (Shapiro, 1976) (21). At the time the children entered care, agency workers did not invest a large amount of time and effort. The average number of contacts with either the child or the parents was once a month. The frequency of direct contact with children, foster parents, and supervisors increased sharply a year later and then dropped off at the three and five year point of the study. The author concluded that the children received better services in the second year even though the greatest number of children were discharged during the first year. However, the number of family-centered contacts during the first year was positively related to discharge. Forty-nine percent of children in cases where workers had frequent contact were discharged, while this was 8% for workers with minimum contact. This relationship persisted during the second year. The major contradiction reflected in the above findings is that in the period showing the most promise for discharging children from care, children received a lower degree of agency investment than a less promising period, the second year.

Shapiro's (1976) anticipation that the experience and training of workers would contribute to early discharge of the children was confirmed. Experienced child care workers discharged significantly more children, especially during the first year of placement. The least experienced workers had three times as many children awaiting

long term placements as did experienced social workers . The number of social workers a child or family had was found to be related to discharge from care. During the first nine months, a greater number of children with one worker had returned home or were in long term care than those with more than one worker. Almost twice the number who had more than one worker, were waiting long term placement. Worker stability was just as influential in the second year but not during the third year of placement. By the fifth year of placement, worker stability had no impact on children leaving care.

A number of studies have found social workers' attitudes to biological parents to be significant in terms of the services made available to biological parents and the long term future of their children in care (George, 1970; Rowe and Lambert, 1973; Thorpe, 1973; Gruber, 1978). Shapiro (1976) also examined workers' attitudes to biological parents and from interviews with social workers, developed an index of their assessment of the biological mother (22). Mothers who received the most positive evaluations from social workers were more likely to have children discharged from care. Fifty-two percent of the mothers who received positive ratings had children discharged, whereas only 10% of mothers who received negative ratings had children discharged. The worker's assessment of biological mothers was influential through the five year period of the study in determining the child's discharge from care. Cases where the agency, foster parents and biological parents could not reach agreement on the child's future placement and treatment, were typified by worker's doubts about the mother's capacity to care for the child and a lack of enough contact with the parents to allow opportunities to make plans.

Two conclusions can be drawn from this study of agency investment in foster care. First, the worker's assessment of biological parents is very influential in achieving the child's discharge from care. Secondly, the degree of agency investment as measured by amount and timing of service, frequency of training, experience and worker stability were related to case outcome. The author concluded that one of the central difficulties workers experienced was in assessing the adequacy of biological parents. Referring to an absence of explicit criteria for evaluation, Shapiro concluded:

The general impression derived from the interview material is that the criteria are vague and idiosyncratic. It is more likely that there is an agency subculture of beliefs and attitudes which controls the evaluations made. Clarification of what underlies worker assessments of adequate mothering should have some impact on bringing the foster care system closer to the goal of functioning as a truly supportive system for the family (Shapiro, 1976:212).

(c) Characteristics Of Children

The third, and probably most crucial area examined in this longitudinal study was the experiences of foster children (Fanshel and Shinn, 1978). The study, based on 577 children, (23) examined two major areas: status changes, for example, the movements and placements experienced by the children over 5 years; and changes in the characteristics of children, such as IQ scores, observed behaviour characteristics, symptoms of disturbance and school performance.

The authors avoided the use of a single global measure of the child's adjustment believing this lacked the subtlety afforded by a range of

measures. Data was collected through a wide variety of tests, observations of behaviour, and interviews with social workers, teachers and others involved with the children. Four aspects of particular interest for future practice pursued in this study and which will be discussed further were:

- (i) The importance of the first year of placement
- (ii) Parental visiting
- (iii) The number of moves children experienced and
- (iv) The personal adjustment of the foster child.

(i) Importance of the First Year

At the end of the five year period, 60.7% of the children were discharged while 39.3% remained in care. More younger children were still in care. There were also significantly more blacks and Puerto Ricans still in care after five years. The greatest percentage of discharge occurred in the first year of placement, 40.2% as compared with 21.1% in the second year. This finding confirms the conclusions of cross-sectional studies and corroborates the positive payoff of services in the early period of placement. Fanshel and Shinn (1978), also revealed that 38.7% of all discharges occurred in the the third, fourth or fifth years. Earlier studies did not reveal such high discharge rates beyond year two. It also seems evident that placements persisting beyond the first year do not necessarily produce the negative results which some earlier studies had predicted (Fanshel and Shinn, 1978; Maas and Engler, 1959).

(ii) Number of Moves

The study (Fanshel and Shinn, 1978) confirmed the conclusion of early studies that children do not experience large numbers of moves while in care (24). Seventy-two percent of the children had less than three moves. However, it is still of some concern that 28% of the children had three or more moves because this becomes a very unstable group consuming a great deal of agency time and for whom every move compounds the negative effects of foster home disruption.

(iii) Parental Visiting

One of the most important areas pursued by Fanshel and Shinn (1978) was parental visiting which declined dramatically from the first year to the fifth year of placement. While only 18.2% of the children were unvisited in time 1, this declined to 31.3% of those remaining in placement in time 2, 36% in time 3 and 56.9% of those remaining in time 4. When those parents who visited very rarely, often only once or twice, were combined then 38% of children had minimal or no contact in the first year and this increases to 64% in the fifth year.

The research findings (Fanshel and Shinn, 1978) also revealed a strong relationship between parental visiting and discharge. Children who received regular parental visiting in the first year were almost twice as likely to be discharged than those who experienced minimal or no visiting. Sixty-six percent of children who received no visiting in the first year were still in care five years later. Eighty-six percent of children who received a consistently high level of visits

were discharged while 97% of those who did not were still in care.

The authors concluded:

The strength of the relationship between visiting and discharge is impressive and demonstrates the centrality of visiting as a key element in the return of foster children to their own homes (Fanshel and Shinn, 1978:96).

A major concern was the finding that the longer children were in care the less likely they were to be visited. While regular visiting benefited white and non-white children alike, more blacks tended to be non-visited.

(iv) Child's Personal Adjustment

While Fanshel and Shinn (1978) advised caution in accepting the results of sociometric testing because they produced mixed results and moderate reliability and validity scores, their findings do give some data on the personal adjustment of the children in the study. About a third of the children displayed high internal conflict and a similar proportion were immature. About 50% were lacking in self-esteem. At school 59% of the children were performing below their age appropriate level. However, by the end of the first year, the gap between individual achievement and average achievement for the age narrowed. Children who were regularly visited by their parents were more likely to show an improvement in personal adjustment and school performance.

IQ tests showed the children to be about ten points below the average in the general population and scores to be stable over time. Ethnic minorities had lower scores, especially for school age children.

Fanshel and Shinn were concerned about what foster care had offered the children in their study. They asked, parenthetically:

Why is this system, intended to offer temporary haven to children, incapable of restoring large numbers of them to their own families or in providing adoptive placements? (Fanshel and Shinn, 1978:476).

From their evidence on parental visiting, Fanshel and Shinn (1978) stressed the importance of the caseworker's assessment of biological parents. It was urgent, they claimed, to develop models to assess the capabilities of biological parents and determine the services required to address their difficulties at both the personal and environmental levels. They went on to state that "the most blatant area of failure in service delivery" was services to biological parents (Fanshel and Shinn, 1978:486).

The third section of this chapter has reviewed the trilogy of studies that together probably represents the only comprehensive longitudinal study into foster care. It was argued earlier that cross-sectional studies distorted and overestimated aspects of foster care primarily because of that methodology. While areas of sharp divergence from findings of follow-up and cross-sectional studies were not evident, confirmation of some of the major aspects of foster care were provided by this series of longitudinal studies.

The following points, which were identified by the cross-sectional studies, were also supported by the longitudinal studies:

- 1) Higher levels of discharge take place during the first years of

placement. Significant levels of discharge also take place after the second year.

- 2) Parental visiting was found to be related to discharge. All the studies confirm the distressing number of children who were not visited. Fanshel and Shinn (1978) were also concerned that there was an annual increase in the number of non-visited children.
- 3) For a large percentage of children, foster care became permanent.
- 4) While some children still have a disturbing number of placements, the longitudinal study showed that others did not have as many moves while they were in care as was first thought.
- 5) Minority group children had a lower rate of discharge and had somewhat different experiences while in care.
- 6) The social worker's attitudes towards the biological parents affect the services provided for them.
- 7) Biological parents' needs required better assessment in order to offer them appropriate services.
- 8) The likelihood of children being discharged improved when they had less frequent change in social workers.
- 9) Biological family centered activities facilitated discharge.

Longitudinal studies also made the following points which contribute to our further understanding of foster care:

- 1) Biological parents do experience particular emotions when their children leave. The emotions can have a range of different referents and no one picture fitted all cases. Some emotions

- changed over time while others did not.
- 2) The reasons for placement of children in foster care can be either socially acceptable or unacceptable. Mothers from the two groups experienced foster care quite differently.
 - 3) Agency investment in foster care differed during the first and second years of placement. Greater input was made in the second year while the greatest number of discharges took place in the first year.
 - 4) The social worker's experience and training were related to the discharge of their cases.
 - 5) Social Workers had difficulty in assessing biological parent's abilities to care for their children.
 - 6) While foster childrens' IQ scores were stable over time, they were generally ten points below the average for the general population.
 - 7) In the initial period of placement foster children were generally performing below their age at school, but within two and a half years the gap had narrowed.
 - 8) Biological parents received the least amount of service in foster care.

Perhaps not surprisingly, many of the findings confirmed those of follow-up and cross-sectional studies. Longitudinal studies, however, provide a measure of change over time with the same population.

Testing Ideas: The Need For Experimental Studies

In their landmark publication, Dinnage and Kellmer-Pringle (1967) commented that foster care research had, until then, been describing "what is", and reporting on single aspects of it at a time. They urged researchers to pay more attention to good and bad examples of fostering and to what social workers and foster parents actually did. Foster care experiences for children needed to become more predictable and the complex of factors involved in foster care programmes needed to be examined. In echoing the need for change, Kadushin (1971) made a plea for demonstration type projects which were, by then, already becoming the dominant orientation in other clinical fields. As the information reviewed earlier in this chapter became widely available in the 1970's, "the unwillingness to tolerate these problems increased, solutions were sought and there was a determination to implement them " (Lahti, 1984a:6).

Data on the problems in foster care, suitably encapsulated in the notion of foster care "drift", had been clearly established as was the real meaning of "drift". The principle that foster care was to be "temporary" had lain dormant for many years but the 1970's saw a reassertion of this basic belief. The idea of permanent status for children was in the ascendency (Emlem, et al., 1977; Pike, 1976, 1977; Maluccio, 1977; Jones and Biesecker, 1979a; 1979b; 1979c). Studies completed prior to the early 1970's had, as we have seen in the previous parts of this chapter, teased out a number of principles that could guide experimental projects to improve the quality of foster care.

Demonstration projects, (25) which essentially were experimental studies, were seen as a useful way to test new ideas. If they were successful in developing effective methods, they could then be disseminated widely (Lahti, 1984; Downs, et al., 1981). Three such projects will be reviewed next and the emphasis will be on identifying the activities of practitioners that contributed to more permanent outcomes for children (Jones, Neuman and Shyne, 1976; Stein, Gambrill and Wiltse, 1978; Emlem et al. 1977).

Experimental Studies

Jones, Neuman and Shyne (1976) undertook a demonstration project to test the effectiveness of intensive family services to parents of children already in care or those in danger of coming into foster care. Five hundred and forty nine families involving 992 children from seven agencies were randomly assigned to experimental or control groups in the ratio of two to one. Intensive services were provided for the experimental group while the control group received the usual agency input. The possible contamination effect of the enriched programme on the control group in the same agency was acknowledged by the researchers. Each agency had a special project team made up of a supervisor and four caseworkers. The maximum individual caseload was ten families. Agency workers were asked to select cases in which intensive services to biological families would (a) return the child home or (b) avoid the necessity for the child to come into care. The children therefore had to have at least one parent or relative available in the community. An upper age limit of fourteen years was

placed on the children.

The period of the project in any one agency was a year and a minimum of six months service had to be provided to the families. The average length of service per family, by the conclusion of the project, was 7.7 months. Base data were collected on all children at the beginning and end of the project and regular service schedules were maintained for all cases. A follow up of all cases was carried out six months after the end of the study.

There were 662 children in the experimental group and 329 in the control (26). Three hundred and fifty six of the experimental and 169 of the control groups were at home at the beginning of the project. The object with this group was to keep them out of care through intensive services. Three hundred and six of the experimental and 160 of the control group were in foster homes. By the end of the project, 47% of the experimental and 38% of the control children, who had been in foster homes, had been returned to their parents. Of the children who were at home when the project began, 93% in the experimental and 82% in the control had not entered foster care. Thus the programme was more successful at keeping children out of foster care than returning them home. At the end of the project a statistically significant 72% of the experimental children were at home, compared to 61% for the control. By the end of the follow up period, the difference between the two groups had increased.

Interest in this demonstration project lies in the nature of the agency services that produced this significant though modest result.

While the duration of service was the same for both groups, the intensity with which they were provided differed markedly. In all, the experimental group workers had an average of 119.5 contacts while the control had 64.6. In-person significant interviews with the family followed a similar pattern, an average of 77.6 for experimental and 39.7 for control. The former group also received significantly more telephone contacts. Work on behalf of the family with collaterals was far more common in the experimental case with an average of 30.4 contacts as against 7.1 for control cases (27).

While service contacts for experimental cases were more intensive, both groups used the same range of services. A significantly higher proportion of experimental cases received each of the different types of service. In about a third of the cases, experimental workers became advocates for clients in respect of agencies providing income maintenance, health, schooling, housing and home maker services. Most of these actions involved problems with regulations, interpretation, restriction, misinformation or the attitude in agencies that made it easier for clients to be turned away than to be helped.

Monthly service schedules provided details of direct work with families. It was instructive that much greater detail was available from experimental social workers than control workers. The most frequently discussed areas in service schedules involved parental and child functioning. More than a third of the experimental families had problems in the area of finance, use of community resources, child functioning at school, and with other environmental concerns. The dominant roles taken by the experimental workers were giving advice,

guidance and direction as well as providing emotional support and reassurance.

Finally, even though experimental workers and control workers identified almost the same number of areas in which the clients needed services, the experimental workers were more likely to respond to the problems. In relation to the services offered, 59% of experimental mothers reported improvement in their problems compared to 36% of the mothers in the control group. The services provided for experimental cases reflected:

- (i) The assessment of the families in their personal and wider context
- (ii) The ability to respond to the problem areas more intensively and
- (iii) Within a framework of supportive arrangements and service provisions for children and biological families.

The services were summed up by one agency director in this way:

It is the philosophy and style of service that seems to be most important, rather than any one or combination of services. Important elements are outreach, flexibility, the quick availability and personal delivery of a range of services coordinated by one caseworker who also gives direct counselling (Jones, Neuman and Shyne, 1976:76).

The second demonstration project stemmed from a review of foster care in a large agency in the city and county of San Francisco (Stein, Gambrill and Wiltse, 1978) (28). The point of departure for the

research was the view that it was too easy for children to enter foster care, to remain in it too long and to return to their biological homes too infrequently (Wiltse and Gambrill, 1974 a). Agency social workers were asked to indicate plans for children in their care. In some cases, workers were also interviewed for clarification of their planning for foster children. Seven hundred and seventy-two children, representing 50% of all the children in the care of the agency, made up the study sample. For 62% of the children, long term foster care was the plan (Wiltse and Gambrill, 1974 a). In a further 19% it was planned to re-establish the children with their parents or relatives. The remainder included those for whom there were no plans and cases where it was intended to terminate parental rights. The authors concluded that most of the children in this sample were likely to grow up in long term care. They further postulated that children may be remaining in foster care for long periods either as a result of the absence of skilled intervention, agency policies or other unidentified reasons.

In a subsequent study a year later (Gambrill and Wiltse, 1974 b) the 83 children originally earmarked for return home were followed up. Thirty four children had been restored to their biological homes. Of the 39 who remained, twenty were now headed for long term care and in twelve cases return home was still the plan. Thus, even when restoration was the plan, the children had "less than a fifty fifty chance" of returning home (Gambrill and Wiltse, 1974b:13).

In following up the specific activities that the social workers engaged in to achieve restoration, "supportive casework" and

"collateral contacts" were mentioned most often, but no clear indication as to what they meant was available. There was a remarkable lack of systematic case planning and little indication on what needed to change before a child was returned home. From this study, the authors identified a number of obstacles which prevented the agency from developing plans for the permanent placement of children either with their own parents or in an alternative setting. One type of obstacle emanated from a series of intra-organizational factors like the variability in the knowledge level of staff members, their socialization to agency goals and procedures, the adequacy of supervision and case monitoring systems, the standard of recording and overall programme goals of the agency. Inter-organizational factors which related to the worker's ability to collaborate with other organizations such as the courts and health professionals also effectively handicapped the agency. Personal beliefs about foster care and the worker's skill levels could likewise prevent case planning in a variety of ways. Gambrill and Wiltse concluded:.

Our work in this one foster care agency has revealed a picture of each social worker as an entrepreneur whose discretion in making decisions is bounded only by the extent to which his/her supervisor monitors his/her activity (Gambrill and Wiltse, 1974b:20).

In their third related article, Gambrill and Wiltse (1974 c) reflected that enough was known to address problems encountered in the foster care system. They believed that it was important for children to have stable homes to live in and that biological parents should be treated as adults. Time, in all placements, was the essence and the agency worker had responsibility to provide whatever assistance was required

by biological parents to sufficiently improve their functioning and continue caring for their children.

The prescription for change suggested as a result of the San Francisco review (Gambrill and Wiltse, 1974 c) included the following:

- a) The entry of a child into foster care should be contemplated only after a careful intensive assessment has been undertaken to ensure that the removal was necessary and that the provision of services to the family in their own home could not avert such a placement.
- b) A contract was necessary between the agency and the parents on the goals each would work towards. Such contracts should include: the changes each party would seek to achieve, individual responsibilities, visiting patterns, and rules for the exchange of information.
- c) Effective intervention procedures for children and families.
- d) Movement towards agreed goals would need to be monitored and necessary changes made as part of the review procedure.

Such a prescription for change, in a sense, reflects the research history of foster care we have been reviewing in this chapter. Out of the gloom of repeated breakdowns and unachieved goals, major aspects of the notion of 'drift', came the assertion to support decision making and permanency; out of the neglect of biological parents and the realization of their importance came a commitment for careful analysis of problems and the offering of effective and appropriate services; out of the confusion of roles came the requirement for contractual relationships; and out of the fact of the importance of

the first year came the requirement for careful planning and review. Overarching such a prescription was the commitment to what has previously been observed more in the breach than in its fulfilment, the essentially temporary nature of foster care and where this was not achievable, the need for permanency in the lives of children in an alternative setting.

The above principles were put to the test in the next major demonstration project to be reviewed (Stein, Gambrill and Wiltse, 1978), commonly referred to as the Alameda Project. The object of the project was to achieve permanent homes for foster children by providing intensive services to biological families and involving them in decision making about their own children. The options available were either to return children to their parents or place them in alternative permanent placements like adoption. The project was based on 428 cases in foster homes in Alameda County, California. All were under sixteen years of age, had at least one biological parent present in the County and were cases for whom future decisions had not been made. The children were assigned to experimental and control groups in a 2:1 ratio in favour of the experimental groups. The control group received the traditional agency programme while the experimental group received intensive services which were designed to facilitate the participation of biological parents. Project personnel included three specifically hired social workers trained in behavioural assessment and intervention, 26 agency social workers and seven supervisors. Caseload size was limited to twenty. Special forms were developed to collect information, develop intervention, plan and monitor progress.

Over the two years of the project, 56% of experimental cases as opposed to 34% of control cases were headed out of care. When the cases which were closed for reasons outside the control of project staff, or for miscellaneous reasons, were excluded, 76% of project cases and 43% of control cases were headed out of long term care. Nineteen percent of experimental and 85% of control cases remained in long term care at the end of the project. Stein and Gambrill (1977) concluded that neither family composition, child's age, sex, ethnicity, type of placement nor reason for placement, were related to outcome. Since the researchers attributed the project's success to the method of service delivery, that process is of particular interest to the present study. The substantive differences in the interventions of the experimental and control social workers were: (a) in their orientation to case planning; (b) use of contracts; and (c) methods of service delivery.

(a) Case Planning

A number of the studies examined earlier have pointed to the unplanned nature of much of the intervention in foster care (Gruber, 1978, Fanshel, 1978). The attention paid to early planning because of the critical nature of the first year (Maas and Engler, 1959; Rowe and Lambert, 1973; Vaslay, 1976;) was a feature of the experimental caseworkers. Early planning with biological parents and expectation of parental visits saw experimental social workers assume a very active roll in case planning, especially in relation to what was expected of biological parents.

(b) Use of Contracts

Vagueness and confusion identified in earlier reviews of studies were replaced by specific placement objectives which were reflected in written agreements and put into contractual form in the experimental group. Such contracts also facilitated review of case plans and the ability to pursue new options when they were indicated.

(c) Service Delivery

Biological parents have been the recipients of the least amount of service in the past (Fanshel, 1978; Gruber, 1976; Kadushin, 1980). The Alameda project made a special effort to change this. Experimental workers directed services at biological parents while control workers were focused primarily on the foster home (Stein, Gambrill and Wiltse, 1978). Experimental workers had more contact with biological parents than did control workers. They also made much more frequent use of a wider range of collateral resources including legal aid, income maintenance provisions, personal counselling, medical aid, housing, school, and employment counselling. Such contacts for the experimental workers were more often related to biological parents needs and the return to their children rather than to the long term maintenance of children in foster care.

The two groups also varied in casework method. The verbal behaviour of control workers were more exploratory and in the nature of exchanging information and airing views. These activities took considerably less time in the case of experimental workers whose

interventions were more directed towards achieving changes considered necessary for a return of the child to the biological parents or placement in a permanent home. The purpose of contact with biological parents differed markedly for control and experimental workers. While control workers were in contact with biological parents primarily for arranging parent-child contact, the experimental workers placed more emphasis on interacting with biological parents and reviewing progress towards particular goals.

The Alameda project attempted to programmatically utilize current knowledge, in tandem with an explicit value position, to improve permanency for foster children. The results show that it was significantly more successful than a conventional programme. The details of the service provided demonstrates what it means to provide 'intensive services'.

The final demonstration project to be examined is the Oregon Project (Emlem et al, 1977). Like the other two projects, it set out to achieve permanency in the lives of children. This most influential project, which applied many of the research findings reviewed in this chapter, also produced the most positive results among studies of its kind. Furthermore these results were sustained on follow up. The programme looked at direct practice as well as aspects of the system which affected practice such as agency rules, administration, management, legal issues and policy.

The original project began in 1973 and later gained national prominence by being disseminated to other States in America (Downs et

al, 1981). In this review we are concerned with the original project, its outcome and the contribution it made to practice.

The Oregon demonstration project was conducted in the Childrens' Services' Division of the State of Oregon from November 1973 to October 1975. The sample of 509 children had been in care at least a year and were considered unlikely to return to their parents. They were also available for adoption. This carefully screened sample was under twelve years of age. The purpose was to achieve permanency through intensive and systematic casework and where necessary through the termination of parental rights and placement of children for adoption.

Cases were assigned to one of fifteen social workers specially trained in needs assessment and terminating parental rights via the legal system. Caseloads were limited to 25. Full-time legal assistance was also available to project staff.

Despite the screening procedures for the cases in the study, project workers undertook as their first step an examination of the possibility of the children returning to their families. If parents were located and they wished to work towards a reunification with their children, an assessment was made of their potential for adequate parenting. Where parents were judged to possess positive potential for parenting their own children, services were either offered or provided through an alternative source to work towards reunification.

By the end of the three year project, 26% of the children had been

returned to their parents, 36% had been adopted, 7% were in contractual foster care, 3% with relatives and 28% had remained in foster care (Lahti and Dvorak, 1981). One of the most startling figures was the 26% who returned home, especially since in the assessment of agency workers, they were not considered likely to do so. This finding also vindicated the view taken by project workers that where a possibility existed, however slight, of the child returning home "social policy decreed that this option be pursued" (Lahti and Dvorak 1981:59). While the project did not have a control group, some comparisons were possible with children in the regular agency programme. In the latter case a considerably smaller percentage (46%) were in permanent placements by the end of the project.

A 50% random sample of project cases intact for nine months or more were followed up "to assess overall satisfaction, adjustment and perception of the permanence of placement" (Lahti and Dvorak, 1981:55). Eighty percent of the children who had returned to their parents were stable and had been so for an average of 30.5 months. About a third reported some difficulties. The overall impression of the children's adjustment in school and at home was positive. Ninety percent of the permanent placements were stable with the children in adoption being the most stable. At follow up, one of the best predictors of the child's adjustment was the "sense of permanence" (Lahti et al, 1978:3). If the parties felt the placement was permanent then this was a good predictor (29).

As with the other demonstration projects, our interest lies in

identifying the factors associated with positive outcome. Two broad programme attributes were particularly relevant. The first related to the philosophy of the programme and the attitude to service provision. The social workers needed to be familiar with and committed to the philosophy of the project, which emphasised securing permanent placements as a priority. The programme philosophy also stressed the belief that biological parents ought to be given an opportunity to be involved and to work towards the return of their children. A critical aspect of this attitude was the belief that if a return of the child to the parents was not possible, then an alternative permanent placement had to be pursued.

Subsumed in the philosophical orientation was a commitment to be goal-oriented in practice. A systematic assessment of parental circumstances was a priority. The object of the assessment was to determine the changes that needed to occur to meet a minimum standard to which a child could be permitted to return. The availability of skilled personnel to assist biological families to achieve the necessary changes was a critical aspect of service delivery. Biological parents were not expected to provide the "perfect environment" before a child could return home. What was sought was a positive answer to the question: "can this family provide sufficient care to keep the child from danger?" (Lahti, 1984:15). The Alameda project also held a similar perspective on biological parents in asking: "What is the connection between the parental behaviour I see as a problem and the child's well being?....What would be the negative consequences to the child if the problems were not ameliorated?" (Stein, Gambrill and Wiltse, 1978:104.).

The second programme characteristic related to administrative and organizational arrangements. Elaborate and detailed procedures were devised to ensure data were available to support crucial decisions, such as returning a child to the parents or terminating parental rights. Such procedures have resulted in a method of operating which is detailed in a handbook for practitioners (Pike et al, 1977). The method which achieved the return of children to biological parents involved a three stage process: (Lahti and Dvorak, 1981)

- (a) Assessing the problems: what necessitated the removal of the child and what obstructions existed to his/her return?
- (b) Working on surmounting the problems: harnessing the practitioner's skills and abilities in planning to achieve the goals identified are critical to the child's return.
- (c) Supporting the biological family and foster child upon return home. Reunification could need more support, not less, for a time.

The fourth section of this chapter has examined three experimental studies. They sought to address the problem of foster care "drift" through the application of knowledge gained from research in the field and from a philosophical orientation which accepted foster care as a temporary status for any child. All three projects, while different from each other in some respects, have demonstrated that significantly more children can be placed in permanent situations. The critical aspects of the demonstrations were:

- (a) An explicit value position regarding the need for permanency in

the lives of children and the rights of biological parents to receive services.

- (b) A requirement that detailed analysis of families be completed to determine their ability to care for their children and the identification of areas that needed to change.
- (c) A capacity in the agency either to provide or facilitate the provision of intensive services to children and their families.
- (d) A requirement that biological parents stay connected with their children.
- (e) The adoption of a decision making stance and the availability of appropriate resources to terminate parental rights under certain circumstances.
- (f) The development of an administrative and monitoring system that supported the above principles.
- (g) The adoption of a time-limited and goal-oriented approach.

Many of the above principles had been singly confirmed by a number of studies reviewed in earlier sections of this chapter. The demonstration projects, however, represent the first efforts to translate them into enriched programmes for children in foster care and demonstrate their effectiveness.

Permanency Planning

The ideas and concepts reflected in the demonstration projects are encapsulated in the movement referred to as "permanency planning" (30). Lahti describes the movement as "the most spirited and radical

revolution in child welfare during the last quarter of a century" (Lahti, 1984:31). Maluccio and Fein (1983) provide the following definition of permanency planning:

Permanency planning is the systematic process of carrying out, within a brief time-limited period, a set of goal directed activities, designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships (Maluccio and Fein, 1983:197).

Permanency planning, however, should not be seen, as Maluccio et al., (1980) pointed out, as a panacea for all the problems associated with providing substitute care for children. Such a view risked permanency planning "being used as a programme label or as a cosmetic advice, as a means of legitimating existing programmes without making real changes in service delivery" (Maluccio et al., 1980:524).

Some confusion about the concept is already evident (Maluccio and Fein, 1983). These primarily dwell on referring to single characteristics of permanency being as representing the whole concept, for example reference to good case management or planning meetings does not reflect the complexity embodied in the permanency planning movement. The concept, as we have seen, emerged from a long history and is the result of an integration of a number of themes. The above definition of permanency planning embodies a particular set of values and theoretical position, an integrated agency programme, a systematic, goal oriented method which requires collaboration amongst a variety of people and agencies (Maluccio and Fein, 1983). The Guidelines for social work practice in foster care contained in the

permanency planning concept will be pursued throughout this thesis.

Summary

This chapter has concentrated on the research findings that identify the nature of the problems in foster care. It has concentrated on findings which give some directions for social work practice and agency procedures most likely to achieve improvement in the experiences of children who find it necessary to live in foster homes. From the review we can detect three phases in foster care research and service provision. The earliest studies were of adults who had been in foster care as children. Kadushin (1980) concluded that the majority (70%-80%) of these children had grown up satisfactorily. Whether such a conclusion can be supported is open to question. On closer examination we find that global measures mask the pain and anguish many former children experienced. Those children with good potential did well in foster care but those who experienced their placements negatively were handicapped in terms of social effectiveness and parenthood roles. These early studies also identified aspects of foster care which later studies repeatedly confirmed. The next phase of foster care research saw the advent of studies which described the experiences of foster children while they were still in foster care. The conclusions reached in these studies of the late 1950's sounded alarm bells which were indelibly captured in two concepts: "children adrift in care" and "children in limbo". The studies of the 1960's "fleshed out" the picture of drift and instability and in so doing also identified the "building blocks" of

the 1970's. The third stage of research in foster care demonstrated an unwillingness to tolerate the problems experienced in foster care (Lahti, 1984) and called for positive action to combat the instability experienced by children. The suggestions for change were put to the test in the demonstration projects, which became the hallmark of the 1970's, and achieved permanency in the lives of many children.

The principle findings to emerge from the extensive period of research reviewed can be summarized along the following six dimensions:

- (1) Assessment
- (2) Biological parents
- (3) Role clarity
- (4) Philosophy
- (5) Agency organisation and
- (6) Agency services.

A number of points are made in relation to each of the above dimensions.

- (1) Assessment

- (a) The analysis of the needs of biological families were often stated solely in terms of their personal deficits. Most of the studies reviewed, which followed up reasons for a child's placement, detailed the personal circumstances of the biological parents and did not pursue the environmental context of which they were a part. The services provided as a consequence of this

analysis contributed directly to the determination of whether or not children returned to their biological parents. It is not until the advent of the experimental studies that the total context of the family's development, including matters such as housing and income, received adequate attention. As a consequence, the need to make a wide range of services to biological families was realised.

- (b) Social workers had some difficulty, either because of limited skill or limited opportunity, in assessing biological parents' abilities to care for their children. The criteria for such analysis was often vague and idiosyncratic. Gambrill and Wiltse reported that their research revealed:

.....a picture of each worker as an entrepreneur whose discretion in making decisions is bounded only by the extent to which the supervisor monitors the activities (Gambrill and Wiltse, 1974b:20).

(2) Biological Parents

(a) A wide range of diverse reasons accounted for the need to place children in foster care. Some reasons were socially accepted while others were not. Biological parents from the two groups had distinctly different experiences, emotions, attitudes and opinions. Children placed under circumstances that were 'socially acceptable' did better in placement than those placed for 'socially unacceptable' reasons.

(b) Biological parents' active connections with their children in

foster care contributed to the children's adjustment and discharge. Links between biological home and foster home could be represented by many different activities including: visiting; information exchange; and making direct contributions to planning for the child. The positive effects of exchanges between the foster home and the biological home was probably the most often mentioned finding in the studies reviewed.

(c) Biological parents received the least amount of service of all the parties involved in foster care. Ironically, one message often given to biological parents was that when their situation improved, their children would be returned to them. Agencies usually did not provide the services required to achieve the changes.

(3) Role Clarity

(a) A considerable amount of role confusion existed between foster parents and social workers. Foster parents who had difficulty accepting the temporary nature of their role tended to be possessive of foster children and not supportive of reunification between foster children and biological parents.

(b) The agency had prime responsibility to clarify role definitions because it initiated the placement and had a central position throughout the process. When roles were clarified, more permanent placements ensued.

(4) Philosophy

An explicit agency philosophy which supported the following was associated with the achievement of permanency for children: the temporariness of foster care; the primary need for children to have permanent homes; and the responsibility to provide or facilitate the provision of necessary services to the biological parents and the child.

(5) Agency Organisation

(a) When the above philosophy was supported by agency policies, and was reflected in agency rules, allocation of resources and the setting of priorities, permanency was achieved for significantly more children.

(b) A legal system that reflected the above philosophy was necessary to complement and monitor service planning and provision by the agency.

(6) Agency Service

(a) A decision making stance in the agency facilitated a child's reunification with parents or, under appropriate circumstances, placement in a permanent alternative placement. Procrastination, with respect to decision making was evident in many instances.

(b) Intensive service provision to biological parents could avoid children coming into care or reducing the length of time a child could be in care. The services included those required for personal

adjustment as well as for addressing public issues such as housing, income, and health on behalf of the families.

(c) The involvement of all parties on a contractual basis facilitated explicitness, role clarity and case review.

(d) The best opportunity for rehabilitation existed in the first year of placement.

(e) The level of the social worker's experience and training facilitated service provision and decision making, which in turn reduced the length of time children were in foster care. Skilled workers were able to make important decisions as well as provide the required services.

The characteristics identified above confirm the complex nature of the foster care field. If they were simply acknowledged as a series of discrete variables, they could easily be forgotten, disregarded or not utilized in guiding practice. The clearest challenge represented in this research evidence, for those who wish to address the problems in foster care programming, is to use the findings to formulate:

A comprehensive framework capable of providing useful practice guidelines In case after case crucial decisions are based on the social worker's individual bias or opinion rather than documented knowledge and empirically derived principles (Maluccio, 1981a, p.23).

The development of such a framework is the central focus of the next chapter.

Footnotes

- 1) Similar concerns were expressed in New Zealand about the early industrial schools (Beck, J. Unpublished memoirs, n.d.).
- 2) The study was based on 910 children but adequate data to make judgments were available for 562 cases only.
- 3) An explanation of the category "behaving favourably" was not included in the reference.
- 4) "Sense of well-being" referred to as "a feeling of adequacy in performing the functions for which the individual is responsible and the experiencing of pleasure in carrying out the activities in the various areas of adaptation". "Social effectiveness" referred to more factual, observable data concerning home and housekeeping, work and economic circumstances, health, marriage, parenthood, and outside social behaviour.
- 5) (a) Home and housekeeping; (b) Work and economic circumstances; (c) Health (d) Marriage; (e) Parenthood; (f) Outside social behaviour.
- 6) Negative ratings are desirable in "social effectiveness" but positive ratings were desirable in "sense of well-being".
- 7) Gil defines developmental potential (DP) as a dynamic, constantly changing element of an individual's personality. At any given point in life, an individual's DP is assumed to have a specific quality which is the product of the interaction between the individual and the environment. It was assumed that a relative DP could be inferred from patterns of psychosocial functioning throughout one's life and from a detailed history of one's life experiences" (Gil, 1964).
- 8) Social workers, foster parents, agencies, foster children or biological parents involved in foster care.
- 9) The study was conducted in 1968.
- 10) While some variation in definition of frequent contacts exists among the studies, it is generally accepted that frequent contact refers to at least once every three months.
- 11) See earlier section on retrospective studies.
- 12) "Satisfactoriness" of a placement was determined by considering how it measured up to the following four broad criteria (Trasler, 1960):
 - a) The foster family should meet the child's emotional, intellectual and material needs as fully as possible;
 - b) There should be no indication that the child might later find the environment restrictive or lacking in any characteristic important to his development;
 - c) The relationship should be satisfying to both the foster parents and the child;

- d) The child should show no serious behaviour problems.
- 13) This study is reported in two volumes. A preliminary release by Groves et al in 1978 and a later more substantial report by Mackay, 1981.
- 14) Of all unsuccessful placements, the respective breakdown rates were as follows:
- | | | | |
|----------|--------|--------------------|--------------------|
| Trasler | (1960) | 58% in first year, | 77% within 2 years |
| Parker | (1966) | 44% in first year, | 71% within 2 years |
| George | (1970) | 49% in first year, | 77% within 2 years |
| Stirling | (1972) | 56% in first year, | 66% within 2 years |
| Mackay | (1981) | 74% in first year, | 88% within 2 years |
- 15) A number of such proposals were considered at the recent (1984) series of seminars organised by the New Zealand Committee for Children to discuss proposed changes to the Children and Young Persons Act. Public Law 96 272, in the United States and laws of many other States also seek to mandate a defined time period within which permanent placements should be achieved.
- 16)
- | | | |
|----------|----------|-----------|
| sad | thankful | paralyzed |
| angry | worried | ashamed |
| bitter | nervous | empty |
| relieved | guilty | numb |
- 17) The seven referents were:
- | | |
|-----------------------------|------------------------------|
| self | agency |
| self-child or separation | other interpersonal |
| child | generalized other or society |
| child-agency or agency-care | |
- 18) Each person could identify more than one feeling.
- 19) Socially acceptable reasons were: physical illness, mental illness, emotional disturbance of the child, unwillingness or inability of the mother of the infant born out of wedlock to care for the child.
Socially unacceptable reasons were: abandonment, severe neglect and abuse, severe family dysfunction including addiction, alcoholism, retardations and incarceration, and unwillingness or inability of the child caring person to continue to care for the child.
- 20) 41.5% Black, 32.3% Puerto Rican, 5% Jews, 21.2% White.
- 21) Contact centered on the family involved:
- (a) the number of office interviews, home visits, and telephone calls to parents
 - (b) Contact with other agencies
 - (c) Supervisory conferences
 - (d) Contacts with collaterals
 - (e) The number of letters or reports.

Contact centered on the child involved:

- (a) contacts with the child;
- (b) visits to the child caring person;
- (c) contacts with specialists like psychologists.

- 22) The index was based on: the worker's opinion of the mother's capacity to function in that role; the degree of emotional disturbance seen; the worker's opinion about the outlook for working with the mother; the worker's prediction of the likelihood that the mother could lose contact with the agency; the extent to which the mother made use of her visiting privileges; the extent to which the mother was disturbed by separation from her child; the worker's perception of the mother's attitude toward the agency; and the interviewer's assessment of the worker's interest in the mother.

Mothers who, in the worker's perception, were generally adequate, could be "worked with", who were unlikely to drift away, who visited as much as possible, who felt guilty about separation and who felt positively about the worker, got a high positive score on the index.

- 23) The original sample was 624 children. Twenty-nine children who were adopted and eighteen who were transferred to state institutions were excluded.
- 24) New Zealand studies are somewhat of an exception in this case.
- 25) These will be referred to as demonstration projects.
- 26) One case was unaccounted for.
- 27) Other agencies, courts, police, recreation etc.
- 28) The earlier review was undertaken by Gambrill and Wiltse (1974 (a), (b), (c)). The demonstration project involved Stein, Gambrill and Wiltse (1978)
- 29) This does not refer to a legal definition of permanence.
- 30) Also referred to as "permanent planning".

CHAPTER TWO

TOWARDS A THEORETICAL FRAMEWORK IN FOSTER CARE

There are many aspects to the provision of effective foster care services. Studies reviewed in the previous chapter go some way towards providing a composite picture of the range of variables involved and which should receive attention in any attempt to ameliorate problems in foster care. This research has also prompted calls for the development of comprehensive frameworks based on documented knowledge and empirically derived principles that could guide foster care practice and research (Maluccio, 1981a; Laird, 1979). With one exception, Holman's (1975) inclusive and exclusive concepts of foster care, no comprehensive theoretical framework for foster care practice is currently available (Rowe, 1980). Developments to date have mainly been in-service delivery models (Johnston and Gabor, 1981; Emlem et al. 1978), and foster parent training resources (Stone and Hunzeker, 1974; Stone and Miller, 1976; Stone et al., 1977).

The present chapter attempts to develop a theoretical framework in foster care based on the ecological perspective and supported by findings from current research. This ecological perspective, it will be argued, provides a conceptual framework to organise foster care knowledge and examine society's provision for intervention with families (Garbarino, 1982a). It relies on a broad array of knowledge from such disciplines as general systems theory, ecology, evolutionary

biology, cultural anthropology and social psychology (Maluccio, 1981a). The greatest advantage of the ecological perspective is that:

It reveals connections that might otherwise go unnoticed and helps us look beyond the immediate and the obvious to see where the most significant influences lie (Garbarino, 1982b:18).

In foster care, these connections include the reasons for family stress, the provision of appropriate services, links between the biological and foster parents, clear understandings regarding the goals of placement and reviews of plans for particular children. These are only some of the factors that must be considered in the placement of a child. Moving beyond immediate concerns, "the connections which might otherwise go unnoticed" refer to the extent to which agency and government policies support the delivery of competent services and the ability of families to bring up their children in the most appropriate environment.

The ecological framework for foster care, developed in this chapter, is derived from a number of sources: the formulations of Kurt Lewin's field theory (1935; 1936; 1951), the contributions of the Kansas School to the measurement of behaviour in settings outside the laboratory (Barker and Wright, 1951; 1954; Barker, 1968; Barker et al. 1978), the detailed framework for human development in context proposed by Bronfenbrenner (1977b; 1979) and the identification of risk factors at different levels of the ecological environment formulated from the research of Garbarino (1982b), and Garbarino and Sherman (1980). The chapter concludes with a preliminary statement of an ecological framework for foster care practice which is a synthesis:

of the ecological frameworks represented in the writings of the above and the evidence of research enumerated in the previous chapter. The section begins with a brief statement on the ecological perspective.

Ecological Perspective - A Preliminary Statement

A preliminary statement on the ecological perspective would highlight the following three basic principles:

First, human development is viewed as being dependent on complex interactions between the person and his/her "proximal" and "distal" environment (Maas, 1971). This view entails a conceptualisation of the various aspects of the person, the environment and the nature of their interaction. A basic principle of the ecological perspective is that the person is always in a state of transition or "becoming", adapting to and seeking to modify the environment with which he/she interacts. The interdependent relationship between the person and the social environment means that the individual cannot be fully understood apart from that context. For example, examination of the internal dynamics of the family on its own will not fully account for the development of familial members. We must also take account of the setting in which the family exists, including the physical context, nature of connections with other groups, individuals and decision making bodies. The environment must therefore be conceived in its widest possible sense.

Secondly, in striving to understand the influence of environmental

factors, the ecological perspective also emphasises the subjective experiences of the person.

The aspects of the environment that are most powerful in shaping the course of psychological growth are overwhelmingly those that have meaning to the person in a given situation (Bronfenbrenner, 1979:22).

A phenomenological conception of the environment dwells on the position that the most relevant influence on human behaviour is reality not as it exists in the objective world, but rather as it appears in the person's mind (Lewin, 1931; 1935).

Finally, the ecological perspective sees people as:

active, goal-seeking, purposive beings who make decisions and choices and take actions guided by the memory of past experiences and anticipation of future possibilities (Germain, 1979:10).

The Development Of The Ecological Framework

The ecological perspective in human development traces its origins to the pioneering formulations of Kurt Lewin (1935; 1936; 1951), who was influenced by the gestalt tradition in perceptual psychology (Balgopal and Vassil, 1983). The scientific tradition of which he was a part believed that a particular situation had to be understood not from a study of the isolated parts, but from the dynamic interaction amongst the various parts.

The dynamics of the process is always to be derived from the relation of the concrete individual to the concrete situation and as far as internal forces are concerned, from the mutual relations of the various functional systems that make up the individual (Lewin, 1935:41).

Lewin developed a conceptual model of the forces that govern behaviour, i.e. his formulation of field theory. In some respects Lewin's desire to develop a conceptual model of the complex field which determined an individual's development has similarities with Maluccio's (1981a) conclusion that a comprehensive framework encapsulating the various aspects of foster care was necessary so that critical aspects may be taken into consideration when planning for the placement of a child in a foster home.

The Contribution of Field Theory: Kurt Lewin

Lewin believed that field theory was not a new system but was rather a tool, a set of concepts by means of which one could represent psychological reality (Lewin, 1936). He believed such concepts had to be comprehensive enough to be applicable to all kinds of behaviour, emotions, thought processes, values and social relations as well as to a person in a particular situation. Two elements from Lewin's work are of particular relevance to the development of a framework for foster care: his schematic representation of influences on human development and the dynamic interaction amongst the various components. Each will be briefly discussed.

Human development was a function of the 'field' in which the person

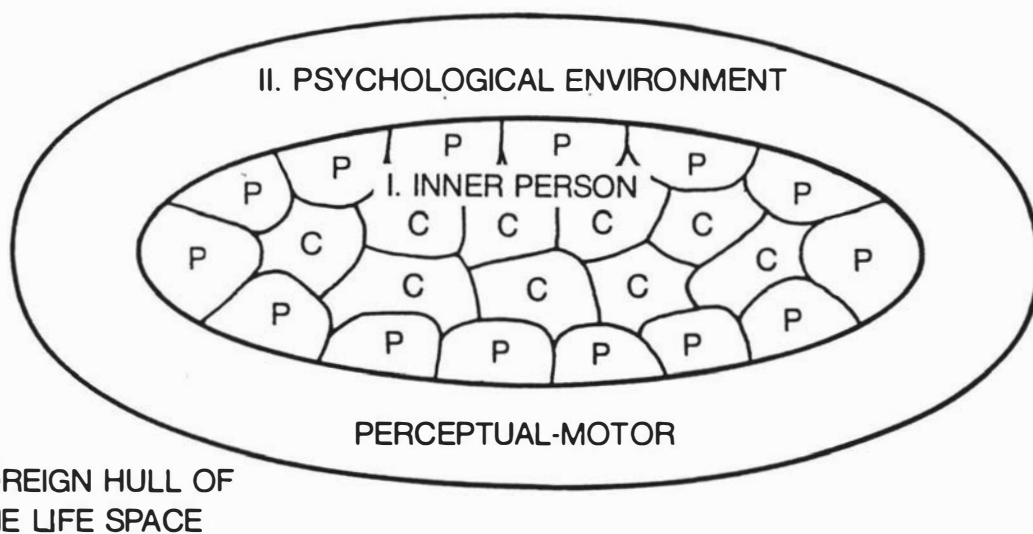
existed and was defined as representing "the totality of co-existing facts" which were conceived of as being mutually interdependent (Lewin, 1951:240). The person and the environment were viewed as one field. The structure of the field was described in spatial terms and with the aid of mathematical concepts. The latter were preferred because they provided a level of precision that was not usually possible with the use of words. Lewin utilized concepts from that branch of mathematics, known as topology, which was concerned with the relations between 'parts' and 'wholes' and the extent to which they were connected or unconnected. In this way, it was possible to identify parts that were to be included or excluded (Lewin, 1936). The size, shape, magnitude, distance and other aspects of space did not concern topology as its properties were non-quantitative (Wolman, 1981).

Figure 1 (p. 105) depicts Lewin's conceptualization of the influences on a person's development. It has three parts: the person; the psychological environment; and the non-psychological environment. The non-psychological environment was referred to as the physical environment for convenience. Social facts, for example, regulations and social policies were accepted as part of the physical environment. The essential element of Lewin's approach was that the person (Figure 1, p. 105) was bounded by the psychological environment which in turn had to be bounded by the physical environment. Hence while the person was differentiated from the rest of the world, by means of a continuous boundary, he/she was also part of the wider total field and therefore could be influenced by it. The inner person, in Figure 1, and the surrounding psychological

environment together formed the life space and represented his/her psychological field. The life space, in turn, was surrounded by the non-psychological environment, which was also referred to as the "foreign hull of the life space "(Lewin, 1936). Lewin believed an accurate overall schematic portrayal of the influences on a person's development was a major activity because it was essential to start with a broad picture of psychological reality, a picture of the greatest general validity, before proceeding to differentiate out of the broad panorama the details by which a precise understanding of the concrete psychological situation could be achieved (Hall and Lindzey, 1970). Lewin's structural formulation was a major contribution to the development of the ecological framework.

Fig. 1

III. NON PSYCHOLOGICAL ENVIRONMENT



I. + II. = LIFE SPACE

III. = FOREIGN HULL OF THE LIFE SPACE

C = CENTRAL CELLS

P = PERIPHERAL CELLS

Adapted from Lewin (1936)

While Lewin's structural formulations of the wider context of human development significantly departed from the emphasis on behaviourist theories of the day (Hall and Lindzey, 1970), he did not develop all the levels of influence to the same extent. The 'foreign hull of the life space', which Lewin believed was capable of exerting significant influences on the life space, was not developed to the same extent as his explication of the person and the psychological environment. The 'foreign hull of the life space' referred to physical characteristics and social dimensions of the environment, such as rural settings, particular social policies and significant events like an economic depression, which were governed by non-psychological laws. Lewin made it clear that events in the physical world which could affect the development of the person in the future, were worthy of study. Such a study would examine the relationship between the psychological and the non-psychological influences on the subject's development (Lewin, 1951). Neither the processes by which such factors influenced the life space nor the conditions under which particular outcomes could be predicted were elaborated.

Working from the most general picture to the specific (Figure 1, page 105), one proceeds to a consideration of the outer level of the life space, the psychological environment. It was divided into a number of regions which were unique for different individuals and which varied from time to time. The subregions could only be represented concretely for a particular person at a given time. In a given instance, the relative positions of the subregions would reflect their relative influence on a person's behaviour. Determination of the content of the subregions and their influence became subjects of

investigation in understanding a person's behaviour in a given context.

The person was located at the centre of Lewin's schematic conceptualization. The area was separated into two zones (Figure 1, p.105). The outer zone represented the perceptual-motor region and the central part represented the inner-personal region. The inner-personal region was completely surrounded by the perceptual-motor region and was further divided into central and peripheral cells. Lewin conceived of the perceptual and motor systems as independent systems but left the perceptual-motor region unstructured with the understanding that:

.....when the direction of influence is from the environment to the person the region surrounding the inner-personal sphere represents perceptual processes, and when the direction of influence is from the person to the environment this same region stands for the motorium. This would agree with the common sense view that input involves perception and output involves motor action (Hall and Lindzey, 1970:216).

Lewin was concerned with using the concrete situation in which a person was embedded to understand behaviour rather than attempting to predict how a person was going to behave in the future. His model, which was designed to facilitate the systematic examination of influences on behaviour, was therefore presented in field-theoretical terms (Hall and Lindzey, 1970). While Lewin presented the 'field' as consisting of a number of differentiated regions, this did not preclude the fact that there were important connections between them. Boundaries between the regions, although permeable, could be firm or

weak, rigid or fluid, near or remote. Lewin's discussion of the connections between the regions signalled the dynamic nature of field theory. However, the topological representation of the 'field' did not deal with possible directions of development or the magnitude of the various influences on it. It only identified connected and unconnected regions which could possibly determine the locomotion or psychological activity, but not what would actually happen (Wolman, 1981). To correct this deficiency, Lewin developed the new concept of hodological space, in which the direction of development was determined by the properties of the field at large at any given time. "Hodological space distinguishes direction toward and direction from" (Lewin, in Wolman, 1981:473). However, Lewin did not develop this concept to any significant extent.

The dynamic characteristics of Lewinian field theory were reflected in the following concepts: energy, tension, need, valence, force and vector. The person was conceived as a complex energy system which could be thrown into a state of disequilibrium by increases of tension in one or more parts of the system arising from internal or external stimuli. In such situations, the release of psychic energy was targeted towards action to return the system to equilibrium either by equalizing tension throughout the system or walling off the parts of the system that produced stress. Tension could also exert pressure on the system's boundaries. Weak boundaries made it easier for tension to pass to other sub-systems whereas rigid boundaries between sub-systems made it more difficult to reach equilibrium. The process of tension reduction or returning the system to a state of equilibrium was different for each individual.

Two other concepts which reflect the dynamic aspects of field theory were valence and force. When a need, money or income for instance, was present, tension increased in the inner person. Action to satisfy the need did not result from the existence of tension by itself. The type of action taken was dependent on the properties of the environment. Certain regions of the environment had positive or negative attraction for satisfaction of the need. The value of a region in the environment thus had a certain valence and could be either positive or negative. Valence therefore referred to the value of a region to the person. Taking the example of income, areas in the 'field' that could satisfy the need for money, such as employment, social security benefit or going into business, had either positive or negative valence. Many factors contributed to the valence of a region in the environment for a person, including cultural norms, one's gender, class, age, disability. For some people accepting a social security benefit may be morally unacceptable, while others may only consider particular types of jobs. While a positive valence psychologically guided the person's action, it did not provide the motive power for action. Locomotion occurred when a force of sufficient strength acted on a person (Hall and Lindzey, 1970). A force resulted in action when the person was sufficiently attracted to the solution. Lewin used the mathematical concept of vector to represent the relationship between a force, its direction and its point of application (Lewin, 1936). The decision to seek a particular type of job, the availability of such jobs in the same locality and for a reasonable wage would determine a person's actions in response to the need for income. In the process there may be issues of social policy surrounding employment and income that could be critical to the

opportunities for a person seeking a job. If such policies resulted in the absence of employment opportunities, the person's actions could take a different path.

Lewin's field theory represented the earliest and probably the most significant contribution to the development of an ecological approach to human development. His conceptualization not only presented various spheres of influence on a person's development but also directed attention to its dynamic qualities. He also emphasised the person's subjective experience of the world. Lewin's field theory has always been controversial. He has been criticized for doing no more than providing a cumbersome way of describing simple psychological phenomena (Garrett, 1939) and for not making any original contribution to the field (Spence, 1944). Brunswick (1943) and Tolman (1948) accused Lewin of disregarding the objective environment and misusing mathematical concepts. In responding to some of these criticisms, he explained that he adopted the methods of physics, not its contents. He did not set out to develop a mathematical model for human development but to combine into one logical system the multidimensional influences on a person's life which had previously been treated by different theories (Lewin, 1951). Although Lewin did not complete the work, he did propose an area of investigation, psychological ecology, which was the study of the relationship between psychological and environmental factors. While Lewinian thinking has never been widely adopted, many of the concepts including vector, valence, tension system and life space, have been assimilated into the main stream of psychology (Hall and Lindzey, 1970)

The Kansas School

While Lewin acknowledged the influence of physical factors outside the life space, he did not specify how this was to be studied. Lewin's primary interest lay in examining the momentary situation for the individual, that is the range of factors influencing the person's behaviour at a given time. Barker, Wright and their associates (Barker and Wright, 1951; 1954; Barker, 1958; Barker et.al. 1978) of the so-called Kansas School advanced the consideration of behaviour in the ecological environment. They argued that in order to study behaviour-environment relations on any level, each had to be studied independently. How this examination was to take place posed a dilemma for psychology because it lacked appropriate methods for studying behaviour outside laboratory settings. While the nature of the person's life space (psychological environment) could be deduced from behaviour, the nature of the non-psychological environment could not.

Barker, Wright and their associates set up the Midwest Psychological Field Station to enable the study of human behaviour in natural settings, unaffected by observation and unaltered by the selection and preparation that takes place in laboratories. The early phases of the work of the field station recorded the behaviour of children as it occurred, without reference to predetermined theoretical positions. The approach highlighted the complex environment and the wide range of interrelated activities engaged in by children. The painstaking work resulted in the development of a methodology for studying behaviour in real life settings.

Barker's methodology (1968) assumed that the ecological environment had structure, and functioned according to laws and rules which had to be identified and explicated. Furthermore, this structure could not be observed in a piecemeal fashion but had to be conceived as a totality. The ecological environment differed from the psychological environment, the life space in Lewin's terms, in that it referred to phenomena that occurred outside the person's skin, and which functioned according to laws that were different from those that determined behaviour in the life space. In these respects, Barker's formulation of the ecological environment was similar to Lewin's foreign hull of the life space.

A major theoretical development to emerge from the research of the Kansas School was the relation between the environment and behaviour. Behaviour settings were physically identifiable, extra-individual contexts in which behaviour took place, for example, the store, school playground, the street. The total environment was conceived of as being made up of a wide range of "behaviour settings", thus making it easier to study a complex environment. In addition to developing a methodology for studying such settings, Barker's (1968) theoretical development using the field station data showed the relationship between ecological environments and the behaviour of the participants. There were, for example, considerable differences in the behaviour of individuals in settings which had a greater or smaller number of people. Members in settings with fewer than the optimal number of personnel, referred to as undermanned settings, had to be more energetic, more versatile, more insecure and so forth than members of settings which were manned with the optimum number of people (Barker

et al. 1978). Lewin disagreed with Barker and his associates in their emphasis only on an examination of the co-existing facts which influenced a person's behaviour at a point in time. Those factors which were not in the person's consciousness at a particular point in time could not be taken into account in predicting the person's behaviour at that time. Barker believed, nevertheless, that particular characteristics of the 'behaviour setting' were capable of influencing the person's behaviour. For example, the manner in which roads or shopping centres were laid out could determine, to some extent, the behaviour of users. Legal, social or cultural sanctions for non-conformity to rules could also ensure that the majority conform to an expected standard of behaviour. Such an approach to the influences on behaviour led Barker and his associates to conceive of the ecological environment as a series of behaviour settings which then permitted systematic study of the relationship between behaviour and the environment.

The studies of the staff at the Midwest Psychological Field Station and the extension of Lewin's field theory marked significant developments in the ecological perspective. Two of the important contributions were the development of methods to study settings outside the laboratory and the detailed description of the non-psychological environment.

Development In Context – Urie Bronfenbrenner

In more recent times the most significant contributor to the development of an ecological framework on human development has been Urie Bronfenbrenner (1977 a; 1977 b; 1979, 1981). His work represents an extension of the ideas of both Lewin and the psychological ecologists of the Kansas School (Barker et al., 1978). Regarding the Midwestern group, Bronfenbrenner raised questions about the strategy of restricting naturalistic observation to one or two individuals in one setting at a time. Such restrictions, he argued, made the concept of the environment insufficient for the study of human development. For this to be done adequately:

.....require(d) examination of multiperson systems of interaction not limited to a single setting and (which took) into account aspects of the environment beyond the immediate situation containing the subject (Bronfenbrenner, 1979:21).

With respect to Lewin, Bronfenbrenner concluded (1977a) that the formulation of his field-theoretical approach was ahead of its time, hence its limited acceptance. Lewin's preference for the phenomenological experience of the subject, and his view that environmental conditions motivated behaviour, were contrary to tenets of behaviourism which prevailed at the time. One of the great problems of Lewinian field theory, according to Bronfenbrenner, was that while it provided a most detailed structure for considering the person and the environmental influences on the person, it did not detail sufficiently the content of the various regions in that

structure. This was true of both the person and the environment. Bronfenbrenner thus concluded that Lewinian field theory was "a theory of form, not of substance" (Bronfenbrenner, 1977a:202). True to the tenets of topology, Lewin believed the specific nature of the psychological terrain had yet to be explored through scientific research. Lewin's conceptualization of the person, the psychological environment and the foreign hull of the life space did ensure that the most important contexts for human development were not overlooked. Lewin's influence on Bronfenbrenner's theoretical formulations on the ecology of human development is reflected in the latter's belief that:

....above all, we must be prepared to see a complex of differentiated regions, some embedded in others, some inter connected, others isolated, but all interacting to steer the behaviour and development of the person (Bronfenbrenner, 1977a:203).

In identifying the content of the various regions and the nature of their interconnections, Bronfenbrenner extended Lewinian field theory and ideas on ecological psychology to formulate an ecological framework on human development. The developing person is set within a developing environment, each influencing the other through an interlocking set of organismic and social systems (Garbarino et al., 1982). Bronfenbrenner's detailed formulation of the personal and environmental influences on human development is an attempt to provide content to Lewin's topological regions. In particular, he presents a language which was designed to facilitate systematic study and discussion of human development in context.

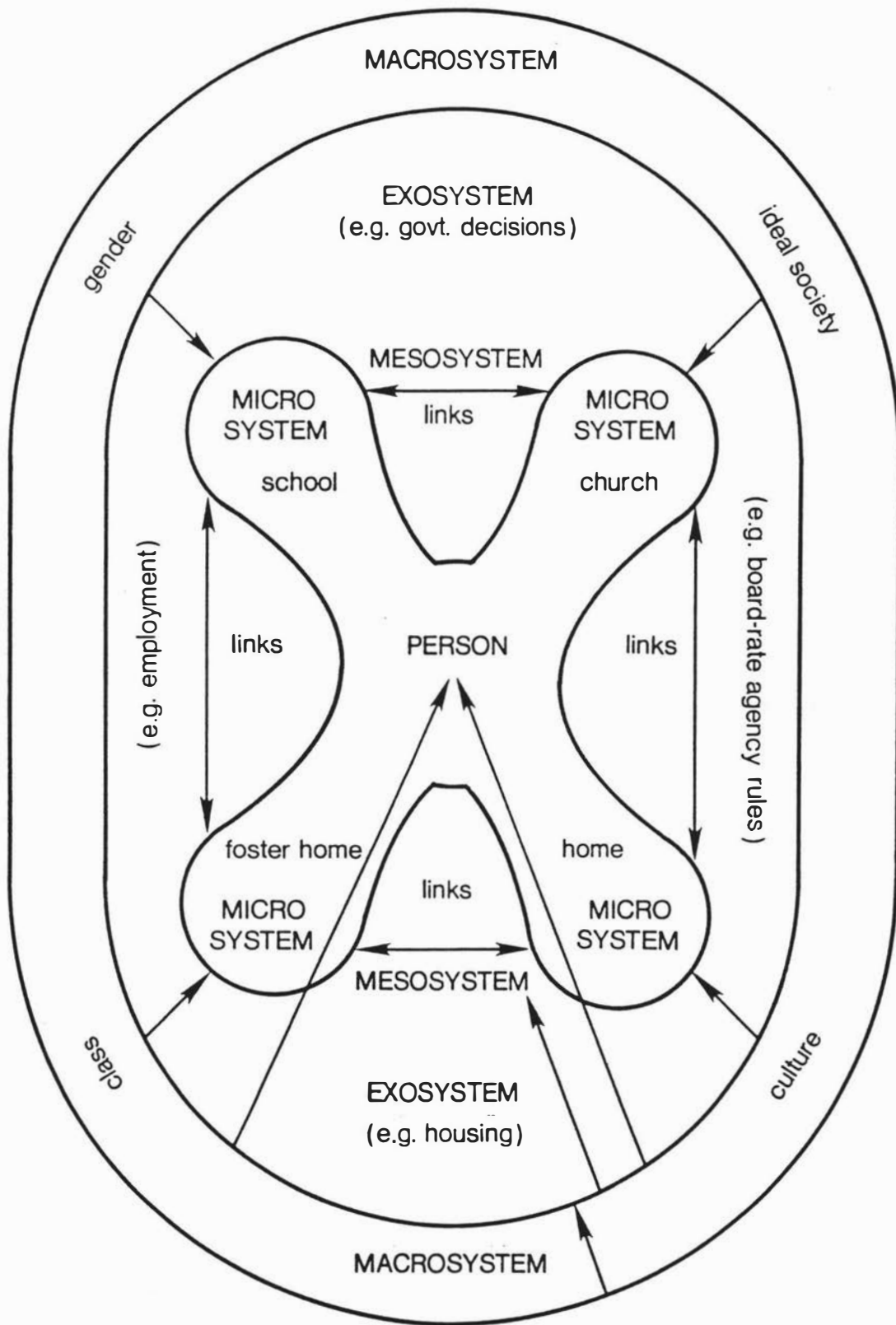
Essential Components of Bronfenbrenner's Ecology of Human Development

As is shown in Figure 2 (page 117), Bronfenbrenner (1977a; 1979) conceived the ecological environment as a set of nested structures, each inside the next, like a set of Russian dolls. Those settings in which the individual was actually present were referred to as the microsystem and it was here that the individual created and experienced day-to-day reality (Garbarino, 1982b). A child's microsystems were usually settings such as the home, school, kindergarten or foster home, and referred to both their physical characteristics and the interactions which occurred within them. This innermost setting of the ecological structure was equivalent to the core of Lewin's life space. How were we to examine the microsystem and its content? In what was a direct response to his criticism of Lewin's failure to provide his topological regions with substance, Bronfenbrenner identified the building blocks of the microsystem as the activities one engages in, the roles one experiences and the relationships one enters into. Thus the microsystem, for Bronfenbrenner, reflected:

....a pattern of activities, roles and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics (Bronfenbrenner, 1979:22).

The influence of Lewinian field theory is evident in the prominence given to subjective experience. The building blocks of the setting, and therefore the variables to be considered in an analysis of that setting, were the activities, roles and interpersonal relations in which the subject was engaged. For a child, the activities would be

FIGURE 2



Adapted from Garbarino (1982)

expected to become progressively more complex. While for the new born infant, initial behaviour revolves around activities like feeding, playing and bathing, those of school age children extend to other activities in settings like the home, school, playground and the neighbourhood. With older children, activities can involve objects, people and events not actually present in the setting. Such activities are varied and can involve conversation, story telling, fantasy and pictorial representation. By evaluating the extent, range and complexity of activities engaged in by the person in a setting, its potential contribution to the person's development may be deduced. In a similar manner, the nature of the relationships one forms with others in the microsystem adds to its potential to influence development. With increasing age, relationships become more complex and involve more people in reciprocal exchanges. As children grow older they would be expected to make more and more decisions about matters which affect them and thus progressively assume more responsibility for these decisions. The manner in which the growing person gains such autonomy could also affect his/her development.

The third indicator for assessing the potential for development in a microsystem setting is the role the person occupies. When one's self perception is positive and is confirmed by others, one is more likely to experience one's role positively. For example, the adolescent who has a positive self perception and is respected by others is likely to feel positively about being an adolescent. Conversely, if a single mother finds that the solo parent label has negative connotations, her development could be negatively affected. A child who has opportunities to experience a number of different roles, engage in a

diverse range of activities and settings has advantages, in developmental terms, over one who does not (Bronfenbrenner, 1979).

In summary, the microsystem's potential to make a positive contribution to a person's development is enhanced when: it provides a sense of belongingness, opportunities to participate reciprocally in increasingly more complex activities, preferably with a range of people, and where the person enjoys a valued role.

In keeping with the need to take account of the totality of co-existing influences on a person's development, Bronfenbrenner introduced a second level, the mesosystem, in his multi-levelled ecological framework. When a person is in transition between two settings, a mesosystem, representing the link between the two settings, is created. For example mesosystems are formed between a child's biological home and other settings such as school, church, foster home and sports clubs. The essential defining characteristic of a mesosystem is the presence of the person in both settings. Overlapping positive connections across the settings enhance the potential of each to make positive contributions to the person's development. Each setting on its own is a microsystem, therefore its potential is assessed as outlined above. Where mesosystem linkages are minimal, as could occur when the child provides the only connection, the danger exists that individuals in the respective settings may hold divergent views on critical matters such as behaviour management, values, purpose and goals, and have no opportunities to discuss them. In such circumstances the potential for both settings, the mesosystem, to make positive contributions

could be minimized. Where the links are many and take diverse forms, they become very significant influences on the child's development (Bronfenbrenner, 1979).

It is often assumed that the nature of connections between settings has to be personal and individualized. Direct connections are often the strongest, but there are many different ways in which links can be maintained. Bronfenbrenner (1979) identifies four possible kinds of connections between settings forming a mesosystem:

i) Direct Multi-setting Participation:

Links can be maintained directly between settings by the presence of the same person in both settings. A primary connection, where one person is the only link, is seen to be weaker than where a number of people present in both settings maintain connections. Furthermore, the positive contribution of mesosystems is enhanced when there is agreement between settings on the role expectations of people in each setting. Maintenance of direct links with a range of settings enhances a person's positive development as does the situation where a number of people maintain enduring personal links across different settings.

ii) Indirect Links:

These can be created when the same person is not able to actively take part in both settings but maintains connections through another party. An example would be a parent who was unable to be present at a camp

that one of the children attended but had close friends who could. In such a situation parents could exchange details, goals, plans etc. and thereby "participate" in the camp. Such links depend on the extent to which trust has developed between the parties and common goals are shared by the person maintaining the intermediate link.

iii) Intersetting Communications:

Information can pass between settings in a number of different ways including direct communication, letters, phone calls, circulars, social networks and newsletters. An important variable is the nature of the communication and the manner in which it is transmitted. Communications begrudgingly transacted or which are one-sided have less of an opportunity to make positive contributions than those which are open, honest and empathic.

iv) Intersetting Knowledge:

Information and experiences of one setting known in another setting also establishes links between the two settings.

Bronfenbrenner (1979) argues for the primacy of the initial link that sets up the mesosystem. When only one person forms the initial link between two microsystems, some breakdown in that person's ability or opportunity to maintain the link fractures the potential in the mesosystem. When the establishment of the initial link involves a number of people, during times of stress other members of the mesosystem are able to facilitate communication and exchange to enrich

the relationships in the mesosystem.

Acknowledging the influence on development of settings in which the individual was not present, Bronfenbrenner conceived a third level in his ecological structure. Called the exosystem, it refers to:

....one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person (Bronfenbrenner 1979:25).

Exosystems exert power over development but represent settings in which the individual does not participate directly. Examples of commonly occurring exosystems, in which children do not directly participate but which have a direct bearing on their development, include the parent's work place, centres of power like the local school committee, pre-school committees, boards of secondary schools, planning departments, various government departments and local authorities. Decisions made in these settings can affect the quality of a child's day-to-day experiences. When such settings of power make decisions that serve the interests of children, they facilitate their development. Where they oppress and undermine parents, they endanger the child's development. Exosystems largely refer to political decisions about who gets what (Garbarino, 1982b). Such political decisions can facilitate or inhibit a family's access to economic resources, health care, child care and recreation. Exosystem conditions endanger the child's development in two ways. First, by putting pressure on significant adults in the child's life which in effect creates an impoverished microsystem. Examples would be:

policies leading to parental unemployment, provision of location and type of housing and the reduction in or closure of transportation services. Secondly, agency policies which fail to respond adequately to child and family problems or respond to them too late also endanger the child's development. An example in the field of foster care of children would be the reluctance to implement policies which would provide adequate resources in agencies to alter or adapt current practices for those which have been found to produce more effective results. Bronfenbrenner (1979) further argues that when direct and indirect links exist between participants in a setting and those with power to make decisions which affect that setting, the potential of both settings to promote development is enhanced.

The above three levels of the ecological structure do not exist in a vacuum but are embedded in the broad ideological and institutional patterns of a particular culture or subculture (Garbarino, 1982b). The particular forms that micro, meso and exosystems in a society take would reflect particular assumptions concerning how things should be, and the blueprint from which they have been derived. The particular pattern in any society is the macrosystem which is depicted as the outermost level (Figure 2, p. 117) in the ecological framework. It refers to:

....consistencies in the form and content of lower order systems (micro, meso, and exo) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology, underlying such consistencies (Bronfenbrenner, 1979:26).

The macrosystem thus refers to the ideological preferences, usually of

the dominant groups and classes in a society, which in turn determine the policies in force at any one time. An important aspect of the macrosystem is the reference to how things could be or should be. In this sense, it is not limited to the status quo but encompasses possible futures as well.

The major macrosystem determinants of the lower order subsystems in Bronfenbrenner's ecological framework are ideology, culture, class and gender. Any ideological position, be it liberalism, a free market approach, socialism, feminism, liberation theology, Maori sovereignty, or anarchism, would critique the existing social order from that perspective and would argue for a particular ordering of the exo, meso and microsystems to suit the ends of a particular form of development. Thus the perspective informing the development of social policy and its influences on the contexts in which a person participates, becomes an area of study at the macrosystem level. The more developed an ideological position, the more detailed would be the articulation of the nature of the various subsystems.

Given the pervasive influence of the macrosystem, one would expect unique patterns in the micro, meso and exosystems of different cultures. Analysing the nature of these systems from, say, a women's perspective, would similarly highlight particular relationships. Considering the life experiences of different classes would also reveal unique patterns in the micro, meso and exosystems. Disregarding macrosystem influences indicates subscription to a 'deficit model' (Bronfenbrenner, 1979) of human development in which individuals are expected to assume responsibility for their own

development and control over life experiences. The exploitative and discriminatory aspects of the social environment would be minimised or disregarded. Such a view would permeate into social policy formulation as well as welfare services provision. Instead, Bronfenbrenner favours research, policy and practice which is committed to "transforming experiments" (Bronfenbrenner, 1979:291) which challenge the existing social order and, if necessary, sets out to create a new social order in which the micro, meso and exo systems are designed to meet the needs of its citizens.

Bronfenbrenner's ecological framework details the content of the various regions conceived by Lewin as influencing human development. In this very real sense he provides substance to Lewin's Field Theory. While the ecological framework is useful in a systematic examination of the various levels of influence on a person's development, it does not directly comment on the risks to such development contained at each of the four levels. The factors which contribute to positive development can also present risks for a person's development. Because social workers typically work with people who are at risk in some way, a consideration of these risks is important if social workers are to utilize the framework in their practice.

Social work has historically been committed to addressing both the individual and environmental influences on problems experienced by people, but has been criticised for generally disregarding the environmental side of the equation (Bailey and Brake, 1975; Specht and Vickery, 1977; Germain and Gitterman, 1980). The ecological framework is one vehicle through which risk factors at both the individual and

environmental levels can be taken into account.

Assessing Risks - James Garbarino

Bronfenbrenner did not specifically address the notion of potential risks to one's development contained at each level of the ecological environment. The application of Bronfenbrenner's framework to research in the ecology of child maltreatment (Garbarino and Sherman, 1980), to the ecology of youth development (Garbarino et al, 1977) and to the urban environments of children (Garbarino and Plantz, 1980), revealed the sources of risks which could lie at different levels for different children. These sources of risk also contain opportunities for positive development. From these studies, Garbarino (1982a) developed a typology of sociocultural risks and opportunity in child development. The specific factors identified have direct relevance to the causes of family breakdown that precipitate foster home placements. This section will elaborate on the specific risks at each level thus adding another layer to our emerging framework in foster care.

Microsystem Risks

Garbarino (1982a) suggests three areas of risk in the microsystem: its size; whether interactions amongst participants in the microsystem were balanced or imbalanced; and whether the emotional climate was negative or positive.

Microsystems in which individuals simply do not have enough people to interact with or where only a limited number of opportunities are available to develop relationships amongst people of different ages, backgrounds, sexes, etc. are found to exist in situations where children are abused, neglected and generally at risk from not having their needs met.

Risks are also present in microsystem settings when genuine, reciprocal interactions between family members do not take place. Excessively rigid and authoritarian parents produce passivity in their children. Overly permissive parents who give children "carte blanche" are placed in passive roles in respect to influencing their children's development. Neither parenting pattern does justice to the child's developmental needs because both undermine the social richness of the microsystem (Garbarino, 1982a). When interaction is balanced, there is a greater likelihood of discussion and mutual support which in turn enhances positive development and minimizes risk.

According to Garbarino, the emotional climate of a microsystem influences the child's self-esteem and confidence. When these attributes are undermined, rejection may result and the person's development could be jeopardised. When parents are involved with and nurturing towards their children, high levels of self-esteem are present. The neglecting and rejecting parent alternatively starves the child of emotional sustenance, generates a pervasive sense of ineffectiveness and is generally unresponsive to the initiatives of the child (Garbarino et.al. 1982a).

Mesosystem Risks

Garbarino and Bronfenbrenner essentially make the same points in relation to risk factors in the mesosystem. When links between the microsystems which form a mesosystem are many and diverse, and where they are not grudgingly made, they exert positive influences on the person's development. Where the child is the only link and common values between settings are lacking, they present risks for the child.

Exosystem Risks

Exosystem risks are of two types: those that indirectly place stress on parents; and policies that are anti-child. Stress on parents can be created by actual working conditions as well as by policies that inhibit parents from meeting their diverse roles. Policies which disregard differing cultural approaches to life crises, births, deaths, and marriages, do not enhance family life and thus create potential risks for children. Anti-child policies of businesses and government departments are reflected in their tendencies to see neighbourhoods and communities only as sources of labour rather than potentially supportive environments for family life. The above realization highlights the fact that understanding sociocultural risks is not an easy matter:

It goes well beyond understanding individual personality, and even further than is implied in the notion of looking at the match of the individual to situations... It goes directly to the heart of the culture and to the ideology of the society in which a given family is living (Garbarino, 1982b:44).

An example of risks in the exosystem, and one which essentially points to the impact of social policies on Maori development, is the current emphasis in New Zealand on highlighting factors which have led to disproportionate numbers of Maori children in the care of state organisations (Human Rights Commission Report, 1983; Berridge, et al., 1985; Advisory Maori Unit Report, 1985).

Risks in the Macrosystem

Moving on to the even more pervasive influences on our development, Garbarino (1982b) examines risks at the macrosystem level. The particular trajectory a society sets itself on is represented by the common values it projects and by which it develops its social policies and determines institutional arrangements. Garbarino (1982a; 1982b) identifies the specific indicators of risk at this level as being related to the differences between pluralistic and totalitarian values, the economic system, attitudes to competition and cooperation, and the presence of sexism and racism.

We live in a democratic society which accepts, amongst other principles, those of participation, diversity and social justice. Such a society would not be expected to develop policies and put in place institutional arrangements which prevent the family, the basic socialising influence on children, from adequately caring for children. At the extreme level, societies may pitch children against their families for the good of the state (Hitler's Germany), against the church and the state as in Khomeini's Iran (Garbarino, 1982b). Ideally, we strive for a society where children are brought up to

accept diversity, to accept competing allegiances and to learn to negotiate them. If our political culture then forces children and families into intolerable situations, it poses a risk to their development.

Similarly, Garbarino argues that the economic system can also place children at risk. No matter what economic system is adopted, from laissez-faire capitalism to state socialism, it affects all aspects of our lives, including our relationships with our families, communities and country. We need to ask whether the current economic system supports the child and the family? What assumptions do they make about families and children? What policies affecting the family are then pursued by the state? Who determines the policies and who benefits from them? What level of service provision does it find acceptable when families are unable to care for their children? Because the economic system has a pervasive influence on the lives of our children, its nature, provisions and system of resource distribution must be assessed in relation to the risks it creates for families and children.

Macro system risks are also inherent in the tensions between competitive and cooperative values. Competition rewards individualism and achievement and failure is often seen in personal terms. Competition and individualism depend on exploitation and therefore produce winners and losers. If the state adheres to a competitive, individualistic ethic, there is a major risk that the most dependent of our species, children, feel the worst of its consequences, especially in times of economic downturn. A more cooperative ideology

highlights partnership, cooperation and group responsibility which permeate all levels of policy and service provision. In reality, it may not be possible to categorise societies as being totally cooperative or competitive. They tend to gravitate towards one or the other extreme. In our competitive society, those working with children and families need to be aware of the pressures the ideological position places on our clients so that we may develop appropriate intervention strategies rather than expecting all clients to make personal adjustments to accommodate the prevailing policies.

The final macrosystem risk relates to the ideologies that support racism and sexism. As ideologies, they place large numbers of people in the population in inferior positions, restrict their participation and affect their development. They inappropriately attribute negative characteristics to certain groups in the population and make decisions on that basis. The effects of sexism takes on added significance in the context of violence against women. Whenever a society accepts a certain amount of violence as norm, it percolates through many aspects of the society and places children and families at risk.

Although Garbarino's studies require further more detailed examination of the relationship between particular factors and how they place children at risk, they nevertheless made an important contribution to the ecological framework. His consideration of risks at the various levels not only adds another dimension but also highlights the applicability of the ecological framework to problems social workers have to address. The task of the present thesis is to develop a theoretical framework capable of guiding practice and research in

foster care. It is still necessary to identify more specifically how the ecological framework can contribute to the development of a response to the problems in foster care. While a general framework for foster care does emerge from the ecological framework, we need a more specific framework which precisely identifies those relationships which should be given prominence in our response to the problems in the field.

An Ecological Framework For Foster Care

The previous chapter identified the characteristics of successful programmes in foster care. It also called for the development of a comprehensive framework that was capable of providing practice guidelines for agency programmes. From a synthesis of research findings and the principles of ecological theory identified in this chapter, a preliminary ecological framework for foster care can be developed to organise our thinking about, and specifying a response to, the complex problem of managing foster care placements for children.

At the broadest level, the key principle guiding the development of an ecological framework for foster care adopted in the present thesis is that foster care is a temporary phenomena designed to meet the needs of families in crises. Such crises can emanate from temporary or permanent conditions of a personal or environmental nature or both. The present position is committed to the provision of appropriate services to all families engaged in foster care and to the reunification of children with biological parents in the shortest

possible time. Wherever it is considered that such reunification will place children in intolerable situations endangering their positive development, a permanent alternative placement should be made within the first year or so. Crises are accepted to be a normal part of living in complex societies such as ours where individuals do not have control over all the factors that influence their lives. Furthermore, society through its governmental agencies, has a responsibility to provide services for the alleviation of stress of its citizens. The provision of a comprehensive substitute child care system is part of that responsibility. Users of social services also have a right to intervention that will not make matters worse for them.

Intervention has to be sensitive and appropriate to particular groups including members of different cultural groups, women and the poor. In New Zealand a substantial proportion of families who have children in substitute child care are Maori, a culture with a sophisticated system of placing children with other members of the extended family. Such processes must be understood and sensitively utilised in planning for Maori children. Foster care also involves a large number of women as prime care givers. Western society has exploited this role and workers in foster care must be careful not to abuse women by expecting them to undertake sole responsibility for the difficult task of child care. Foster children are the children of the poor, a section of society easily disenfranchised and personally blamed for their position. They have a right to competent services which intervene at whatever level solutions to problems lie and not always expect the poor to adjust to the unjust policies and practices that contribute to the maintenance of their position. Finally, in this thesis we take

the view that people have a right to be involved at every point in the lives of their children, to full information, and the right to be consulted. From such general guiding principles we develop an ecological framework for foster care.

It has to be acknowledged that the present thesis has been developed in the context of Pakeha New Zealand society. It has not taken account of either the Eastern European or the Asian experiences. It may not be entirely appropriate for the Maori and Pacific Island communities of New Zealand. To specifically address these groups, extensive consultation with those communities and understanding of their unique values would be required.

The most general ecological principle concerns the holistic conceptualization of phenomena. In human development, this calls for a comprehensive consideration of the multiple levels of influence on behaviour. The starting point is an overall picture of the greatest general validity followed by a detailed and systematic examination of the various components affecting the person. The ecological framework also highlights the dynamic quality of the relationships amongst the various parts. Consequently, in the transitions people experience, they seek to make personal adaptations to or seek to modify the environment with which they interact. Thus there is a dynamic quality about individual-environment transactions. The literature reviewed in the previous chapter identified the complex nature of foster care placements. A fairly typical transition for a child to a foster home usually affects amongst others: the foster child; biological parents; members of the extended families; the social worker; other staff

members of the agency; the school; foster parents; friends of foster parents; recreation clubs; and others providing specialist services. Our discussions with foster children, foster parents, social workers and biological parents (Volume 2, B:125-181) highlighted the many changes which occurred in their homes when they became involved in the foster care process.

An ecological model of foster care service provision is represented in Figure 3 (page 136). It identifies the three essential elements to a foster child's transition: the biological family; the agency; and the foster family. The agency fulfils a central linking function so that the three parts are dynamically linked. During the early phases of intervention in a particular case, the agency has different roles in relation to the biological family and the foster family. With a family in crisis, the agency worker has assessment, decision making and service provision functions, whereas with the foster family, the agency is initially engaged in recruitment and preparation for the foster parent role. Once a decision has been made to place a child in a foster home and a trained foster parent has been selected, all three parties jointly, and in partnership, plan and carry out the placement, conduct regular reviews and jointly decide on the long term plan for the foster child.

The above framework takes account of some of the most consistent findings in foster care research in relation to each of the parties to foster care. The biological family occupies a central place and receives due attention so that the factors giving rise to the family crisis can be adequately assessed and appropriate services made

available. The preparation of foster parents trains them for their role as partners in planning and reviewing placements. They are asked to select themselves, in the first instance, into the foster parent role on a clear understanding of what changes might take place in their homes and what might be expected of them. The overall framework incorporates the evidence reviewed earlier that biological parents are the most disenfranchised groups in foster care and that their meaningful involvement in the lives of their children in foster homes is a very strong indicator of the chances of reunification of children with their parents.

Extending this general framework involves a more detailed consideration of its constituent parts. Returning to the biological family, the first step requires an assessment of the total family. In order to avoid unnecessary placements of children in substitute settings, practitioners need to be certain about the reasons for such placements. Many of the studies reviewed earlier indicated incomplete assessments of the needs of families in crisis thus inhibiting the provision of appropriate services. Furthermore, many of the assessments only took account of immediate and personal factors while disregarding environmental factors. It was significant that in many of the successful demonstration projects reviewed in the previous chapter, agency services to biological families included attention to personal factors as well as to housing, income, and health issues. Therefore, a detailed assessment of the 'micro', 'meso', 'exo' and 'macro' systems of the biological family is required (Volume 2, A:13-73). The risks to the child's development should be identified with a view to determining whether a substitute placement is needed and if

so, what type should it be? The services required to respond to such needs should also be enumerated. In placing a child in a foster home, new mesosystems for the child and the biological family are created. The nature of links between the the two microsystems will determine the extent to which each is able to make positive contributions to the child's development. An ecological framework for foster care will pay attention to the development and maintenance of direct links amongst the parties engaged in the management of the transition of a child into and out of a foster home.

An essential partner in foster care is the foster parent. Historically, as the research review showed, this role has been confused and ill defined. Until the 1970's, foster parents were usually required only to be involved with the foster child and discouraged from engaging, in any meaningful way, with biological parents. The findings from research have consistently shown that dialogue between foster parents and biological parents did increase the chances of foster children being reunited with their parents and also to be better adjusted personally. Historically, social service agencies have accepted the responsibility to manage all interactions between foster families, biological families and indeed others involved in the foster care of a child, including the school, recreation clubs, doctors etc. In an ecological framework, the foster family becomes a key element in the care of the foster child. As a result, its relationships with the agency, biological families and with other agencies become more direct. They also have a greater input in planning the future care of foster children and addressing the adjustment and other problems they may experience. The proposed

ecological orientation to the foster parent role thus involves significant change to the conventional role of engagement with only the foster child. Foster parents necessarily form mesosystems with the agency and biological parents. From these new relationships emerge new roles and related activities which demand foster parents to commit themselves to working as members of a team dedicated to placing children in permanent arrangements in the shortest possible time. Foster parents need to be trained for such new tasks.

One of the important features of the ecological framework is the influence of direct relationships between settings in which the individual participates. Once a placement in a foster home is proposed, such relationships are organised and maintained through the participation of all parties to the placement in joint activities. Engaging in joint activities presumes agreement amongst the parties on the purposes and goals of the foster care programme, commitment to the participants in the group, and a philosophical orientation that supports planned intervention in the lives of families in crises. These were also the features of successful demonstration projects reviewed in the previous chapter. Such collaboration enhances the development of close links between the biological home, the foster home and the agency. Because of its central position, the proposed framework for foster care, charges the agency with the responsibility of initiating steps which will facilitate the participation of all parties in joint activities. The partners must ensure, in the first instance, clarity about the purpose of the proposed placement and enter into a contract on the details of the placement. Such a contract must include the particular changes required of the

biological family and details of the provision of services to achieve those changes. Support for the foster family and the foster child should also be organised. Particular attention should also be placed on the role of the foster parents and social worker in relation to the foster child in the foster home. The planning group should develop and monitor the maintenance of links between the child and the biological family during the period of placement.

It would still be possible for the foster child to 'drift' in care even after careful initial planning. In order to avoid unnecessary prolongation of a placement, the framework provides for joint reviews to be conducted to monitor progress. Such reviews should involve at least all those who made the original decisions. The achievement of goals will determine whether the child will return home or be placed in an alternate permanent placement. In any case, the actions will require consequential action either to provide termination services to the foster family when a child returns home, or to the biological parents when the decision is not to return a child to biological parents. Decision making about permanent placements will need to keep within a time frame that allows adequate opportunity for the necessary changes to be made in the biological home or in the behaviour of the foster child, but is cognizant of the critical nature of the first twelve months of placement. Reunification not achieved within the first twelve months has a reduced chance of ever being achieved.

The ecological framework for foster care developed in this chapter is a synthesis of the emerging research evidence in foster care and the ecological perspective which details the critical aspects of this

complex field. It seeks to provide guidelines for addressing the problems of drift in foster care identified earlier by placing equal emphasis on each of the multiple factors which contribute to the crisis experienced by families with children. Problems are not seen as personal deficiencies of the individuals involved but as the result of interaction between the person and the environment. The latter is defined extremely broadly and the influence of the political economy is taken into account. The proposed ecological framework addresses the three partners to foster care: the biological family; foster family; and the agency; calling upon them to collectively manage the transitions for foster children and the stresses on families.

The framework by itself will not achieve any improvement in the care of foster children unless it is systematically applied in practice. The present thesis argues that its benefits will be maximized if the theoretical framework is translated into a training programme, a coherent piece of social technology. Thomas's (1978b) Developmental Research and Utilization Model provides a way of making this objective operational. Before proceeding to a discussion the DR&U model and its application to the development and testing of training programmes in foster care, the current patterns of substitute child care in New Zealand will be examined in the next chapter.

CHAPTER THREE

PATTERNS OF CARING

A MAP OF SUBSTITUTE CHILD CARE IN NEW ZEALAND

Foster care is but one option available to practitioners contemplating the placement of children away from their parents. When the needs of families in crisis are assessed and decisions made to remove children from their parents, temporarily or permanently, the selection of appropriate settings becomes an important consideration. The child's needs and the ability of a setting to reasonably meet them must be carefully matched. Making the appropriate decision requires detailed knowledge about the availability of the various forms of substitute child care and the population for which each is most appropriate. Ensuring that planning for a particular child's placement takes account of the steps involved in the ecological framework for foster care, outlined earlier, the practitioner should also be aware of the unique factors associated with each form of substitute care. In planning a substitute placement for a disabled child, for example, the practitioner should anticipate the need for, and access to, specialist services, the implications of group living since most options provide residential or family home settings, the roles biological parents will play in relieving the demands on substitute parents and the involvement of a large number of mesosystems in planning the placement. An abused child or one labelled delinquent will require careful consideration of other factors.

The national pattern of provisions and data on the consumers and providers of substitute child care have not been systematically reported on in New Zealand. This chapter describes the findings of a study which addressed this deficiency. The basic questions it sought to answer were: what were the various provisions and under whose auspices were they provided; what were some of the characteristics of the children in their care; and what personnel were engaged directly or indirectly in caring for the children. While a detailed examination of every aspect of substitute child care was beyond the scope of this brief study, it did examine a small number of variables critical to the application of the ecological framework in foster care. Thus the emphasis was on developing a holistic picture of the provisions and some details about the three essential elements: the agency facilities; the children; and the care givers. It was also hoped that the development of even limited data on the field would assist those planning national and local provisions for the substitute care of children.

The Study

The initial intention was to conduct a census of all children living away from their parents and in facilities provided by formal welfare and educational organisations or private businesses. Negotiations with senior staff of the Department of Social Welfare (DSW) to enlist their cooperation were unsuccessful primarily because of the demands the study would have made of their field and administrative staff who were already pressured with heavy workloads. As a consequence, child

care facilities operated by the Department of Social Welfare were excluded from the data collecting phase of the study. The population examined in the present study therefore comprised all substitute child care facilities provided by voluntary agencies, private agencies, Hospital Boards and the Education Department. There were three types of facilities: the large residential institution; the group family home; and the private foster home. Residential institutions cared for upwards of ten children with a range of staff members whereas family homes provided twenty-four hour care in groups of six to ten children under the care of a couple. Foster homes referred to ordinary families who cared for one or a small number of children in their private homes.

Many agencies provided the whole range of facilities. Some agencies operated branches throughout the country while others limited their services to local regions. Because in most instances the Branches of an agency were autonomous and the facilities were considered independent units, each residential institution, family home and foster care programme was considered a separate unit in the study. Such an approach facilitated the data collection phase of the study.

The Stages Of The Study

The study consisted of the following four stages:

- a) Developing a directory of substitute child care facilities;
- b) Constructing a questionnaire for data collection;
- c) Conducting the survey;

d) Analysing the data.

(a) Developing a Directory of Facilities

Because a complete national directory of substitute child care facilities was not available, one was developed. A preliminary list of facilities was compiled using regional social service directories and personal knowledge. This was then circulated to directors of local districts of the Department of Social Welfare, Head Offices of the Education and Health Departments, the New Zealand Society for the Intellectually Handicapped (NZSIH), the Crippled Children Society and other national child care agencies, for checking and updating. Appendix 1 lists those facilities which were in the population for the present survey.

(b) Questionnaire Construction

The goal of the survey was to develop a general picture of substitute child care provisions in New Zealand. In seeking the cooperation of agencies it became clear that there were a number of very real constraints to the successful completion of the project. Some of the data concerning the children in care and the staff who cared for them could only be collected through personal interviews. The resources available to complete the present study were insufficient to undertake such a large task. Consequently, it was limited to the collection of information which was readily available in the agency.

To identify the overall pattern of substitute care provision and to

establish the characteristics of children in care and the care givers, questions were developed to gather data on the following: the specific facility or programme; the auspices under which it was provided; demographic data on the children and their families; and the geographical location in relation to the substitute setting. Similar questions were developed to obtain data on the personnel who provided the care and the roles they occupied. Because of the significant differences among residential institutions, family homes and foster homes, separate questionnaires were used for each type of facility. Little assistance was available from other relevant studies in constructing the questionnaires. While Moss (in Tizard et al., 1975) had conducted a census type survey in the United Kingdom, details of his instruments were not available.

Draft questionnaires were pilot tested using a sample of two boarding schools, three family homes and two foster care programmes. Follow up visits to agencies discussed the relevance of the questions, their clarity, order, and the extent to which the data requested were available. It was necessary to make a number of adjustments to the wording of questions, to the structure of the questionnaire and to the instructions to the agencies. The pilot test of the questionnaires made it apparent that some large residential institutions could have difficulties in providing demographic details concerning the children and staff. This did not present difficulties for children in family homes and foster homes. While some minor adjustments were made to the questionnaires, it was decided not to eliminate questions which could present difficulties for agencies but to collect as much data as possible so as to enable at least some preliminary statements to be

made on the people that provided substitute care and the children in their care. The final questionnaires appear as Appendix 2 to the present volume of the thesis.

(c) Conducting the Survey

The survey was conducted between November 1980 and January 1981 using the procedures outlined below. All the organisations included in the directory (Appendix 1) were invited to participate in the study. Two months before the questionnaires were posted out, they were advised of the purpose of the survey (Appendix 3) and asked to identify a person to be responsible for the completion of the questionnaire in each of the facilities. A form (Appendix 4) and reply paid envelope was provided for this purpose. Two weeks before dispatching the questionnaires, persons nominated by their agencies to coordinate the completion of the questionnaires were given additional information on the survey and advised of the timetable (Appendix 5).

Instructions (Appendix 6) and questionnaires were posted to nominated persons in the various agencies accompanied by a statement of support from the thesis supervisors (Appendix 7). Agencies which did not respond or declined the invitation to participate were contacted personally to explain the goals of the survey and what it involved. A further letter (Appendix 8) was sent to these agencies in an effort to encourage them to participate.

Two weeks after the questionnaires were dispatched, reminder letters were sent to agencies that had not returned them (Appendix 9). After

a further two weeks reminder notices were mailed to the nominated coordinators with a further set of questionnaires in case the earlier ones had gone astray (Appendix 10). A final reminder was sent in July 1981 to the small group of agencies that had not replied (Appendix 11). Large agencies that had not returned questionnaires within a month were contacted personally to inquire about the questionnaires and to encourage completion of the questionnaires. Time and resources did not permit non-responding agencies to be contacted on a third occasion.

(d) Analysis of Data

The directory of facilities enabled an analysis of the location and type of settings which provide child care in New Zealand. Questionnaires from individual settings were coded for computer analysis and the Statistical Package for the Social Sciences (SPSS) was used to analyse the data. A sophisticated statistical analysis of the field was not attempted. The focus instead was to record and comment on the nature of current provisions for substitute child care. The survey findings are organised in sub-sections on the facilities, the children and the staff.

Survey Findings

The Facilities

Substitute child care refers to those services that are "designed to

substitute for parental care, either partially or wholly, according to the child's individual needs" (Kadushin, 1980:26). The range of facilities which provide such services in New Zealand include large residential institutions, boarding schools, family homes, and foster homes. Residential institutions for children refer to settings comprised of one or more buildings which have been especially established for housing and caring for groups of fifteen or more children who cannot live with their families (Mayer, Richman and Balcerzak, 1977). While there are many different types of residential institutions, their essential features are that they provide 24-hour group care which totally substitutes for parental care while the children are in the control of the agency providing the facility. Institutions employ a large range and number of staff members, some of whom are rostered on a 24-hour basis. Family homes are quite different from institutions. Such homes essentially provide a family type setting in that they are operated by a couple who live in the home with their own children and up to ten foster children. The family homes are normally owned and maintained by the agency. The family home foster parents receive an allowance for each foster child and live there rent free. Foster care refers to 24-hour care for an individual or for a small number of children in the homes of unrelated families.

Considering boarding schools as settings for substitute child care requires some explanation. According to the above definitions of substitute child care and residential institutions, the residential part of boarding schools should be considered residential settings for substitute child care. Even though the placement of a child in a

boarding school is not normally the subject of legal adjudication, they do substitute for parental care by some formal agreement with parents. Their inclusion is supported by Gil (in Schorr, 1975) who argues that the entire scope of substitute child care in the United States has not been revealed since children in boarding schools are not included in this category by the Census Bureau. Gil wondered how children in boarding schools differed from those in institutions for neglected and dependent children. Detailed research would need to be conducted into boarding schools in New Zealand to support Gil's conclusion (in Schorr, 1975) that in the United States, children of poor parents, found to be indigent or delinquent, received care in charitable and public institutions whereas the affluent were able to use private boarding schools in similar circumstances. The official explanation for not including boarding school 'inmates' with those in institutions in the United States was because the children had their usual place of care elsewhere. Many of the children who had been neglected or had offended also had another 'home'. Ironically, as we saw in the literature review, it was the continual disregard of this fact that contributed to children 'drifting' in care.

The relative success of boarding schools as settings for substitute child care suggests that they be examined for the contribution they could make to the other forms of substitute care. Many practitioners, including the writer, are aware of a number of parents who have placed their children in boarding schools because of the difficulties the children were experiencing with their parents or in their communities. In early times it was common amongst the wealthy to send children to boarding schools when the child and parents were 'incompatible' and

had difficulties in relating to each other (Heywood, 1959). In order to record the total pattern of substitute child care as well as consider some of the special characteristics of boarding schools as settings for substitute child care, they were included in the present survey.

The survey revealed that, excluding facilities operated by the Department of Social Welfare, there were 287 facilities providing substitute child care in New Zealand in 1980. Boarding schools represented 36% of all the facilities and were closely followed by family homes which made up 29% of the total. While the Department of Social Welfare was not part of the survey, it was possible to extract, from official records, the types of substitute services they provided. Pooling the information from the survey and official records enabled a composite picture of the national substitute child care facilities to be drawn. The Department of Social Welfare operated 161 family homes, 30 foster care programmes, (1), six national long term institutions and ten regional short stay institutions. The total number of facilities for substitute child care in New Zealand was 494 (2). The facilities included in the survey are shown in Table 1. It also summarizes the national picture of substitute child care facilities.

 Table 1: NATIONAL PATTERN OF SUBSTITUTE CHILD CARE FACILITIES

	Non-Dept. of Soc. Wel	Dept. of. Soc. Wel..	National Total
Boarding Schools	104	-	104
Family Homes	84	161	245
Institutions (General)	31	16	47
Foster Care Programmes *	25	30	55
NZSIH Institutions	13	-	13
Hospitals (Specialised or special units)	15	-	15
Special Institutions (Blind, deaf, etc.)	9	-	9
Health Camps	6	-	6
	287	207	494

* See footnote 3.

The real shortcoming of not being able to include the facilities provided by the Department of Social Welfare is evident in the above table. Using each facility as the unit of study, the present survey only takes account of 58% of all facilities. Nevertheless, the study does begin an examination of the national pattern of substitute child care.

Table 1 does indicate the importance of family homes in the New Zealand context. Family homes are in fact a special type of institution, but without the factors associated with size, specialist personnel, rostering, special equipment, and administration. They are also different from families which provide for a smaller number of children in ordinary homes. Fifty percent of all facilities in the survey were family homes and their significance is even greater if boarding schools are excluded from consideration. Family homes as a form of substitute child care were popular with both the Department of

Social Welfare and other agencies. With the closure of several children's institutions (4), they are expected to assume greater significance in the future. The survey also located 43 special institutions which catered for disabled populations such as the blind, the deaf and the disabled. The significance of these facilities will become clearer in a later section as we examine the number of children they catered for.

Response Rate

The 287 non-Department of Social Welfare facilities formed the population for this survey. All received the appropriate questionnaires. Table 2 provides information on the responses received. In calculating the response rate, it must be noted that the unit of study was the individual facility and not the agency as a whole. Thus the response rate is based on the number of questionnaires returned. The sample for the survey was made up of the 264 returned questionnaires.

The response rate varied for the different types of facilities. The generally high rate of return was encouraging and allowed conclusions to be drawn with some confidence. Nevertheless, it must be noted the response rate was not consistent over the different types of facilities. Moreover, in the case of some large institutions, complete information was not available on all the children and the staff. Where this occurs, in the tables and the discussions to follow, it will be clearly identified.

Table 2: QUESTIONNAIRES RETURNED - STUDY SAMPLE

	Number of Facilities	Number Returned	Number Missing	Percent Returned
Boarding Schools	104	88	16	85
Family Homes	84	84	0	100
Institutions (General)	31	30	1	97
Foster Care Programmes	25	23	2	92
NZSIH Institutions	13	13	0	100
Hospitals (Specialized or special units)	15	13	2	87
Special Institutions (Blind, deaf, etc.)	9	9	0	100
Health Camps	6	4	2	67
	287	264	23	92

Agency Auspices

The facilities surveyed were provided under the auspices of a wide range of religious organisations, Trusts and voluntary agencies. This section will discuss the auspices under which each type of facility was provided.

Boarding Schools

Boarding schools were primarily operated by the Education Department and religious organizations. Table 3 shows that 42% of boarding schools were state run with the majority of the remainder (56%) operated by church organizations. The majority (89%) of all boarding

schools were also single sex.

Table 3: AUSPICES GOVERNING BOARDING SCHOOL

	Boys	Girls	Co-Ed	Total	%Total
State	16	13	8	37	42
Anglican	11	6	-	17	19.3
Catholic	10	11	1	22	25
Presbyterian	5	4	-	9	10.3
Seventh Day Adventist			1	1	1.1
Nondenominational Trusts	-	2	-	2	2.3
Total	42	36	10	88	
Percentage	48%	41%	11%	100%	100%

Non Boarding School Institutions

Almost 39% of all non-boarding school facilities were operated by church agencies. The church agencies were operated under the auspices of six different churches with some of the larger ones divided into several autonomous regions. Because of the range of services they provided, their connections with local communities and their long history in this field, church agencies were potentially very significant. While The New Zealand Society for the Intellectually Handicapped (NZSIH) had the largest number of non-boarding school facilities (Table 4), many of the facilities catered for children as well as adults. A later section will examine the size of the programmes, in terms of the number of children, provided by various agencies.

 Table 4: AUSPICES GOVERNING NON-BOARDING SCHOOL FACILITIES

	Number	Programmes	Percentage
Anglican Social Services	17		9.7
Baptist Social Services	3		1.7
Catholic Social Services	17		9.7
Health Camps	4		2.3
Hospitals	13		7.4
Crippled Children	7		4.0
NZSIH	60		34.0
Methodist Social Services	11		6.3
Presbyterian Social Services	15		8.5
Salvation Army	5		2.8
*Specialist Facilities (with educational focus)	10		5.6
Nondenominational Facilities and Programmes	14		8.0
	<hr/> 176		<hr/> 100.0

*These are special institutions for children with physiological as well as social and/or emotional handicaps.

Residential Institutions

There were 69 residential institutions in the survey. Religious organizations, collectively, accounted for the largest number, but the public Hospitals and New Zealand Society for the Intellectually Handicapped each provided 19% of the residential facilities. Although not part of the survey, the Department of Social Welfare operated sixteen residential institutions in total, ten short stay regional homes and six large institutions, together catering for about 680 children. Table 5 shows the auspices under which residential facilities were provided.

 Table 5: AUSPICES GOVERNING RESIDENTIAL INSTITUTIONS

	Institutions	
	Number	Percentage
Anglican Social Services	5	7.2
Baptist Social Services	2	2.9
Catholic Social Services	8	11.5
Catholic (special)	1	1.5
Methodist Social Services	1	1.5
Presbyterian	5	7.2
Salvation Army	5	7.2
Hospitals	13	19.0
NZSIH	13	19.0
State Special Institutions *	4	6.0
Health Camps	4	6.0
Nondenominational Institutions	6	8.0
Private Special Institutions **	2	3.0
	69	100.0

* Campbell Park, Kelston School for the Deaf, Salisbury, Waimokoia

**Maryland, Homai College

Family Homes

Family homes have already been identified as occupying a significant place in substitute child care in New Zealand. There were 84 family homes in the survey with almost half (49%) operated by the New Zealand Society for the Intellectually Handicapped. As Table 6 shows, the remaining homes were operated by a range of religious, non-denominational organisations and charitable societies. The Department of Social Welfare also operated 161 family homes. The large number of family homes in the state, church and voluntary sectors, together with the proposed closure of a number of large institutions, heralded a new phase in substitute child care programming based on a preference for

smaller group facilities. Such a change in direction was foreshadowed in the evaluation of residential institutions in the Department of Social Welfare (Department of Social Welfare, 1973), and in the persistent difficulties in some institutions, for example Marycrest and Fareham House. Furthermore, residential institutions have been expensive to operate when compared with community based facilities such as the family home and foster home (Cahill et al., 1977; Prasad, 1983).

Table 6: AUSPICES GOVERNING FAMILY HOMES

	Family Homes	
	Number	Percentage
NZSIH	41	49.0
Anglican Social Services	8	9.5
Methodist Social Services	8	9.5
Non-denominational Private	8	9.5
Crippled Children Society	7	8.5
Presbyterian Social Services	6	7.0
Catholic Social Services	5	6.0
Baptist	1	1.0
	<hr/> 84	<hr/> 100.0

Foster Homes

The final aspect of the larger picture of substitute child care provision is foster care. Even though the 1925 Child Welfare Act, which was replaced only in 1974 by the Children and Young Person's Act, made foster care the preferred form of care over residential care in New Zealand, it is surprising that foster care is still a relatively minor programme with agencies other than the Department of Social Welfare. The survey identified 23 foster care programmes which were operated primarily by church agencies. It is only in the past ten years that we have seen the presence of non-denominational agencies on the foster care scene. In Table 8, multiple programmes accredited to the same agency represent regionally autonomous foster care units. They were treated as separate programmes in this study.

Table 7: AUSPICES GOVERNING FOSTER CARE PROGRAMMES

	Programmes	
	Number	Percentage
NZSIH	6	26.0
Anglican Social Services	4	17.3
Presbyterian Social Services	4	17.3
Nondenominational	4	17.3
Catholic Social Services	3	13.1
Methodist Social Services	2	9.0
	<hr/> 23	<hr/> 100.0

Substitute child care in New Zealand, as this section shows, is provided for in facilities ranging from residential environments to

small family homes and by individual families. Some agencies cater for very specialised populations while others accept children with a wide range of needs. The availability of such a range of facilities would require the practitioner in substitute child care to become familiar with their particular services, availability and relevance for certain client groups.

While residential institutions make up the largest number of settings, family homes appear to be an increasingly popular form of care, especially in the Department of Social Welfare and the New Zealand Society for the Intellectually Handicapped. Church agencies do not appear to specialise in a particular form of substitute care, with most offering the total range of facilities from boarding schools to family homes and foster homes. As will be seen from data discussed in a later section, church agencies provide only a relatively small number of foster homes.

The Children In Substitute Care

Number

This section will detail the characteristics of the children in the various forms of care. Because of the importance of links between biological parents and their children while in care, some attention will be paid to the geographical location of the substitute setting and the children's biological homes.

The total number of children in the care of agencies surveyed was 13,494. Seventy four percent (10,026) of the children were in boarding schools, 20% (2,654) were in residential institutions, 3.5% (470) were in family homes and the remaining 2.5% (344) were in foster homes. The 1981 Department of Social Welfare report to Parliament identified the number of children who were in its care. Data obtained by combining the two sources of information is shown in Table 8.

Table 8: TOTAL NUMBER OF CHILDREN IN SUBSTITUTE CARE (1981)

	Number	Percentage of Survey Children	Percentage of Grand Total
From Present Survey:			
Boarding Schools	10026	74.3	56.0
Residential Institutions	2654	19.7	14.8
Family Homes	470	3.5	2.6
Foster Homes	344	2.5	1.9
Sub-total for survey	13494	100.0	75.3
From DSW Report:*			
Institutions	766	17.3	4.3
Family Homes	880	19.9	4.9
Foster Homes	2772	62.8	15.5
Sun-total for DSW	4418	100.0	24.7
Grand Total	17912		100.0

* Source: 1981 Department of Social Welfare Annual Report to Parliament

Table 8 shows clearly that of all children in substitute care at the time of the survey, 56% were in boarding schools, 19.1% were in residential institutions, 17.4% were in foster homes and 7.5% were in family homes. When boarding schools are excluded, 43% of the children were cared for in residential institutions, 40% in foster homes, and 17% in family homes.

Because the Department of Social Welfare figures in Table 9 (5) included children in the formal care of the Department but who were physically accommodated in facilities operated by other agencies, an adjustment was required to arrive at the actual number of children in Departmental facilities. Of the total number of children in state care, those actually in facilities operated by the Department was 4,418. The remaining 2,522 children were either in facilities operated by other agencies, with their parents or relatives or were independent. To avoid double counting and to get an accurate measure of the number of children actually in the care of formal agencies, they were excluded from the Department of Social Welfare figures. The following table details the whereabouts of children officially in state care, but actually with other agencies. It is instructive to note that this group accounts for 36% of the children in the care of the Department of Social Welfare. Care by relatives (1,108) and services bought from other agencies (660) were therefore significant aspects of substitute care of state wards in New Zealand. A further 727 state wards were independent.

Table 9: NUMBER OF STATE WARDS NOT IN DIRECT CARE OF
THE DEPARTMENT OF SOCIAL WELFARE (1981)

	Children	
	Number	Percentage
With parents	935	37.1
With relatives	173	6.9
In employment	663	26.2
In residential colleges (i.e., boarding schools)	190	7.5
Tertiary education	9	.4
Private institutions	373	14.8
Department of Education special schools	26	1.0
Hospitals	19	.7
Psychiatric hospitals	52	2.1
On probation	42	1.7
Borstal and detention centres	23	.9
Police custody	4	.2
AWOL (missing)	13	.5
	<u>2522</u>	<u>100.0</u>

Source: Department of Social Welfare Report to Parliament, 1981:

The relative size, in terms of numbers of children, of the agencies surveyed is summarised in Table 10. Thirty-four percent of all children in non-boarding school and non-Department of Social Welfare facilities were in large psychopaedic hospitals or small specialised wards in general hospitals. Almost 48% of non-boarding school children required care in specialist facilities provided in hospitals, by NZSIH or by the Crippled Children Society. Collectively, church agencies accounted for 28% of those not in boarding schools while NZSIH cared for almost 13% of the same population. In the case of NZSIH, the 437 children represented a sizable contribution to the substitute child care field and identified it as an important source of experience in the provision of specialised child care. The significance of non-Department of Social Welfare agencies in the provision of substitute child care facilities is marked by the finding

that they provided for 44% of all children in substitute care in other than boarding schools.

Table 10: RELATIVE SIZE OF AGENCY PROGRAMMES

Agency	Number	Percentage of All Children	Percentage of Survey Children	Percentage of Non Boarding Survey Chn.
Hospitals	1194	6.7	8.8	34.4
Church Agencies	978	5.5	7.3	28.2
NZSIH	437	2.4	3.2	12.6
State Special	251	1.4	1.9	7.2
Health Camps	199	1.1	1.5	5.8
Nondenom Agencies	195	1.1	1.5	5.6
Private Agencies	189	1.1	1.4	5.5
Crippled Children	25	.1	.2	.7
Sub Total	3468	19.4	25.8	100.0
State Boarding Schools	6004	33.5	44.5	-
Church Boarding Schools	3800	21.2	28.1	-
Non Denom Boarding Sch.	222	1.2	1.6	-
Sub Total	10026	55.9	100.0	-
Dept. Social Welfare	4418	24.7	-	-
Total	17912	100.0	-	-

Gender

There were almost two males to every female in the survey population, a ratio which is also found occurring in boarding schools and residential institutions. The male to female ratio reduced to 1:1.2 in family homes and 1:1.1 for foster homes. Table 11 summarizes the findings. A similar pattern was found by Moss (in Tizard, et. al.,

1975) in his English survey . It appears therefore that gender will influence the type of placement used. The patterns of placement for males and females probably reflects society's attitudes to the sexes and the types of facilities considered appropriate for each. Whether or not such a relationship exists in the Department of Social Welfare facilities cannot be established at this time.

Table 11: GENDER OF CHILDREN IN SURVEY

Type of Facility	Number	Percentage
Boarding Schools		
Boys	6521	65%
Girls	3505	35%
	<hr/>	<hr/>
	10026	100%
Residential Institutions		
Boys	1633	61%
Girls	1021	39%
	<hr/>	<hr/>
	2654	100%
Family Homes		
Boys	259	55%
Girls	211	45%
	<hr/>	<hr/>
	470	100%
Foster Homes		
Boys	181	53%
Girls	163	47%
	<hr/>	<hr/>
	344	100%
Total		
Boys	8594	64%
Girls	4900	36%
	<hr/>	<hr/>
	13494	100%

Age Structure

Table 12 shows that the age distribution of the children in the survey population was skewed towards the thirteen to seventeen year range. The finding needs to be treated with some caution because data was available for only 79% of the cases (6).

Table 12: AGE STRUCTURE OF STUDY CHILDREN

	Children	
	Number	Percentage
<5 years	206	2
5-13	2073	19
13-15	4168	39
15-17	4216	40
	<hr/> 10663	<hr/> 100

DNA = 2831 or 21% of cases.

The various forms of substitute care differ markedly in their focus. Institutional care entails group care of large numbers of children necessitating particular methods of discipline and general living arrangements. Family home care, and foster care to a greater extent, are more likely to emphasize the family group. The survey tried to examine whether there were any differential concentrations of certain ages in the various forms of care. Table 13 shows that of the children under five years of age in care, the majority were in family homes and foster homes. The children in this age group in residential care were most likely to be those requiring specialist care for particular disabilities.

 Table 13: AGE OF CHILDREN AND TYPE OF CARE

<u>Under 5 yr olds</u>	<u>Number</u>	<u>Percentage</u>
Institutions	78	38%
Family Homes	36	17%
Foster Homes	92	45%
	206	100%
<u>5-12 yr olds</u>		
Institutions	1146	55%
Boarding Schools	590	28%
Family Homes	201	10%
Foster Homes	136	7%
	2073	100%
<u>13-14 yr olds</u>		
Institutions	463	11%
Boarding Schools	3572	86%
Family Homes	80	2%
Foster Homes	53	1%
	4168	100%
<u>15-17 yr olds</u>		
Institutions	424	10%
Boarding Schools	3649	87%
Family Homes	91	2%
Foster Homes	52	1%
	4216	100%

DNA = 2831 or 21% of cases.

The information shown in Table 13 indicates that of the total study sample, 93% were in some form of residential care. With the exception of those under five years of age, the majority in each of the age groups in Table 13 were also in some form of residential care. The consistency of these findings indicates that residential care is the predominant form of substitute care for children in agencies other than the Department of Social Welfare. In fact the survey data shows that a relatively small proportion of children in substitute care are actually cared for in family homes and foster homes. When children in boarding establishments were excluded from consideration, there was

still a high 74% of children in residential institutions, 14.3% in family homes and 11.7% in foster homes. A limited analysis of the data from the Department of Social Welfare's Annual Reports to Parliament suggests that of those children living in the Department's own facilities, 72% were not in residential facilities but in some form of care based on the family unit. These patterns call for a more thorough examination of the reasons for the extensive use of residential facilities in substitute child care.

Ethnicity

Previous studies of substitute child care in New Zealand have identified a high breakdown rate in foster care placements involving Maori children (Sterling, 1972; Prasad, 1975). Furthermore, concern has been raised about the presence of disproportionate numbers of Maori children in institutions and foster homes (Human Rights Commission, 1983; Tauroa, 1983), especially since they make up approximately 11% of the general population. Table 14 clearly shows that Maoris were disproportionately represented in the facilities surveyed. Information on the ethnicity of 7% of the cases was not available.

Table 14: ETHNICITY OF SURVEY CHILDREN

	Number	Children Percentage
European	10077	80.0
Maori	2123	17.0
Pacific Islanders	337	2.6
Others	57	0.4
	<hr/> 12594	<hr/> 100.0

DNA = 900 or for 7% of the cases.

A further analysis of the ethnic composition of children in the different forms of care in the survey indicated that the proportion of non-European children in boarding schools was relatively close to that found in the general population (Table 15). Furthermore, a disproportionately large percentage of residential institutions and family homes had a high proportion of Maori children. The same did not hold for foster homes. While the present findings support the view that disproportionately higher numbers of Maori and Pacific Island children are placed in group settings, the significance of the differential patterns of placements requires further study.

 Table 15: ETHNICITY OF CHILDREN AND TYPE OF CARE

For Boarding Schools	Children	
	Number	Percentage
European	7999	83.5
Maori	1323	13.9
Pacific Islanders	217	2.3
Others	31	0.3
	9570	100.0
DNA = 456 or 4.5% of all boarding school cases.		
For Institutions		
European	1521	68.0
Maori	640	28.0
Pacific Islanders	66	3.0
Others	15	1.0
	2242	100.0
DNA = 412 or 15% of all residential children		
For Family Homes		
European	311	71.0
Maori	107	24.0
Pacific Islanders	17	4.0
Others	3	1.0
	438	100.0
DNA = 32 or 6.8% of all family home children.		
For Foster Homes		
European	246	72.0
Maori	53	15.0
Pacific Islanders	37	11.0
Others	6	2.0
	342	100.0
DNA = 2 or .6% of all children in foster homes.		

Long and Short Term Care

Research evidence reviewed in Chapter 1 indicated the critical importance of 'time' in trying to maximize the chances of children being reunited with their parents. Decisions made and services

offered in the first few months of entering care contributed to the early achievement of permanent outcomes for children. In this survey we sought a general measure of who, in the agency's estimation, required short or long term care. The pilot stages of the questionnaire indicated the difficulty agencies would have in providing information about the length of time each child had been in care. Consequently, it was decided to ask agencies whether or not, in their opinion, a child was likely to remain in care beyond three months. Placements were defined as long term if they lasted for more than three months (7). This period, it is believed, would differentiate between those requiring temporary care and those requiring long term care. Short term care usually signifies some temporary need in the biological family arising from factors such as parents' illness or hospitalization, which temporarily prevent them from providing the usual care for their children. Care for longer periods would generally indicate some more serious concerns requiring rehabilitative services.

Boarding schools were not asked to respond to this question because students would normally stay for more than three months. Data for the other types of residential institutions, family homes and foster homes are shown in the following table.

Table 16: CHILDREN IN LONG AND SHORT TERM CARE

	Short Term		Long Term		Total Numbers
	Numbers	Percent	Numbers	Percent	
Residential Institutions					
Hospitals	44	4	1083	96	1127
Health Camps	199	100	-	-	199
Church Agencies	90	13	583	87	673
NZSIH	11	6	164	94	175
Special Institutions *	50	15	279	85	329
Total Numbers	394 (16%)		2109 (84%)		2503

DNA = 151 or 5.7% of residential institutions.

* For emotionally disturbed, disabled, delinquent, deaf, etc.

Family Homes					
NZSIH	24	10	208	90	232
Church Agencies	32	21	124	79	156
Non-denom. Agencies	3	8	37	92	40
Crippled Children	3	13	20	87	23
Total Numbers	62 (14%)		389 (86%)		451

DNA = 19 or 4% of family homes.

Foster Homes					
Church Agencies	33	16	174	84	207
NZSIH	8	42	11	58	19
Non-denom. Agencies	22	21	85	79	107
Total Numbers	63 (19%)		270 (81%)		333

DNA = 11 or 3% of foster homes.

The data shown in Table 16 clearly indicate that in all three forms of care, over 80% of children were expected to remain for longer than three months. The two exceptions to this pattern were children in the care of the New Zealand Society for the Intellectually Handicapped and

Health Camps. In the latter case the maximum period of stay for any child is three months. It may be that if the definition of long term was increased to six months, the results would be different.

Geographical Relationship Between Biological and Substitute Settings

Ecological theory and studies of foster care indicate that strong links between the biological home and the substitute setting are related to the well being of the child and to the chances of an early return home. One of the factors that could facilitate the maintenance of strong links between biological and substitute settings is the geographical distance between them (8). The survey examined the physical location of the substitute setting in relation to the place of residence of the biological parents. Participating agencies were asked to indicate whether the biological parents of the children in their care lived in the same city (or urban centre) (9) as the facility, in the same district, or on the same Island as the facility. Each category was mutually exclusive. From this data and the location of the substitute facility, the relative geographical relationship between the two settings was worked out. Data were available for 94% of the children.

Table 17: LOCATION OF BIOLOGICAL HOME AND SUBSTITUTE FACILITY

Type of Facility	Location								Total
	Same City* Number	%	Same Dist Number	%	Same Island Number	%	Diff Island Number	%	
Boarding School	832	8	3302	33	5115	52	651	7	9900
Church Agencies	412	47	242	27	194	22	38	4	886
Hospitals	193	26	267	36	263	36	16	2	739
NZSIH	132	34	197	51	49	13	6	2	384
Crippled Children	5	22	18	78	-	-	-	-	23
Health Camps	25	13	86	43	83	41	5	3	199
Special Schools	39	11	20	6	163	46	131	37	353
Non-denom Facilities	104	44	97	42	23	10	10	4	234
Total	1742	14	4229	33	5890	46	857	7	12718

* Each category is mutually exclusive.

DNA = 776 or 6% of all children in survey

For a definition of "district" see footnote 10

In only 14% of the cases (Table 17) were children placed in a facility which was in the same city as their biological parents. A further 33% lived in the same district. Thus, a majority (53%) actually lived in a different district from their parents. Special schools and boarding schools admitted 83% and 59% of their children respectively from outside the district in which the facilities were located. Church agencies, NZSIH, non-denominational agencies, and hospitals conversely received substantial percentages of their children from the same city or the same district as the facility. When boarding schools were excluded from the calculations, there was still a significant 35% of children in substitute facilities which were located in different districts from their parents.

The geography of New Zealand can make travel between districts somewhat difficult. When it is realized that parents of children in care have interactional as well as personal difficulties in visiting other settings where their children may be living, the importance of geographical proximity between setting cannot be overstressed. It is appreciated that specialized facilities, such as special schools and specialist hospitals, cannot be duplicated in the regions because of costs and will therefore inevitably cater to a national client group, but adequate attention needs to be paid to mitigate the effects of large geographical separation of biological parents and substitute facilities.

Geographical Patterns and Forms of Care

Until 1971, the Child Welfare Act (1925) enshrined the belief that foster homes were the preferred mode in caring for deprived and neglected children. Present policies in child welfare, both in New Zealand and in other countries, reflect the belief that a child welfare service should provide a range of alternative forms of care, including residential care and different types of community care. In New Zealand, the recent closing down of institutions in both the state and voluntary sectors (4) and their replacement with smaller specialized family homes, signals an alternative perspective. The current reform movement, known as permanency planning (Lahti, 1984a, Maluccio, 1977, Emlen, et.al., 1977), subscribes to the fundamental principle that every child should be cared for by biological parents and, when this is not possible, then permanently by another family.

Such sentiments reflect a belief that every effort should be made to place a child with a family if an appropriate one is available.

Compared to institutions, foster homes and family homes are more likely to be in the same geographical location as the child's biological family. In order to test out the extent to which it was possible to maintain closer links between particular types of facilities and the biological homes of the children, we examined the geographical locations of the biological homes and the substitute setting (11). The findings are shown in Table 18.

Table 18: LOCATION OF BIOLOGICAL HOME FOR DIFFERENT TYPES OF PROGRAMMES

Type of Facility	Location								Total
	Same City		Same Dist		Same Island		Diff Island		
	Number	%	Number	%	Number	%	Number	%	
All Institutions*	563	26	671	31	719	33	222	10	2175
Family Homes	186	44	170	41	48	11	16	4	420
Foster Homes	173	56	97	31	26	8	14	5	310
Total	922	32	938	32	793	27	252	9	2905

* Excludes Boarding Schools

DNA = 563 or 16% of the biological homes.

Despite data being available for only 84% of the cases, Table 18 clearly shows that more children in family homes and foster homes had their parents living in the same city or district than those living in residential institutions. Furthermore, a significantly greater proportion of children in residential institutions had their parents living in a different district than was the case for children in

family homes and foster homes. If problems associated with maintaining links between biological families and substitute facilities are to be overcome, particular attention will need to be given to accessibility questions, for example geographical distance, in planning for a child's placement.

Any future efforts to achieve closer geographical proximity between biological and substitute settings in New Zealand presents special problems. Many institutions were constructed some time ago and in locations somewhat removed from the children's own homes. Perhaps such siting reflected earlier beliefs in the superiority of rural settings. Considerable capital expenditure was invested in these often large complexes. Even though current policies may suggest close ties between host and substitute settings, it would be difficult to resite some of these facilities closer to or within communities that require them and could also support them. In order to satisfy the operational demands of some of these large facilities, children have to be drawn from a wide geographical area, a requirement which invariably means greater physical distance between the children and their biological homes. In the long term, more and more of these institutions may need to be replaced as smaller units closer to the communities in which they are required.

Summary

The present survey located 13,494 children in the care of agencies other than the Department of Social Welfare. By using data from official records and estimating the number of children in care of agencies that did not participate in the study, it was deduced that there were a little over 20,000 children in some form of substitute care in New Zealand at the time the survey was conducted. Males outnumbered females 2:1 in boarding schools and residential institutions. The proportion of males to females was more even in family homes and foster homes, probably indicating some preference for particular placements for male and female children. The survey population was skewed towards the thirteen to seventeen year age group. While very young children were more likely to be placed in family homes and foster homes, the majority of children were in some form of residential care. Overall, only a small proportion of children were actually cared for in family orientated services, that is foster care and family home care. Maori children were significantly overrepresented in the study. The imbalance persisted through residential facilities and family homes but was less evident in boarding schools and foster care. A limited estimate of the length of time the children were expected to remain in care suggested that the majority were not considered to be in care temporarily. Finally, many children lived in substitute facilities outside the city in which their parents lived. This factor was more marked in boarding schools and residential institutions than in family homes and foster homes.

Staffing

In this section we turn our attention to the personnel engaged directly or indirectly in providing care for the children. The specific aspects to be examined include: staffing patterns in each type of facility, gender, roles occupied by staff members and their ethnicity. Wherever possible comparisons will be made with the characteristics of the children in the care of the particular staff (12).

Staffing Patterns

In total, 5,568 members of staff were engaged in providing care for the 13,494 children in the study, giving an overall staff to children (STC) ratio of 1:2.42. Table 19 reflects the range of STC ratios found in the various types of facilities. The residential part of boarding schools are clearly the least staff intensive, probably because their prime function is the education of children rather than the creation and maintenance of a custodial and rehabilitative environment for those who could no longer live with their families. The latter kind of facility would require a much lower ratio to give children the specialized attention they needed. The 1:0.05 STC ratio for hospitals is misleading and should be treated with extreme caution. Because hospitals also had adult patients, they were not able to provide data on the staff who were engaged only with children. Thus their responses included their total staff with the comment that, at least potentially, they worked with all patients. Residential

institutions providing care for specialized populations, for example the intellectually and emotionally handicapped, had a much lower STC ratio than did general residential facilities provided by church agencies. Foster care programmes were the least staff intensive although those provided by the New Zealand Society for the Intellectually Handicapped stand as an exception again probably because of the specialized needs of the children in their care.

Table 19: STAFF - CHILDREN RATIOS BY PROGRAMME TYPE

Programme Type	Staff	Children	STC Ratio *
Boarding Schools	2129	10026	1:4.7
Hospitals **	2282	1194	1:0.5
Institutions			
Church Institutions	238	638	1:2.7
Special Facilities	272	440	1:1.6
Health Camps	87	199	1:2.3
NZSIH	206	183	1:0.9
Sub total	803	1460	1:1.8
Family Homes			
Church Agencies	95	164	1:1.7
NZSIH	163	231	1:1.4
Crippled Children	25	25	1:1
Private Agencies	13	50	1:3.8
Sub total	296	470	1:1.6
Foster Homes			
Church Agencies	32	176	1:5.5
NZSIH	16	23	1:1.4
Private Agencies	10	145	1:14.5
Sub total	58	344	1:6
TOTAL	5568	13494	1:2.4

* STC - Staff to Children

** See caution above

The results for family homes were somewhat surprising in that the

average STC ratio was more favourable than for institutions. The ratio for private agencies was considerably higher than for other agencies and higher than the average for all family homes. Apart from being considered much more appropriate for certain children, family homes have also been seen as a relatively inexpensive alternative to residential institutions. Assuming that staff salary was the most expensive item in the budget of residential institutions and family homes, the present study does not support the contention that the latter would necessarily be a less costly alternative. The advantages of a family home probably ascribed to its relatively small size and location in suburban communities.

A limited comparison of the present findings with STC ratios in the Department of Social Welfare (DSW) sector was possible (13). The STC ratio in foster care, on a national basis, was 1:6, which was the same as for foster care in the non-DSW sector. The STC ratio for family homes was 1:2, again fairly similar to the present findings. Official information on staffing patterns in institutional care was not available but senior personnel in the Department of Social Welfare believed that the STC ratio was generally 1:1. If this was correct then the ratios found in this study were similar to the state sector. Perhaps the most disturbing feature of this section was the consistently high STC ratio for private agencies. Traditionally such agencies have not been publicly accountable and it may be time to consider the effects on service provision of STC ratios that are high, in relation to other types of agencies.

Gender

The gender of the children in substitute care was earlier established as 64% male and 36% female. The gender of staff responsible for providing care for the children was 29% male and 71% female. This pattern persisted in every form of substitute child care examined in this survey (Table 20). In family homes and foster homes where the differences in the proportion between boys and girls closed markedly, women staff members were still in the majority, thus confirming that women staff members dominate substitute child care. Social work has generally been referred to as a woman's profession (Rauch, 1983). Their preponderance in substitute child care appears to confirm a commonly held view that child welfare is an extension of the woman's role.

Because of the inverse relationship between the gender of the preponderance of staff and children, the ratios of female staff to female children is considerably lower than the ratio of male staff to male children (Table 20). The conclusion that can be drawn from the above table is that in all forms of substitute care, female children are more likely to see and perhaps interact with female staff than are male children with male staff. Whether or not children interact with staff members will be determined by the roles they occupy. The next section examines the roles of staff members.

Table 20: GENDER OF STAFF AND RATIO OF STAFF TO CHILDREN

Programme Type	Male Staff		Female Staff		Male STC Ratio	Female STC Ratio
	Number	%	Number	%		
Boarding Schools	578	27	1551	73	1:11.3	1:2.3
Hospitals	750	33	1532	67	1:1	1:0.3
Institutions						
Church Instit	67	28	171	72	1:6.8	1:1.2
Special Facilities	74	27	198	73	1:3.4	1:0.9
Health Camps	10	11	77	89	1:10.6	1:1.2
NZSIH	26	13	180	87	1:3.7	1:0.5
Sub Total	177	22	626	78		
Family Homes						
Church Agencies	38	40	57	60	1:2.4	1:1.3
NZSIH	39	24	124	76	1:3.6	1:0.9
Crippled Children	4	16	21	84	1:4	1:0.4
Private Agencies	3	23	10	77	1:10	1:2
Sub Total	84	28	212	72		
Foster Homes						
Church Agencies	9	28	23	72	1:10.4	1:3.6
NZSIH	2	13	14	87	1:5.5	1:0.9
Private Agencies	3	30	7	70	1:25.3	1:9.9
Sub Total	14	24	44	76		
TOTAL	1603	29	3965	71	1:5.4	1:1.2

Roles

Our concern was simply to identify the general pattern of staff roles occurring in the various forms of care and the relative position of the social work role in each type of care. We can deduce the tasks undertaken by staff from the designations they were given. Table 21 summarizes the data from questions about the occupational groups of staff members. It must be remembered that information was available

for only 86% of staff.

Residential institutions, in Table 21, clearly required a large number of what might be termed support staff such as domestics, groundsmen and clerical persons. These categories accounted for 44% of all staff in residential facilities. In addition, facilities such as hospitals or special institutional settings for the handicapped, employed a significant percentage (26%) of nurses and nurse aids. Social workers actually played a minor part, in terms of numbers of staff in residential care. Overall, they accounted for just 4% of staff positions, however variations did exist amongst the range of institutional facilities.

The highest proportion of social workers in respect of all staff was found surprisingly in the facilities operated by the New Zealand Society for the Intellectually Handicapped. Twenty-six percent of their staff, the largest single category, considered themselves either field or residential social workers. Church institutions had the second largest percentage of social workers (12%), while only 7% of all staff in hospitals occupied social work positions.

Family homes presented quite a different pattern in terms of staff roles, with house parents featuring prominently. More social workers were also in evidence. The most dramatic change in staff roles occurred in the foster care category. The two major roles accounting for a massive 85% of all staff positions were social workers (74%) and clerical support (11%). The remaining 15% was made up of specialists such as psychologists and doctors. Usually social workers and

clerical support are the only staff in foster care programmes to be on staff establishment. The specialists are utilized on a part-time or 'as required' basis.

One tentative conclusion that can be drawn from the distribution of staff roles in the different forms of care is that a large proportion of staff members in residential institutions are engaged in ensuring the smooth operation of the facility and a smaller percentage undertake functions aimed at rehabilitating children. The major exception was the high input of nursing care in hospitals and special facilities for the handicapped. In the case of family homes, about 60% of the staff were directly involved in the rehabilitation of the child. Nevertheless, these observations must remain very tentative, pending more detailed study.

It may well be that residential facilities wishing to offer a less conventional programme with greater involvement from members of the community would require staffing patterns different from those identified in the present survey. It would be reasonable to conclude that the staffing patterns in the different types of facilities reflect variances in the nature of care each offers. The practitioner would need to take these into account when deciding on the most appropriate placement for a particular child.

Table 21:

Comparative Role Distribution by Programme Type *

Programme Type	Grounds- man	Domestic	House Parent	Admin/ Clerical	Matron or Assistants	Nurse or Aid	Teacher or Aid	Field Social Worker	Residential Social Worker	Others *	Total
Institutions											
Church Instit	6	40	18	10	4	1	5	4	8	4	100%
Special Facilities	3	25	6	7	3	26	9	2	8	10	100%
Health Camps	4	53	-	5	5	10	10	-	-	13	100%
NZSIH	3	9	8	5	9	7	5	8	18	28	100%
Hospitals	1	24	-	8	1	52	3	.4	.3	10.3	100%
Boarding School	5	49	5	6	12	1	18	-	2	2	100%
Average for all Roles in Instit	3	34	4	7	5	26	10	1	3	7	100%
Family Homes											
Church Agencies	2	13	38	14	3	-	-	24	2	4	100%
Private Agencies	8	38	38	-	8	-	-	8	-	-	100%
Crippled Children	-	18	30	18	4	4	-	26	-	-	100%
NZSIH	10	11	31	11	1	.5	8	11	1	15.5	100%
Averages for all Roles in Family Hm	7	13	33	13	2	1	4	16	1	10	100%
Foster Homes											
Church Agencies				6				87		7	100%
Private Agencies				50				50			100%
NZSIH								60		40	100%
Average for all Roles in Foster Hm				11				74		15	100%
Overall Average	3	32	6	8	5	24	9	2	3	8	100%

* All Figures Expressed as a Percentage

** Includes Doctors, Psychologist, Dietician, etc.

DNA = 25 Facilities for Institutions

= 6 Family Homes

= 3 Foster Care Programmes

N = 4883, DNA = 685

Ethnicity

Agencies were asked to identify staff members who were directly involved with the care and rehabilitation of the children. These were teachers, social workers, nurses, psychologists, therapists, and doctors, who had direct responsibility for, and worked face to face with, the children. Administrators, groundsmen and others whose roles did not include the above responsibility were excluded from the category of direct service staff. Two thousand six hundred and thirty-six staff members were identified as providing direct services. Unfortunately information was not available for 23% of residential institutions, 29% of the family homes and 13% of the foster care agencies. Despite this limitation, we were able to get a preliminary idea of the extent to which different ethnic groups were represented amongst direct service workers in each type of facility. We also compared the ethnicity of direct service workers with the ethnicity of children in care.

Table 22 shows the spread of Maori and Pakeha direct service staff amongst the various types of agencies. Significantly, there were no Maori direct service workers working with foster children, and in the family homes work force, they were underrepresented relative to their numbers in the general population.

Table 22: ETHNICITY OF DIRECT SERVICE STAFF BY TYPE OF FACILITY

Programme Type	Pakeha		Maori		Other		Total
	Number	%	Number	%	Number	%	
Boarding Schools	842	92	66	7	8	1	916
Hospitals	680	87	68	9	32	4	780
Institutions							
Church Institutions	183	95	10	5	-	-	193
Special Facilities	199	95	10	5	1	-	210
Health Camps	53	77	3	5	-	-	56
NZSIH	148	80	35	19	3	1	186
Sub Total	583	90	58	9	4	1	645
Family Homes							
Church Agencies	30	97	1	3	-	-	31
NZSIH	59	82	13	18	-	-	72
Crippled Children	7	88	-	-	1	12	8
Private Agencies	5	83	1	17	-	-	6
Sub Total	101	86	15	13	1	1	117
Foster Homes							
Church Agencies	31	100	-	-	-	-	31
NZSIH	4	100	-	-	-	-	4
Private Agencies	10	100	-	-	-	-	10
Sub Total	45	100	-	-	-	-	45
TOTAL	2251	90	207	8	45	2	2503

DNA = 133 of Direct Service Staff

The above findings support the assertion by many Maori groups that they have little opportunity to work with their own people in terms that are culturally appropriate. This concern is brought into sharper focus when the race of direct service staff is juxtaposed with the ethnicity of the children in the various facilities. The under representation of Maori direct service workers places a critical responsibility on the Pakeha staff who have Maori families on their caseloads.

Table 23: COMPARATIVE DISTRIBUTION OF ETHNICITY OF DIRECT SERVICE WORKERS AND CHILDREN (Percent)

Programme Type	Direct Staff			Children		
	Pakeha Staff	Maori Staff	Other Staff	Pakeha Children	Maori Children	Other Children
Boarding Schools	92	7	1	82	14	3
Institutions	89	9	2	68	28	4
Family Homes	36	13	1	71	24	5
Foster Homes	100	-	-	72	15	13
Average for all Programmes	89	9	2	80	17	3

N = 12,594 children and 2,503 direct service staff.
DNA = 900 children and 133 direct service staff.

Summary

The final section of this chapter on staff members engaged with the children in care revealed varying staff to children ratios (STC) across the range of facilities surveyed. Foster care programmes were the least staff intensive but, somewhat surprisingly, family homes had similar STC ratios to residential institutions. Seventy-five percent of all staff were women while the majority of children were boys. In terms of staff roles, 44% of all staff in residential care had supportive roles whereas social workers and other rehabilitative staff were more evident in foster care and family home care. Such a finding confirms the primary role of social work in the latter two forms of care. Finally, even though a large percentage of the children were non-Pakeha, the overwhelming majority of staff who worked directly with the children were Pakeha.

Discussion

In 1981, at the time of the survey, there were 494 licensed facilities for the care of a little over 20,000 children who did not live with their families on a day-to-day basis. Unfortunately, the present study was not able to include the extensive range of facilities provided by the Department of Social Welfare.

Consideration of the various types of programmes prompts thought about those facilities which social work practitioners contemplate most readily in selecting an option for a particular child. Has the significance of the boarding schools, the specialist facilities of the New Zealand Society for the Intellectually Handicapped, the Education Department, various Trusts, and psychopaedic hospitals been underrated by those who are called upon to assist in planning suitable alternatives for families who cannot continue caring for their children? These are all contexts for alternative care of children and need to be taken into account at both the practice and policy making levels.

Boarding schools accounted for 74% of the survey sample. While it is not usual to include this sector in discussions about substitute child care, it is the writer's view that a more detailed consideration of the manner in which boarding schools manage the transitions of large numbers of children could inform conventional substitute child care programmes. Some of the difficulties in managing such transitions arise partly out of the confusion of purpose, lack of clarity about the roles different people will take, confusion about contacts,

visits, holidays, and little knowledge about what happens in each setting. The boarding school system seems to have procedures and processes in place to address such factors which also minimize the potentially negative effect of large geographical distances between the home and the school. Some argue that boarding schools are the preserve of the rich. The state often has to spend large sums of money in the provision of specialist residential facilities for children who could have benefited from earlier intervention in less stigmatized facilities than those developed specifically for the delinquent. One would also imagine that the boarding school also requires a close partnership with the biological home.

While residential institutions cater for 43% of all the children in substitute care in New Zealand, (75%, if boarding schools are included), the family home represents an important development of a facility which is small and closely identified with local communities. The New Zealand Society for the Intellectually Handicapped and the Department of Social Welfare are the two organisations which operate the majority of family homes. Despite the rise in their numbers, family homes still only catered for 3.5% of the children in the survey. However, the Department of Social Welfare places almost 20% of the children in its care in family homes. Together with the children in foster homes, the Department of Social Welfare has 83% of its children in non-residential placements. In the meantime, voluntary and religious agencies in the survey placed only 23% of its children in non residential placements. While it may be more difficult for voluntary and religious agencies to shift from large residential institutions to smaller family homes, some greater

emphasis on substitute services based around families in the community may be desirable.

The Department of Social Welfare does maintain a large foster care programme with 63% (2,772) of the children in its own facilities actually in foster homes. Collectively, all voluntary and religious agencies had only 344 children in foster homes. There is little history, in New Zealand, of the state purchasing foster care services from other agencies and given the difficulties it has experienced with its own programme (Mackay, 1981, Prasad, 1975) such a development may be one that could be pursued in the future.

It was expected that the age of the child would influence the placement option. Age only seemed to be a discriminating factor for those under five years of age. Forty-five percent of them were in foster homes. The percentage of children in all forms of substitute care remained consistent between the primary and secondary school aged children. However, the representation of older children in family homes and foster homes was extremely low. Perhaps because of the nature of adolescence, there may be a reluctance to place them in such facilities. There have been a number of major efforts to understand the experience of teenagers and to select appropriate people to provide for them in more family-orientated facilities (Hazel, Cox and Ashley-Maude, 1976; 1977; Hazel, 1981; Stone, et al., 1977). The limited use of family home and foster home placements for teenagers merits greater attention by agency personnel and service planners. More recently, the Maori community has emphasized the 'whanau' in keeping children out of institutions. The Department of Social

Welfare has also developed a 'Community Care' programme in which specially selected foster homes care for children who would ordinarily be headed for institutional placements.

One matter of current debate and discussion in New Zealand is the question of racism and the position of the Maori. Maori children were overrepresented in the survey, compared to their proportion in the population. The limited number of Maori staff members engaged directly with the children meant that in all settings, it was unlikely that Maori children would be cared for by members of their own culture. Such a situation corroborates the concern currently articulated in the Maori community and has direct implications for policies and practices in agencies.

The maintenance of links between the biological setting and the substitute setting emerged as a significant factor in the literature review. It has been argued in this chapter that the geographical proximity between the substitute setting and the place of residence of the biological parents is an important precondition that could have a critical impact on the maintenance of links between the two. The survey data showed that residential institutions were in the worst position geographically to facilitate the maintenance of links with biological families. Both foster care and family homes were in a better position but still had significant proportions of biological parents not living in the same city as the foster parents. The ease with which meaningful contact can be maintained, is a variable practitioners could pay more attention to. It probably will be a secondary consideration unless an agency actively develops a policy to

ensure children will be placed in close proximity to their biological parents unless special circumstances dictate otherwise.

The present chapter set out to identify the nature of current provisions for the substitute care of children, the characteristics of the children in care, and the personnel engaged in managing the care provided. While it has not been exhaustive, a general pattern has emerged, as well as some variables which need to be recognised and require emphasis by the practitioner. The approach taken has been to map the wider context of which foster care is an integral part. Knowledge of the whole range of substitute child care options facilitates both the selection of the most appropriate alternative for a particular child and planning for a range of facilities in any community.

In the next and subsequent chapters attention will focus on developing a response to the problems in foster care. Since the particular stages of that development were generally guided by the Developmental Research and Utilization Model, the task of the next chapter will be to detail that model.

Footnotes

1. At the time of the survey, the Department of Social Welfare divided the country, for administrative purposes, into districts in which the whole range of departmental services were provided. At the present time (1987), districts are being coordinated on a regional basis and the influence of a centralised head office is being transferred to the regional divisions.
2. 'Facilities' is used as an inclusive term for institutions, boarding schools, hospitals, family homes, and foster care programmes.
3. Foster care programmes in different geographical regions of a centralised agency usually operate as independent units and are therefore considered individually. Each district of the Department of Social Welfare operated an independent foster care programme.
4. In the past few years the Department of Social Welfare has closed down Holdsworth, Fareham House and Arbour House, Catholic Social Services has ceased operating Marycrest and Methodist Social Services has closed down Homeleigh. A number of other institutions have been earmarked for closure.
5. The present survey was conducted between November 1980 and January 1981, hence the Department of Social Welfare data were taken from the appropriate year's report to Parliament. The use of 1986 statistics would have distorted the overall picture and hence have not been used.
6. Because of the time it would have taken to collect the data, boarding schools and large residential facilities were unable to provide details of the ages of all the children in their care. Where some of the data was not available, it is identified as a DNA (Data Not Available) in the appropriate table.
7. It could be argued that the three month period is too short. However, the current movement towards short term care holds that within three months agencies should be in a position to draw longer term plans for any child in care. Thus a great deal of agency input is expected during this time.
8. It must be conceded that the geographical distance between the biological home and the substitute facility is only one factor and by itself, need not necessarily result in the absence of links between the two settings.
9. 'City' is not used in the strict demographic sense. It refers to the centre in which a person lives. Thus, a small rural town, a medium sized city or a large city.
10. 'District' refers to post office districts. New Zealand is divided into 35 significantly separate districts as is evidenced by the fact that the adjacent districts to Auckland are Whangarei in the north, Tauranga on the south east and Hamilton in the

south.

11. Boarding schools have been excluded since they represent a special case and no arguments have been put forward to move them closer to the settings from which they draw their students.
12. The nature of the survey did not permit a detailed consideration of each staff member. This would have been too onerous a task for the agencies. What was sought was a broad picture of the staffing patterns.
13. Data for this analysis of the Department of Social Welfare was contained in responses to a series of questions for written answer put to the Minister of Social Welfare in Parliament on 10 August 1982. While this is a year and a half after the date of the present survey, it still provides the only comparison possible.
14. We do not have a measure of the number of children who live away from their parents through informal arrangements between parents and other families.

CHAPTER FOUR

AN APPROACH TO RESEARCH IN APPLIED PROFESSIONAL FIELDS

Like other applied professional fields, social work partly achieves its mission by technical means referred to as social technology (Thomas, 1978a).

These are person made instruments for achieving social work objectives, and as such, they are subject to modification and creative alteration (Thomas, 1978b:98).

The expectations on social work to respond to a wide range of social problems either through the delivery of effective social services or through the development of appropriate social policy, require of it the ability to generate new social technology or adapt established ones. While methods for developing such technology may be well established in some other applied fields, for example engineering, horticulture, veterinary science or agriculture, a similarly recognized methodology is only now emerging in social work (Thomas, 1978a; 1978b; 1980). With mounting criticism of the effectiveness of social work practice, (Fischer, 1978), the demands of accountability and the challenges to utilize empirically available knowledge (Bloom, 1975; Fischer, 1978; Thomas, 1977), there has been extensive questioning of the methods by which social work achieves its objectives. Conventional research methods in the social sciences are targetted towards knowledge building, and while they will continue to be the mainstay of research in social work, they are not ideally suited to technology development because:

They view the culmination of research as the drawing of conclusions from research findings that may have implications for social work, ...rather than as the generation of...social innovations that have direct application in the social technology of social work (Thomas, 1978b:97).

Alternative research approaches will be required for such a purpose. The Developmental Research and Utilization (DR&U) model (Thomas, 1978a; 1978b, 1980; 1981) for researching, developing and testing social technology is a promising response to the needs of applied fields such as social work. Newly developed social technology is the product of developmental research. The series of steps undertaken in the present thesis to develop social technology which could assist social workers and foster parents to provide appropriate care for foster children were informed by the DR&U model. The present chapter will specify the particular stages of the model. In so doing it will also briefly review a number of other methodological developments in social work. The goal is to orientate the reader to the remainder of the thesis which in essence is concerned with setting out the steps whereby the general model was made operational.

Contemporary Research Developments in Social Work

There are a number of concurrent trends in social work research, each originating at different historical periods. The more recent trends utilize knowledge established by earlier methodologies differently to address what are perceived as present demands on social work practice. While by no means an exhaustive list, the following four concurrent developments can be discerned (Thomas, Jones and Rosen, 1978). The

overall purpose reflected in each of the trends subsume a number of methods.

Knowledge Production

Probably the longest established research goal in social work, which originated in the 1920's, has been knowledge production. Various social science methods are engaged to concentrate on knowledge production rather than its utilization. Such an approach is taught in most social work courses and is reflected in dissertations requiring original contributions to a particular field. While knowledge production serves an important purpose in an applied field, it does not directly generate specific technical tools to meet the needs of practitioners in social work and similar fields. Approaches which address such a need however, as represented in later developments discussed below, use knowledge generated by these earlier approaches. In the special field of foster care, early follow up and longitudinal studies (for example, Meier, 1966; Napier, 1972; Fanshel and Shinn, 1978) are illustrative of research designed to generate knowledge about foster care. Research geared towards knowledge production continues to serve an important function in social work research.

Substantive Utilization

Here the substantive output of research from behavioural sciences and related fields is applied to social work practice and social welfare policy. Courses on research consumption reflect such an approach. Perhaps the best known example of substantive utilization is the

application of findings in interpersonal communication to interviewing in social work situations (for example, Carkhuff, 1969; Carkhuff and Anthony, 1979; Shulman, 1979). The conditions and attributes of the worker found conducive to helpful interaction have been incorporated into prescriptions for effective interviewing and counselling. Principles emerging from research into management and supervision systems are further examples of widespread utilization of research findings. Research evidence, however, is not uncritically accepted. In deciding which research evidence to use, their shortcomings, strengths and relevance are considered in the light of the conditions in which it is intended to apply them (Mullen, 1978). The demonstration projects in foster care (Stein, Gambrill and Wiltse, 1978; Emlem et al, 1977) were based on substantive utilization of research data.

Methodological Utilization

One of the more recent trends in social work research, which gained ascendancy in the 1970's, involves the use of research methods from the social sciences in social work practice. Research strategies and techniques of gathering, processing, and analyzing data are applied to practice. Methodological utilization encourages practitioners to adapt research tools to their practice and hypothesizes that this will depend on: the availability of research methods; the correspondence of those methods to the informational requirements of social workers; the compatibility of those methods with social work practice; the extent to which those methods can be implemented and their associated costs (Tripoldi and Epstein, 1978). The training of social workers in

research as part of practice, applying research methodology to assessment, evaluation and information processing, developing systems for data gathering and engaging in cost benefit analysis are all examples of methodological utilization in social work practice.

Developmental Research

Developmental research is the newest of the research approaches and is concerned with the development of technical tools to assist in social work intervention. While its methodology is still emerging, developmental research differs from behavioural science approaches geared toward knowledge development in its objectives, outcomes, phases, methods and sources of data (Thomas, 1978a & 1978b). Developmental research is directed at producing social technology, which provides the practical means by which social work achieves its objectives. Its outcomes are actual products which can be used by those engaged in practice. Behavioural science approaches, however, are targetted at amassing verifiable knowledge in the form of concepts, hypotheses, theories and facts (Thomas, 1978a, 1980).

Developmental research begins with a problematic human condition for which a response is required. Its operations include analyzing, designing, creating and evaluating a product to address the problem. Behavioural research conversely starts with a research problem, designs and selects a research strategy, draws a sample, collects and analyzes data, arrives at conclusions and presents them in a research report. While the methods of behavioural science research are well established, those of developmental research are relatively new and

underdeveloped. The stages of developmental research proposed by Thomas (1978a; 1978b; 1980; 1981) are still provisional and with increased application will be subject to further refinement. Data, in behavioural science, research are mainly derived from human behaviour through observation, written records, questionnaires or interviews whereas developmental research draws on a large range of resources including behavioural and natural sciences, allied technology and indigenous knowledge about the particular field. Such information undergoes a process of creative transition which results in new technology. Developmental research also draws on the research and development taking place in industrial fields in converting research knowledge into forms that can be applied to production and problems encountered in industries. In one sense the developmental research model in social work is a social version of product development (Thomas, 1978a).

While developmental research is identified here as being of recent origin, its genesis can be seen in a number of developments over time. The 1960's and the 1970's saw an increased awareness of and use of research knowledge in practice. Emphasis was placed on the process of knowledge dissemination (Havelock, 1973). The research and development (R&D) model of engineering and its application in social work practice (Rothman, 1974), emphasized the process of analyzing research findings, isolating those on which consensus was evident, generating concrete application principles, implementing them on a pilot basis and, after field testing their results and further refinement, putting them into wider use.

The decision to utilize the DR&U approach to the problems being addressed in the present thesis arose from the belief that the immediate need in foster care practice was not to generate new knowledge but to develop directly applicable responses to the problems. There is a perception, borne out by the review of the literature in Chapter 1, that the knowledge base to attack the persistent problems of children in foster care was available but was not being systematically applied (Jones and Biesecker, 1980). Hence the demand was not for more knowledge production but systematic knowledge utilization. The explicit use of research evidence and practice experience in the development of tools with which practitioners and policy makers could attack problems of social work service delivery is therefore an attractive feature of developmental research. The DR&U model simply provides a series of systematic steps to follow and empowers the researcher to creatively extend available knowledge and experience in developing a response to the problem. The principles emerging from the research base in foster care examined in Chapter 1 were encapsulated in a theoretical framework for foster care practice developed in Chapter 2. The theoretical framework will not lead, by itself, to an effective response to the problems in foster care. The next stage, which was informed by the various steps of the Developmental Research and Utilization model, was the translation of the theoretical framework into a tool to address the problems. The various stages of the research model and how they were operationalized in the development of the training programmes, will now be detailed. A description of the development of the training programmes is the subject matter of the next chapter.

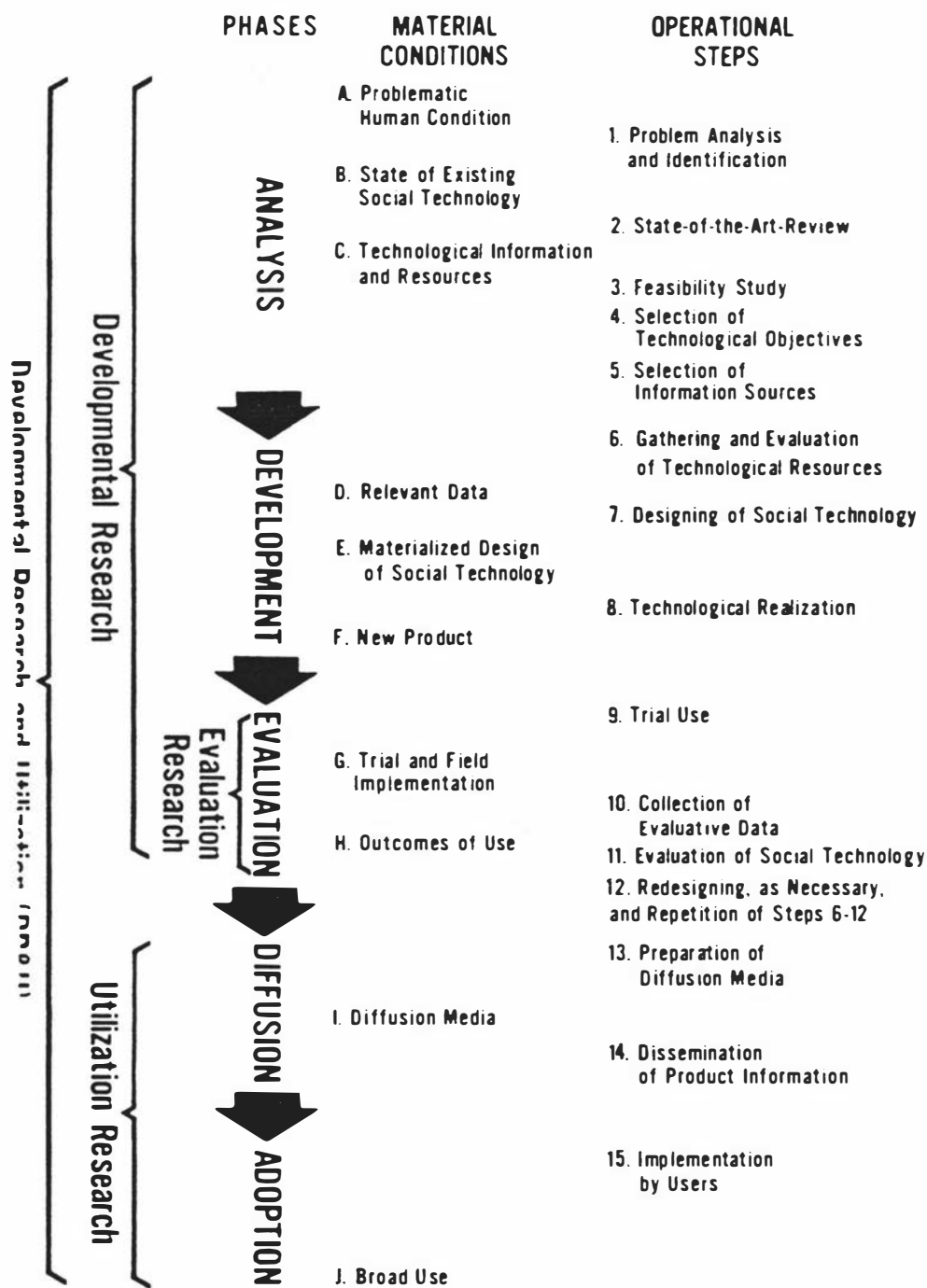
The Phases of Developmental Research

A general developmental model incorporating all the activities involved in the creation of social technology contains the following five stages: analysis, development, evaluation, diffusion and adoption (Thomas, 1978a, 1981). The first three phases are referred to as developmental research and the last two are concerned with utilization. Each of the phases encompasses particular objectives (material conditions) and a number of 'how to do it' steps (operational steps) which are designed to achieve those objectives. The complete series of phases and their attendant steps and conditions are called the Developmental Research and Utilization Model for Interventional Innovation (Thomas, 1981). In systematically developing a response to a problem, the researcher essentially proceeds programmatically through a series of predetermined steps, placing variable emphasis on particular aspects of the process depending upon the nature of the problem and the type of solutions being sought.

As can be seen from Figure 1 (page 205), Thomas identifies ten objectives to be achieved in the five phases of developmental research. Detailed consideration of each sequential step will determine whether the project should proceed and what form it might take. The project cannot continue, for instance, unless the developers are certain that the information required is available and that a detailed examination of the problem has been completed. Furthermore, the outcome of a feasibility study will signal the

DEVELOPMENTAL RESEARCH: A MODEL FOR INTERVENTIONAL INNOVATION

Figure 1.
Phases, Material Conditions, and Operational Steps of DR&U



Source: Thomas, Edwin J. 1981.

advisability of further development. Each stage in the development of a solution to the problem also partners a number of operational steps. These 'how to do it' steps flow logically from the material conditions being addressed.

The Phases In Detail

Analysis

The analysis phase precedes the development phase and addresses three questions: What is the "problematic human condition" (Thomas, 1981:595)? What is currently available to resolve it (state of existing social technology)? Where can information on possible new solutions be sought (technological information and resources)? The first two operational steps of the model seek evidence for the existence of a problem and the desire to do something about it. Solutions for problems will only be sought when sufficient concern is expressed either by service users, service providers or interested parties. When such conditions prevail, earnest work usually begins to identify the specific nature of the problem. A state-of-the-art review of the problems and available or preferred solutions are undertaken. The experiences of those closely associated with the problem area are also sought during the analysis phase.

While the operational steps in the above diagram are presented sequentially, there usually is considerable overlap amongst them. For example, while undertaking an analysis of the problem, the researcher would also be reviewing available solutions and evaluating those that

may or may not be acceptable. It might be more useful to treat the material conditions (objectives of each phase) and attendant operational steps as a series of matters to be considered in a particular phase, rather than adhere slavishly to the given sequence of steps. With such a modification to the model, the phases of analysis, development, evaluation and adoption become the most important guide in the development of the social technology. It should also be realized that there is a blurring of some of the steps at the transition points from one phase to the next.

The analysis phase of developmental research subsumes the following five operational steps: (a) Problem analysis and identification; (b) State-of-the-art-review; (c) Feasibility study; (d) Selection of technological objectives; (e) Selection of information sources. Each will be briefly discussed and their operationalization in the development of the training programmes for foster care workers outlined.

Problem analysis and Identification: Detailed analysis and identification of the problematic human condition is the first step in developmental research. In addition to clearly establishing the existence of a specific problem, the research effort should also seek a value orientation that supports the development of solutions to that problem. Simply because a problem exists does not automatically guarantee that the public or practice community will seek a solution to it. When sufficient concern for the problem is present, the development effort gains legitimacy and researchers are expected to engage in developing and testing possible solutions. In the case of

foster care, there was sufficient concern in the New Zealand Foster Care Federation, as well as a number of agencies, to justify efforts to develop possible solutions.

In the present study analysis of the problems in foster care was conducted through a detailed review of the literature and a series of field interviews with social workers, foster parents and biological parents as well as with former and present foster children. Chapter 1 has already discussed the literature review and summarized the major principles to emerge which could inform the solutions being developed. The results of extensive field discussions with those currently involved as consumers or providers of foster care will be discussed in the next chapter.

State-of-the-Art-Review: The state-of-the-art-review can entail a review of the literature, first hand observations, field visits, discussions with those directly involved in and knowledgeable about the problem area, attending conferences and workshops where new ideas are presented and similar activities. This second stage demands a detailed review of the existing social technology in the particular problem area. A critical examination is required to determine the adequacy of available solutions to the problem. There was considerable overlap between the first two steps in the analysis phase. In the New Zealand context, apart from the planning procedures in the Department of Social Welfare and the intensive schemes referred to in the introduction, inquiries showed that there were no significant attempts to address the problems in foster care on a nationwide basis.

Feasibility: Information about the nature of the problematic human condition, the inadequacy of current responses and the possible sources of new solutions receive further critical examination in a feasibility study to determine whether the development effort is technically viable. Thus the information gathered, to this point, has to be sufficiently comprehensive to enable judgments to be made about the chances of achieving the intended improvements. The existing data base, technological information and resources should indicate that some development has occurred in the field which has yet to be fully applied in practice.

The need for a comprehensive theoretical framework emerged from the analysis phase as an important aspect in determining the feasibility of undertaking the development of training programmes in foster care. The development of such a framework had to be undertaken successfully before the feasibility question could be answered. Chapter three addressed that requirement. The feasibility study also examines the economics of the project in terms of costs and possible benefits. Whether or not there are organizational constraints in the use of the new technology is another important question when determining feasibility. Existing organizational limitations, however, need not stifle the development of a new response to a problem if it promises to yield substantial benefits.

Selection of Technological Objectives: If, from the feasibility study it is concluded that the development of a response is feasible, then the next step is to determine the type of social technology to be developed. In 'knowledge production' research this is analogous to

the research problem or hypothesis to be investigated. The specific social technology could be any one of the types listed in Figure 2 (page 214), or some combination of them. For example, if the problem area is cross cultural adoption of children and if sufficient data exists to develop a response, it could take form as a new service programme and organizational structure that would be sensitive to the values of the particular groups. The decision to develop two training programmes for foster parents and social workers emerged from the following three conclusions. First, the belief that the knowledge base to effect an improvement in the lives of foster children was available. Secondly, there was an absence of indigenous training material in the field. Thirdly, there was a desire to develop a response which could reach a large number of people in as short a time as possible.

Selection of Information Source: This step overlaps with the developmental phase (Figure 1, page 205) and involves a selection of the most appropriate sources of basic data for use in developing the response. More than one source is usually necessary. The selection of information sources has really been taking place throughout the analysis phase and does not suddenly become a consideration at this juncture. In the present case, the development of the ecological framework, the comments of foster parents, foster children and biological parents as well as information about adults as learners had already been identified during earlier phases as sources of information for the development of the training programmes. Other sources of information, for example the process of grieving and the skills of communication, had also been identified and are discussed in

the next chapter.

The analysis phase ends with a clear understanding of the problem, the nature of new responses sought and the sources which will supply the necessary data. The successful completion of this analysis will ensure that the investment of time and resources will be worthwhile.

Development

The interventional innovation (the two training programmes in the present thesis) is created in the development phase. The information selected in the analysis phase is used to design a new product with which to respond to the problems identified earlier. One of the valuable features of the developmental research model is its approach to an examination of data from a wide range of sources in developing the social technology. Figure 2 (page 214) lists ten sources of information which are, in turn, transformed via five generation processes into the designing of the product. Such a process could involve some transformation, adaptation or conversion of the principles, techniques, and knowledge selected in the analysis phase to inform the response to the problem being contemplated. The following five generation processes should be invoked in perfecting any piece of social technology

Knowledge Utilization: Probably the best known of the generation processes, it transforms knowledge including facts, concepts, empirical generalizations and theories from research into social technology. The approach to the problems in foster care put forward

in the training programmes should be supported by the principles emerging from the research review, completed in Chapter 1, and the theoretical framework, developed in Chapter 2.

Technological Transfer: This is the process by which appropriate technology from one field is transferred to another. Four major sources of technology transfer are: a) scientific knowledge; b) allied technologies, such as administration, public administration, and other occupations; c) experiences of self help groups, for example, Alcoholics Anonymous and workers support groups, and finally d) social work practice experience itself. An important consideration in technological transfer is the determination of the fit between the technology being transferred and the new product being designed. Often some reassessment and adaptation are necessary. Contributions from members of the Foster Care Federation, its various Associations, former foster children and social workers were regularly sought throughout the development phase. Furthermore, technological advice pertaining to audio and audiovisual materials and the presentation of the package of materials was sought from the appropriate contexts.

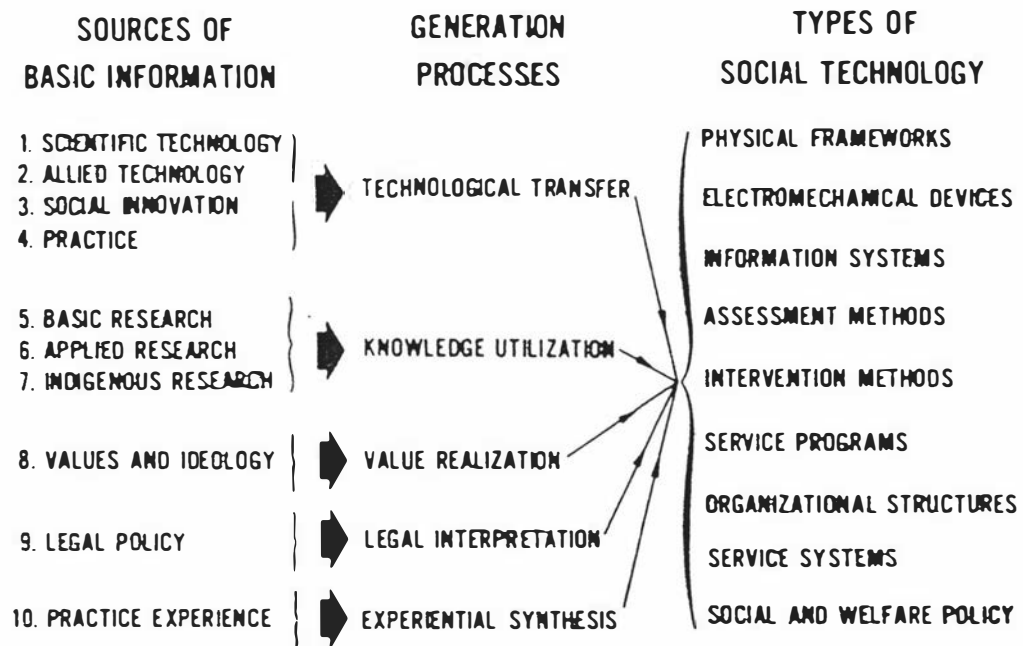
Value Realization: Since all social work technology reflects particular values, it is necessary to make explicit those that are reflected in the particular social technology being developed. Such explicitness assists in monitoring the development against the ethical standards of social work. The values underpinning the present thesis were identified as part of the theoretical framework for foster care identified in Chapter 2.

Legal Interpretation: The statutes and regulation of a country and the ethical standards of a profession mandate the ways in which people should be treated and guarantee certain safeguards for clients. System and product designers must be cognizant of such laws and comply with the standards set. At no point was it felt that legal constraints were placed on any aspect of the development of the training programmes.

Experiential Synthesis: Practice experiences are often the springboard for the development of new social technologies. Direct experiences, together with the benefits of consultation, supervision, discussion, reading and training can be synthesized to produce a new tool for doing things. Knowledge of consumers' experiences of foster care also made a significant contribution to the development of the training programmes in the present thesis.

While each generation process involves a distinctive activity, typically a number of them are utilized in the development of a piece of social technology. For example, all development involves value realization, some measure of technology transfer, legal constraints, and a synthesis of practice experiences. Different combinations of generation processes which will reflect the nature of a given project are possible. The ecological framework for foster care, developed in Chapter 2 was partly the result of the generation processes of knowledge utilization, value realization and experiential synthesis.

Fig. 2. Sources of Basic Information, Their Particular Generation Process and Types of Social Technology



Source: Thomas, Edwin J. 1980.

The development phase incorporates three other operational steps: (a) gathering and evaluation of technological resources; (b) Designing of social technology; and (c) Technological realisation.

Gathering and Evaluation of Technological Resources: Detailed evaluation of the information brought together in earlier sections, begins the development phase proper. The research findings and relevant literature are appraised and processed for consensus findings. The other information sources (Figure 2, page 214) are similarly assessed. The process culminates in the assembly of relevant data and resources for designing the particular social technology. Thomas refers to the results of this inquiry as "a research-produced material condition which serves as a basis for generation of the innovation" (1981:601).

Designing of Social Technology: Having gathered, evaluated and decided on the sources of information to be used, the next step is to design the product. The generalizations of the previous phase are now converted into action prescriptions. Each of the generation processes and related information sources contains the potential for novel and creative contributions to the design process. If the product being developed was a mechanical device, different options may be considered and the most promising one selected. Where the tool is a service programme this step would merge with the next one in which the new product takes form. In developing the training programmes in the present study, an outline of the courses were sent to a range of practitioners who were knowledgeable about foster care, for comment and feedback before proceeding to the next step.

Technological Realization: The final operational step of the development phase actually brings the new product into being. The social technology may take one of a number of concrete forms. For example, it may be a prototype of a device, a service programme, a new assessment procedure, a computerized system for data retrieval, or detailed plans for an office layout to respond more authentically to the needs of particular cultural groups. A new technological product is the culmination of the development phase. From all the feedback about the proposed content of the two training programmes, a final version emerged. At this point the actual goals, content, sequence of modules, methods of training and resources were finally packaged into two companion courses jointly referred to as "A Journey into Foster Care". Our response to the problems in foster care was now ready for field testing.

The Evaluation Phase

Evaluation is an integral part of developmental research and entails an assessment of the new response to the "problematic human condition" (Thomas, 1981:595) against the objectives set in the analysis and development phases. The main activities include the carrying out of field trials, assessing outcomes and making appropriate revisions where indicated. There are four operational steps in the evaluation phase: (a) trial use, (b) collection of evaluative data, (c) evaluation of social technology and (d) redesigning as necessary.

Trial Use

Trial use generally begins with a pilot test of the social technology. More advanced tests include demonstration projects and large scale evaluation studies. In the present study, evaluation of the training programmes was undertaken in two steps, a pilot stage and a more elaborate field implementation. In the pilot stage, the major goal was to evaluate the programmes for internal consistency, logical flow, appropriateness of the ecological framework, time taken and whether they held the interest of the consumers. At the end of the pilot stage, course members were asked to make suggestions for improving the materials. The field implementation, presented as a case study in Chapter 6, included pre-course and post-course data collection on a number of variables which could indicate whether there were some shifts in the perceptions of course members after undergoing the training.

Collection of Evaluative Data

Evaluation of trial implementation entails collecting evaluative data with which to assess whether the social technology has met the expectations set earlier. The full range of research methodologies from the behavioural sciences can be used to undertake the evaluation. Single subject experimental designs may be more useful in the early stages of evaluation to test its effectiveness. More complex experimental designs with control groups could be better suited to well-developed technology that needs to be tested under conditions in which it will be used. The collection of evaluative data in the pilot stage of the training programmes was undertaken at the end of each training session, with a group of monitors, and at the end of the course with all course members. In the field implementation stage, interviews were conducted with course participants before the commencement of the course and four months after the completion of the training.

Evaluation of Social Technology

On the basis of data collected in the preceding phase, the new product is evaluated in terms of the predetermined criteria which could include judgments on whether the product meets set objectives, its efficiency, costs and benefits. Evaluation, however, is an ongoing activity that leads to appropriate revision of the product from time to time. In the present study, it was only possible to begin the evaluation process. Further evaluation of the effects of the training programmes on the lives of foster children and the experiences of

biological and foster families will require more detailed research in the future.

Redesigning as Necessary

Evaluative data can involve redesign and a repetition of some earlier operational steps (Figure 1, page 205). The redesigned product would in turn undergo evaluation and assessment. This step concludes the evaluation phase of the Developmental Research and Utilization model. Feedback from the pilot stage of the training programmes led to a number of important changes which were again evaluated in the field implementation stage. The training programmes, as presented in Volume 2 of this dissertation, represents the product after the two evaluation steps.

Utilization Phase

Because developmental research is concerned with producing solutions to problems in applied fields, it has incorporated a utilization phase in the model. If the product has been found to be useful, attention shifts to procedures designed to make it available to practitioners. Utilization involves two stages: (a) the preparation and dissemination of diffusion media; and (b) the adoption of the product by practitioners.

Preparation and Dissemination of Diffusion Media: Material for publicizing the product should be carefully prepared to convey the problems the product is designed to address. All of the following

approaches were used in publicising the package of materials referred to as "A Journey into Foster Care": information sheets; articles on the development and evaluation data; giving papers and making workshop presentations at conferences. Support for the project by the New Zealand Foster Care Federation provided a ready made vehicle for dissemination.

Adoption of the Product by Practitioners: The final phase, adoption of the tool by the target groups for whom it was developed, involves implementation. With "A Journey into Foster Care", the major activity was the training of agency personnel in the use of the programmes. A number of workshops were conducted for agency personnel to familiarize them with the training programmes, help develop their confidence in using it and being able to encourage others to use them as well. "A Journey into Foster Care" is now independent of its author and has been adopted by a number of agencies.

As can be seen from the above outline of the steps of the Developmental Research and Utilization model, it is a very systematic and detailed process for addressing problems in applied professional areas such as social work. It provides guidance for the operationalization of the theoretical framework for foster care which was developed in Chapter 2. One of the compelling reasons for utilizing the model in the present thesis is that it creates the possibility of an immediate contribution to thinking, practice and further research in foster care. The DR&U model, however, has not sufficiently detailed the implementation stage of social technology. In his references to the adoption phase, Thomas (1978b; 1981) seems to

assume that because a "tool" to address a problem in a practice field has been systematically developed, once widely disseminated, it will be generally adopted. For such an assumption to be valid, an agreement between the values underlying the social technology and those subscribed to by agency and practitioners is required. This may not always be the case. If, for example, agency policies are seen to be part of the problem, then any efforts to change them could experience some resistance. The situation is further complicated because agency administrators often control resources for the development of novel approaches to particular problems experienced by practitioners. These matters are discussed further, in relation to the social technology developed in this thesis, in a later section.

The next chapter will outline the remaining steps undertaken in the development of the two training programmes, while Chapter 6 will present a case study of the field implementation stage.

CHAPTER FIVE

DEVELOPING THE TRAINING PROGRAMMES

This chapter describes the development of the two training programmes for foster parents and social workers. The various sections relate directly to the chronological steps of the Developmental Research and Utilization model (DR&U) (Thomas, 1978a; 1978b). An account of how each aspect of the model was addressed is followed by an examination of the overall themes pursued by each of the two training programmes and the content of the nine modules which make up the courses. The chapter concludes with a report on the first step of the evaluation phase, the pilot test. The following chapter provides a more detailed account of a field test of the two training programmes.

Analysis Phase

Identification of the problems in foster care and a detailed review of the research in the field, undertaken in the introduction and chapter one, represent the early steps in the analysis phase of the DR&U model. Two additional aspects of this phase, however, which have not been discussed so far in this thesis are:

- (a) Field interviews with the foster children, foster parents, biological parents and social workers and
- (b) A review of currently available foster care training programmes.

Field Interviews

While the limited research undertaken into foster care in New Zealand confirms many of the findings of overseas studies, little qualitative material on the experiences of those involved in foster care has been recorded. The exceptions are a small number of personalized articles in the newsletters of the New Zealand Foster Care Federation (NZFCF). The purpose of seeking some first hand experiences of New Zealand consumers and providers of foster care services was to assess whether their day to day experiences supported the concerns reflected in the literature review (Chapter 1). Three district offices of the Department of Social Welfare within the Massey University region agreed to identify a number of social workers, foster parents, biological parents and foster children, of varying ages and experiences, who were willing to discuss their experiences in an interview (1). The local Foster Care Associations were also asked for similar assistance.

The group finally interviewed, comprised of fifteen social workers, twenty-eight foster parents (eleven couples and six individuals), five foster children and four biological mothers. Although a small group, the biological parents had dealings with a large number of foster parents because their children had been in a number of different homes. Similarly, the foster children were collectively able to relate their experiences in about forty different placements. Though not a representative sample in terms of demographic factors, the group of foster parents collectively represented a wide range of experiences and had cared for many children. Most importantly, those interviewed

were prepared to talk about the mistakes they had made, the successes they remembered, their prejudices, the pain and the pleasure that their involvement in foster care brought them.

Specifically, those interviewed were asked to comment on: the factors which led to their involvement in foster care; the emotions they experienced at the time; positive and negative conditions which affected them in their respective roles and any advice they wished to offer those contemplating becoming foster parents. In addition, biological parents were specifically asked about the links with their children while in foster care and their understanding of what needed to change in their lives for their children to return to them. Foster parents were asked to describe the changes that took place in their homes upon the entry of a foster child and how they coped with them. Foster children recollected their understanding of why they were placed in foster homes, as well as their experiences while in care. Social workers explained their understanding of current issues in foster care and the principles which guided their practice. The discussions were informal and all the interviews were video taped.

One of the reassuring outcomes of the field interviews was the confirmation of a number of critical research findings. Biological parents did feel isolated and were mostly not involved in decision making about their children. Because the details of the changes they were required to make were not made explicit, biological parents felt a great deal of uncertainty about what they needed to do to prepare for their children to return home. One biological mother, whose uncertainty was echoed by others, recalled being told that "when

things got better, her children would be returned". Exactly what such a statement meant was not made clear. Biological parents also wondered if the foster parents fully understood, or indeed were told, of the complex reasons for the child's placement or the pain and sadness experienced by them.

Foster parents described the rewards as well as the frustrations they experienced and graphically outlined the changes which took place in their homes upon placement of a foster child. They also identified some of the effective methods they had developed to help foster children, and their own children, through the period of turmoil when a foster child first arrived. They recalled feeling ill-prepared to respond to some of the very difficult demands made on them and felt unsupported by the agencies and the social workers. There was general agreement amongst foster parents that biological parents ought to communicate with them only through the social worker (2). Some foster parents believed that when a child was settled in a placement, any contacts with the biological family which could upset the child should not be permitted. In later discussions with the social workers assigned to the particular cases, it was apparent that a number of foster parents did not know what the plans were for the children's future. A few foster parents, however, were relaxed about participation with biological parents and agency workers and saw them as part of the group trying to provide the best care possible for the children.

Foster children had strong comments to make about their experiences, especially concerning their relationships with social workers. They

were generally very loyal to foster parents but critical of social workers. The foster children interviewed often felt their wishes were not heard and their opinions were not sought. The recollections of the foster children interviewed were sometimes quite confused, their appreciation of the factors which led to the initial fracture with their biological parents seemed inaccurate and their awareness of the reasons for some of the foster placement breakdowns they experienced were unclear (3). Nevertheless, the foster children showed considerable maturity in the advice they had to offer people who were contemplating becoming foster parents. These included the need for foster parents to be honest with foster children, to show that they cared, to be patient, to tell foster children about their past, to be proud of them, to see things from the child's point of view, not to get angry with the foster child, to simply be the mother that some had not known, and to treat them like their own children and not as an outsider.

Social workers described their practice in foster care and emphasized the premium they placed on meeting the needs of foster children. This usually meant that most of their time and energy went into supporting the foster parents in caring for the child. Most of the social workers seemed to be ambivalent about working with biological parents to help create the conditions for the child to return home. It would be fair to deduce that most of the social workers interviewed were not totally satisfied with their approach to foster care but accepted that, considering the constraints placed on them, they were providing a reasonable service. The specific constraints were related to what they considered to be excessive workloads, responsibilities in diverse

fields of social work practice and the dearth of specific training for social work in foster care.

The field interviews at the very least confirmed that the concern for the provision of foster care services on which the present thesis is based was expressed at least by those interviewed, and probably by a large number of others as well. In addition to corroborating many of the principles emerging from the research literature, the field interviews also represented case studies of New Zealand experiences. They were later edited and translated into a series of audio tapes for use in the training programmes (4). It must be remembered that because the sample interviewed was not representative, their comments cannot be considered to have specific validity or generalizability. However, they were extremely useful in the training programmes as discussion starters, home study exercises, and even examples of what to avoid in practice.

Training Programmes

A detailed analysis of training materials published between 1964 and 1980 (Pardeck and Hager, 1981; Pardeck et al., 1982), identified 21 listings which were relevant to the training of foster care workers (5). They were made up of training programmes for foster parents, texts for general reference (6), and training guides and handbooks emanating from the permanency model (Pike, 1977; Emlem, 1977; Downs, 1981; Jones and Biesecker, 1979a; 1979b; 1979c). The content and structure of foster parent training courses were best exemplified in the programmes developed by the Child Welfare League of America

(Stone, 1976b) and the Foster Parent Education Programme at Eastern Michigan University (McFadden, 1980; Ryan, 1978a; 1978b). Introductory training courses usually consisted of six to ten modules, each examining different aspects of foster care. Topics most often included in the course curriculum were: the nature of foster parenting; the impact of fostering on a family; the child's background and details about the agency. Typically, the format for the courses used a mixture of mini-lectures, group discussions and case presentations. The advanced courses were concerned with a more detailed examination of particular aspects of foster care including working with natural parents, (McFadden, 1980), fostering teenagers, (Stone, et al., 1977; Stone, 1978), fostering the battered and abused child (McFadden, 1978), how foster parents could handle destructive behaviour and lying and stealing by foster children (Ryan, 1978a; 1978b).

Inquiries of social work agencies and training institutions (in New Zealand) revealed that no foster care training materials, which were readily available, had been developed in New Zealand (7). Furthermore, specific training in foster care was not included in the curriculum of social work training programmes, although some tangential reference was made to it in the practice courses. In effect, then, no comprehensive training programmes had been developed in New Zealand.

Training courses for foster parents developed in the 1970's were implicitly based on the body of theory and practice which was emerging at the time (8). Thus the importance of the biological parents, and

the temporary nature of foster home placements were being emphasized (Stone and Miller, 1976). In both the United States and New Zealand, the impetus for foster parent training "was directly related to the foster parent association movement" (Stone and Hunzeker, 1974:2). A review of the available foster parent training programmes did not reveal an argument for any radical restructuring of the foster care system. They were essentially concerned with preparing foster parents to care for foster children with love, security, understanding and in a manner which increased their self esteem. The courses were also designed to help foster parents cope with the temporary nature of foster care and with some of their ambivalent feelings about the child's parents (Stone, 1976b).

The training programmes which emanated from the demonstration projects and based on the permanency planning approach did advocate a change from the conventional provisions of foster care services (Pike, 1977; Emlen, 1977; Downs, 1981; Jones and Bisecker, 1979a; 1979b; 1979c) (9). They articulated an explicit perspective which sought to limit the period of time a child was in care under the temporary status of "foster child". To achieve such a goal, the permanency planning approach emphasized: detailed assessment of the circumstances which necessitated a child's placement in a foster home; the development of a treatment programme to address the biological family's needs; regular case review; decision making to terminate parental rights where reunification with the child's parents was not possible or advisable; and the use of legal procedures, if necessary, to make it possible to place a child in an alternative permanent home.

The training manuals produced by those advocating the permanency planning approach were designed primarily for agency personnel. A review of the manuals available showed that they did not directly respond to the training needs of foster parents, who were expected to be a critical resource for such a programme. It is possible that the separation of training for the social work role in foster care and the foster parent role comes about because of the common practice of delegating responsibility for each to separate sections of the agency (10). In this thesis, the view taken is that an integrated agency programme (Chapter 2) would need to address the training requirements for foster parents and agency personnel.

Feasibility

The critical questions, in terms of feasibility, at this early stage, sought interim answers to the questions: Could we determine, on the basis of the information gathered to date, whether the development of a response to the problems in foster care was technically viable? Had some development occurred which had not been applied in practice? Clearly, the research review (Chapter 1) had shown the viability, under experimental conditions, of an alternative model for delivering foster care services which placed more children in permanent homes than conventional programmes. However, one could only give a provisional "yes" to the questions, at this point, because the development of a comprehensive framework for foster care practice had yet to be undertaken (Maluccio, 1981a) (11).

Feasibility also concerns the economics of the project and any

constraints that organizations might place on the use of the proposed response. The active financial support of the New Zealand Foster Care Federation, the material support of the Department of Social Welfare, and a \$2000 grant from the International Year of the Child Telethon Trust (12) made it possible to take an interim decision to proceed with the project. Potential organisational constraints to the use of the proposed training programmes were addressed by consulting closely with the New Zealand Foster Care Federation. However, it had to be acknowledged that any suggested alterations in methods of service delivery in foster care contained in the training programmes could be resisted by practitioners, but that fact alone need not prevent the development effort from proceeding.

Finally, the potential of the DR&U model to provide systematic guidance in the development of a response to the problems in foster care provided a constant reference point which gave confidence to proceed with the project.

Selection of Technological Objectives

The idea of trying to develop training programmes that might help ameliorate persistent problems in foster care was contemplated by the writer after the completion of an earlier evaluative study (Prasad, 1975). The dearth of New Zealand training materials and the interest and support of the NZFCF added to the case for focussing on training needs of foster care workers. It was clear from the reviews completed earlier (13) that the goals of the training programmes had to be placed in the context of a comprehensive framework for foster care.

The first objective was to develop such a framework, suitable to New Zealand conditions, which: facilitated the assessment of factors which caused stress in the biological home; provided appropriate services to cope with the stress; prepared foster parents who accepted the temporary nature of their role and provided an alternative home for the foster child, and who participated fully in either returning the child to the biological home or to an alternative permanent home in the shortest possible time.

The second objective was to develop two training programmes for social workers and foster parents to familiarise them with their roles and responsibilities emanating from the foster care service system. Because both agency workers and foster parents were expected to adapt their practice to the requirements of the framework, there was little point in only addressing the training needs of foster parents. The training programme for social workers was only designed to examine their role in foster care and not to examine basic social work practice. The foster parent training programme was an introduction to foster care to enable potential foster parents to decide their own suitability, in the first instance, as foster parents.

Selection of Information Source

The final step of the analysis phase, which was also a transitional step into the development phase, sought a determination of the sources of information for the development of the training programmes. Four sources were prominent at the end of the analysis phase: the principles arising out of the research review; the ecological

framework (14); other training programmes; and the comments gathered from the field interviews. It was difficult to envisage at this stage the additional sources of information which we were to find useful in putting together the details of the training programmes. These sources will be identified in the development phase when the content of the training programmes are discussed.

The Development Phase

The training programmes took shape in the development phase. The three steps involved:

- (a) The development of a framework for service delivery in foster care and the identification of other resources to be used in the development of the training programmes;
- (b) Designing the content of the training programmes; and
- (c) Physically producing the two training programmes.

Gathering and Evaluating Technological Resources

The primary concern of this initial step was addressed in the process of summarizing the principle findings from the review of research (Chapter 1) and the development of the ecological framework (Chapter 2). The content of the two training programmes is based on the ecological framework and the service delivery system extrapolated from it.

Other sources of information which were found to be useful in the

development of the training programmes included: case studies of the experiences of people previously involved in foster care; adults as learners; simulation exercises; loss and grieving; methods of communication; the planning process; eco mapping; the use of video and audio tapes; and the technical production of the handbooks for the 2 courses. Each of these will be elaborated on in the next section in which the training programmes were actually designed.

Designing the Training Programmes

The overall goal of the two training programmes taken together was: To develop a partnership amongst social workers, foster parents and biological parents in order to facilitate the provision of time-limited foster care for children, to ensure the provision of appropriate services to biological families; to support the foster parents, and to develop rehabilitative programmes for foster children.

The training programme for social workers was designed for agencies that wished to examine their foster care services and to determine if any changes were necessary to provide for foster children more effectively (15). The goals of the training programme for social workers were stated as follows:

To provide participants with an opportunity to examine and restate their practice in foster care in the context of a course which focused on the following:

- (a) An awareness of the total set of circumstances in which a child

the foster parent course, aimed to introduce course members to:

- (a) The foster parent role and other roles with which they will be involved;
- (b) The changes that are likely to take place in their own homes upon entry of a foster child;
- (c) The experiences and needs of foster children;
- (d) Biological parents and the relationships between biological parent and foster parent;
- (e) The importance of clear communication with their partners in foster care;
- (f) The nature, personnel and responsibilities of the agency and the relationship between foster parents and agency personnel;
- (g) The partnership amongst those involved in foster care, especially as it relates to the process of planning for a child.

Developing Content

Programme for Social Workers

The content for both courses were designed around a number of themes. The programme for social workers was centered on five themes which were packaged into three modules. The first two themes relate to Module 1 (Vol.2, A:13-50), the third and fourth to Module 2 (Vol.2, A:51-73), and the fourth and fifth themes are addressed in Module 3 (Vol.2, A:75-100).

Holistic Conception of Transitions in Placement: Simulation exercises and role plays were found to be useful ways of demonstrating and elucidating the complex issues and emotional content of foster home placements. Simulation techniques, (Shirts, 1977; Schulman, 1978) were used to recreate the child's transition from the biological home to a foster home and later return to the biological parents (Vol.2, A:20-28). The exercise exemplified various components of a foster care placement while demonstrating the complex interrelationships amongst the various parts which made up the totality. It also provided a common reference point for the remainder of the course. Carefully constructed and realistic simulation exercises of human situations often demonstrate the emotional content of the process being exemplified. As the field interviews showed, foster care generates intense emotions amongst those intimately engaged in the care of a particular child. The simulation of a foster care placement, in the exercise developed, graphically highlighted the emotional content of such placements. It also provided the basis for a discussion about a comprehensive framework in foster care and the integrated service delivery system developed in Chapter 2.

Assessment and Service Delivery to Biological Parents: A second theme in the programme for social workers was concerned with the nature of assessment and service provision to biological families. A model to guide such assessment and to isolate the factors which threatened or risked the individual's development (Bronfenbrenner, 1979; Garbarino, 1980; 1981) (16) was developed. The provision of services to the biological family was subsequently based on the above detailed

assessment of their needs.

In addressing the above two themes, Module 1 of the programme for social workers began with a simulation exercise on the nature of foster home placements. The ecological framework for foster care (Chapter 2) was then presented as a tool for conceiving the foster care process, its constituent parts and the relationships amongst them. The social work role in assessing the needs of the biological family and determining the nature of services required to address those needs was then highlighted through a discussion of the risks to human development at each of the levels in the ecological framework.

Integrated Agency Programme: The ecological framework argues for an integration of the various components of the foster care process into a unified system of service delivery. A model of an integrated agency programme in foster care was developed and its implications for agency policies and roles of the social worker, foster parents and biological parents clarified. Cooperation amongst those involved in a child's care was given prominence in the integrated agency programme in foster care.

Module 2 (Vol. 2, A:51-73) discussed the need for a unified system of service delivery and elaborated the model of an integrated agency programme developed in Chapter 2. It then examined the expectations of foster children, foster parents and biological parents in relation to the social worker and highlighted the complex nature of the social worker's role. Additional concepts to assist in the assessment of the biological family and to reinforce concepts raised earlier were also

introduced in this module.

Knowledge Base: An essential aspect of the present thesis is that the response to the problems in foster care should be substantiated by the research literature. An extension of this argument is that users of the programme should also be familiar with the more important aspects of that knowledge base. Accordingly, key findings from the research literature (Chapter 1) were summarised and introduced in Module 3 in the programme for social workers. The problems in foster care, as identified in the research studies, and the characteristics of successful demonstration projects and experimental studies were especially highlighted to reinforce the thrust of the training programmes developed in this thesis.

Planning: Collaboration amongst the partners in foster care is a major element in the management of the transitions foster children experience. To facilitate collaboration, steps which required the participation of all parties in planning and reviewing decisions on a regular basis were added to the integrated agency programme in foster care. These steps were designed to show that planning was a process in which many of the diverse aspects of foster care come together to determine the best course of action for a child.

Module 3, which also addressed the theme of planning, introduced the principles of permanency planning and gave course members an opportunity to develop plans for a case presented during the session. Course members were also encouraged to undertake a review of their caseloads in the context of the principles advanced in the programme

for social workers. Finally, because the role of foster parents as partners with social workers and biological parents was reinforced throughout the three modules, the approach to their training taken in the companion course for foster parents was introduced.

Programme for Foster Parents

The programme for foster parents was developed along the following six themes: an overall conception of the foster care process symbolized as a journey into foster care; the foster child; the biological parents; communication in foster care; the agency; and the planning process. The themes relate to each of the partners in foster care and some of the processes they jointly engage in to provide care for the foster child. The programme was presented in six modules. Each module looked at a particular theme.

The Foster Care Journey: The simulation exercise, developed in the first module of the programme for social workers, was repeated in Module A (Vol.2, B:13-36) to portray the process of placing a child in foster care, and to identify the parties involved. The effects of a child's placement on a foster home and the relationship amongst those involved with the foster child received particular attention in the simulation exercise for the foster parent programme. Potential changes in the foster home, as well as methods of coping with them, were also examined. The audio tapes developed from the field interviews (for transcripts, see Vol.2, B:125-181) were used as discussion starters on the rewards as well as the frustrations foster parents were likely to experience. In Module A, the primary purpose

was to realistically prepare course members for the foster parent role, encourage them to talk about both the negative and positive aspects of foster care and provide information on the avenues for assistance with the demanding task of providing a foster home.

The Foster Child: Module B (Vol.2, B:37-51) focussed on understanding the experiences of the foster child, especially during the early period of placement. In the field interviews undertaken during the analysis phase, foster children recalled their unhappy experiences leading up to the removal from their biological homes and the traumatic early period in the foster home. Foster parents had also described what, at times, appeared to be unusual behaviour from the children during the period immediately following placement. Such comments confirmed the importance and nature of the early period of placement.

It is well established (Northen, 1969; Levinson, 1977; Simos, 1979; Kubler-Ross, 1969) that a person experiencing separation and loss, as does a foster child who has been removed from biological parents, can display atypical behaviour in coping with that loss. The process, akin to grieving, has identifiable stages through which a person usually passes before coming to terms with the separation. Practitioners who work with grieving clients require a great deal of patience and knowledge of the grieving process. Foster parents, unaware of such a process, may be disappointed if they expect the child to adapt quickly to the foster home. When children take some time to adjust and especially if they are disruptive during this period, placement breakdown can occur.

In order to alert prospective foster parents to such behaviour, and to offer suggestions for managing this period, Module 2 included a discussion of the grieving process. Course members, through a personal exercise on losses experienced in their own lives, were encouraged to understand the child's behaviour following separation. The recollections of foster children and factors which assisted them in adjusting to the foster home, gathered from the field interviews, provided further opportunities to understand the behaviour of foster children and discuss some methods of managing such behaviour. Course members were asked to relate the experiences of the foster children to the grieving process and to consider the implications for themselves in the foster parent role.

Biological Parents: The involvement of biological parents in the care of their children was crucial to securing the cooperation of all the parties involved in foster care. Discussion concerning biological parents was aimed at sensitizing foster parents to their own attitudes towards them, the experiences of biological parents and why their continued involvement with their children in foster care was important. In Module C (Vol.2, B:55-68) foster parents were encouraged to identify their own attitudes towards biological parents by listening to taped comments from a number of foster parents who generally expressed negative attitudes. The exercise was followed by discussion on the traditional role biological parents have played in foster care, their neglect by those involved in foster care, their own grieving when their children needed to be placed in foster homes, the importance of involving them in the care of their children and the implications for course members of working in partnership with

biological parents. Taped case studies of biological parents, from the field interviews, provided further opportunities to sensitize course members to the importance of maintaining relations between biological parents and their children in care.

Communication in Foster Care: Partly because they see themselves as advocates for dependent children, those involved in foster care usually hold strong opinions about how the foster child should be treated. Biological parents feel that they are often in a vulnerable position because they have not been able to care for their children without formal assistance. In order to ensure that the foster child is placed in a permanent placement in the shortest possible time, the parties to foster care need to communicate clearly with each other.

The communication theme was introduced in Module D (Vol.2, B:69-85). The objective was not to train foster parents in effective communication, but to raise their consciousness as to its importance. The basic elements of effective communication, active listening, responding, confronting and problem solving were discussed. Course members were asked to anticipate typical problems they might encounter in their role as foster parents. In formulating solutions to the problems, aspects of effective communication which could assist in addressing the concern were highlighted. Through such an approach, course members were introduced to the components of effective communication as well as to some of the typical situations which inhibit cooperation amongst the partners in foster care. An eco mapping exercise (Vol.2, B:84-85) was also developed to provide the whole foster family with an opportunity to discuss the impact of

fostering on them as a family. The exercise also gave them an opportunity to monitor how they were communicating as a family about their different perceptions of foster care.

The Agency: As partners, foster parents needed to be knowledgeable about the agency under whose auspices the foster care programme was provided. Important characteristics to note included: the agency's overall programme; its structure; hierarchy; legal and informal procedures by which children came into its care; the placement process; different types of foster care; relationships with other agencies also involved in the child's care; and the services available to foster families. The view taken was that familiarity with such matters assisted in discussion about particular cases and also made foster parents feel part of the organization which offered the foster care programme.

Module E (Vol.2, B:87-101) suggests a format for agency workers to experientially present the process by which families are assessed and decisions made to place a child in a foster home. Key personnel who would have some involvement with foster parents should also be introduced at this time. Usually there are requests for fairly specific details concerning board payments, agency rules, clothing allowances, the Foster Care Federation, sickness and holidays. The agency can also discuss, in this module, its particular arrangements regarding the actions to take in an emergency or if there is a grievance.

Planning: The content of all the previous modules informs the process

of planning for a particular child. The planning phase of a placement should identify the reasons for a placement, the conditions under which the child will be reunited with the biological parents and the various roles that different people will play during the placement. The view taken in this thesis is that all foster parents should participate fully in planning.

Module F (Vol.2, B:103-116) was designed to inform foster parents of the nature and purpose of planning, as well as to develop their confidence to participate in planning meetings. It advised foster parents on how to prepare for the planning meeting and to actually take part in a planning exercise. Many of the principles discussed in the previous modules were put into practice during the planning exercise.

The translation of knowledge and experiences, from a number of sources, into the content of the two training programmes represents the completion of the design phase of the Developmental, Research and Utilization Model (DR&U) (Thomas, 1978b). The generation processes (Thomas, 1980) most utilized to determine content have been knowledge utilization (research knowledge, ecological theory, loss and grieving, effective communication, systems theory), value realization (ecological framework for foster care) and experiential synthesis (field interviews, simulations). The final aspect of the development phase physically brings the training programmes into being (17).

Prototype of the Training Programmes

The two training programmes were written up as handbooks for course leaders and were not for the direct consumption of the course members. An important consideration in presenting the materials developed was to ensure that the two training programmes were seen as a whole and not as two independent courses (see Volume 2). Each module contained detailed guidance for the instructor. The purpose of each exercise and activity was clearly identified. Mini-lectures were fully written, procedures and sequencing of content explained and transcripts of tapes included (18). Instructors using the programmes were encouraged to develop their own teaching styles and to use cases from their own experiences to exemplify the points being made.

Workbooks were developed to assist course members in following the course and to record the main points. They contained the goals of the programmes, definitions, summary statements and space in which to keep notes. Completed workbooks should thus provide a fairly detailed record of the whole course. Copies of the two workbooks are included in the Appendices to Volume 2 (19). The physical reality of the two training programmes signalled readiness for advancement to the evaluation phase.

Evaluation Phase

Evaluation comprised two steps, a pilot test of the entire programme in an agency and, after making necessary adjustments, a preliminary

field evaluation in a different agency. The pilot test is described below and the results of the preliminary field evaluation is presented as a case study in the next chapter. The utilization phase of DR&U will also be discussed in the next chapter. There were four stages in the evaluation of the pilot test:

- (a) Trial use;
- (b) Collection of evaluative data;
- (c) Evaluation of social technology; and
- (d) Redesigning as necessary.

Trial Use: A medium sized agency operating a foster care programme as part of a generic social work service was the setting for the pilot test. The purpose of the pilot test was to examine all aspects of the training programmes, including their internal consistency, logical flow, the amount of time it took to complete various modules, balance between didactic input and experiential content, whether or not course members were able to grasp the ecological framework and the impact of the two courses as a package.

We anticipated that a three hour session would be required for each of the themes in the programme for social workers and a two and a half hour session for each of the themes in the programme for foster parents. All foster parent sessions were held in the evenings to facilitate the attendance of people with children. All the social workers in the pilot test agency attended the social work course. Agency staff members responsible for the foster care programme selected ten sets of foster parents to attend the foster parent course. At least five social workers also attended each session of

the foster parent course. The courses were run by the writer.

Collection of Evaluative data: A panel of five consultants for both courses assisted in the evaluation of the pilot test. The consultants were: two representatives of the New Zealand Foster Care Federation; the agency director; a senior social worker; and a specialist in developing training programmes in the human services. The researcher met with the group prior to each session to explain the goals, the content and the procedures to be followed in the session. A copy of the draft workbook was also made available to the consultants. An extended discussion with the consultative group immediately followed the conclusion of each training session. Each member commented on the various aspects of the session, identified what they saw as positive and suggested areas in which changes or further development were required. This process was repeated for all the modules in the two courses. Course participants were also asked to give written feedback at the end of the courses.

Evaluation of Social Technology: The following comments were offered by the consultants and the course participants in the pilot stage:

- 1) It was acknowledged that the ecological framework for foster care practice was new but was appropriate for understanding the processes of a child's removal from biological parents and placement in a foster home. The idea of working together, in partnership, which emerged from the framework reinforced the efforts that were being made in the agency to work closely with others involved in foster care. While some apprehension about

the technical terms were expressed when they were first introduced, it did not take long to become familiar with them and to begin to use them in case discussions. All the consultants, and many of the course participants, advised that the framework would be more easily understood if an appropriate diagram could be developed.

- 2) Application of the ecological model to case analysis, in the social work course, needed to be demonstrated by the instructor.
- 3) The consultants felt that the programmes were too dependent on the present author. They were concerned that future trainers would have some difficulty, without specific training, in using the programme. This concern highlighted the need to train trainers in the utilization phase addressed in the next chapter.
- 4) The edited video tapes of earlier field interviews were criticized for being no more than "talking heads", and for being of inferior quality.
- 5) The instructor needed to pay more attention to linking the workbooks more closely to the content of the modules.
- 6) Long periods of didactic input needed to be interspersed with illustrations and discussions.
- 7) The social work course could be easily accommodated in three sessions.

The consultants were particularly helpful in offering advice on minor changes in style and content that could enhance the goals of the programme. Particular satisfaction was expressed by everyone with the content of the foster parent course. It was perceived as having a clear focus and, contrary to the expectations of some evaluators, had

maintained the foster parents' interest and attendance. Some concern had been expressed in the development phase that it would be difficult to sustain the attendance of foster parents beyond a four session course.

At the end of the course the agency's director noted that staff members with limited experience of foster care had gained confidence and a better appreciation of the complexity of foster care transitions for all concerned. This was confirmed by comments from the less experienced social workers. More experienced male staff members, however, gave a mixed message. They felt the course was mainly a revision for them which provided confirmation that their practice was appropriate. They also raised questions about the extent to which it was possible to offer such intensive services with the limited resources that were available.

Representatives of the Foster Care Federation expressed particular satisfaction that the course provided some specific training for social workers in foster care and at the concept of partnership supported by the two programmes. It is possible that foster parents were somewhat less critical because of their agenda to support any developments in training opportunities for foster care workers. They expressed disappointment at not having been provided with such training opportunities at the time they started fostering because it would have prepared them better for what they were to experience. As it happened, they had to learn from their mistakes. Some foster parents expressed misgivings about the focus in the course on close involvement with biological parents, while a significantly larger

number reported that they had not appreciated the life experiences of biological parents and the positive contribution their involvement could make to the future of their children. At the conclusion of the course, one couple decided not to proceed with their application to be foster parents while the remainder of the newer applicants felt better equipped to undertake the foster parent role. Foster parents also expressed a general satisfaction with the opportunity to work closely with social workers.

The pilot test not only gave invaluable feedback on the prototype of the training courses but also supported the tentative conclusion that the overall objectives of both courses were being met. Social workers could see the implications of the ecological framework for their work. The foster parents also understood their role in foster care and that they would be involved with the biological family. Nevertheless, this was a "soft" evaluation of the programme and had to be followed by a more systematic study of the first field implementation.

Redesigning

The pilot test led to a number of important changes to the prototype training programmes including:

- 1) The addition of a programme to train trainers in the use of the course materials in the utilization phase;
- 2) The replacement of the video tapes with studio prepared audio tapes;
- 3) A diagram of the ecological model;

- 4) Reorganised workbooks in which the layout and content were synchronized with instructions in the leader's guides. More information about overall course goals, objectives and key definitions were also added;
- 5) More activities and discussions were added to reduce long periods of didactic input;
- 6) Opportunities for the training of course leaders in the use of the training programmes;
- 7) The social work course was reduced to three modules without sacrificing any content.

With the completion of the changes indicated in the pilot test, the programmes were ready for more extensive evaluation. It was fully implemented in an agency and its achievements measured against its objectives. A case study of the field implementation is reported in the next chapter. The utilization phase of the Developmental Research and Utilization Model will also be discussed in Chapter six.

Footnotes

1. The three district offices were located in population centres of 100,000, 45,000 and 20,000. The latter two also provided services to rural areas. Those interviewed could not be considered a representative sample but comprised a range of experiences.
2. Further attitudes of foster parents to biological parents are summarized in Volume 2, B:60-61.

Note convention for citing Volume 2: Volume 2 comprises two training programmes. Volume 2, A:1-123 refers to the programme for social workers (pages 1-123). Volume 2 A is presented as Modules, 1, 2, and 3. Volume 2, B:1-181 refers to the programme for foster parents (pages 1-181) and contains Modules A-F. Volume 2B is further presented in two parts, one handbook contains Modules A-F while the other includes transcripts of the audio tapes and the appendices.

3. See transcripts, Volume 2, B:143-162.
4. The edited tapes and transcripts are included in Vol.2, A:113-121 and Vol.2, B:125-181.
5. Pardeck and Hager's (1981) review "insured that the materials were current, available and clearly appropriate for training in child welfare" (1981: 842). The search was based on computerized data banks, commercial and non-profit publishers, relevant social work journals and government catalogues.
6. These have already been referred to in the literature review, chapter 1.
7. The intensive foster care schemes operated by the Department of Social Welfare in Auckland and Christchurch, and David Burrowes, a social worker with the Department of Social Welfare in Palmerston North, had developed some introductory training programmes for foster parents. However, none of the material was published but we did review their notes.
8. See Chapter 1. The major development in training programmes in foster care, in the 1970's, took place in the United States.
9. See Chapter 1.
10. It is common practice in a number of agencies for agency staff to recruit and train foster parents while the training of social workers is undertaken by in-service training courses run by regional training centres, such as Taranaki House and Tiromoana.
11. While the sequencing of the chapters in this thesis may suggest that the ecological framework for foster care had been developed by this stage, that was not the case.
12. The New Zealand Foster Care Federation met approximately \$1000 of

the expenses and the Department of Social Welfare provided transportation associated with the field interviews and the pilot test of the programme. The International Year of the Child Telethon Trust also made a grant of \$2000.

13. Chapter 1 and the review of training programmes in Chapter 5.
14. The development of the ecological framework was part of the development phase of DR&U.
15. In respecting the sensitivities of social workers, it was not assumed that they did not have any knowledge of current foster care practice.
16. The model emerged directly from the theoretical work of Bronfenbrenner (1979) and the research work of Garbarino (1976; 1977; 1980; 1982a) developed in Chapter 2.
17. Thomas (1981) refers to this stage as technological realization.
18. The original version of the programmes contained video tapes of the field interviews. The subsequent pilot test showed that the visual presentation of "talking heads" did not significantly add to the points being made. Audio tapes were found to achieve better results because of the improved sound quality and the elimination of the distraction of the faces on a screen. It was therefore decided to use audio tapes only. Five tapes in all were developed for use in the two programmes and they are presented with the training programmes in Volume 2.
19. The reader should be aware that Volume two presents the final version which includes changes resulting from the pilot and evaluation phases.

CHAPTER SIX

A PRELIMINARY EVALUATION OF THE PROGRAMME

This chapter reports on an evaluation of the two training programmes. Because we wished to conduct a realistic field trial, the design of the evaluation was, of necessity, less precise than the purist might demand. Most social work agencies in New Zealand, including the district offices of the Department of Social Welfare, have a small number of social workers engaged in foster care at any one time (1). Thus the usual number of social workers most likely to attend training would be relatively small. It is recommended that the numbers attending the programme for foster parents be limited, at any one time, to twenty individuals in order to facilitate maximum participation and discussion amongst those attending. In the present evaluation, all six social workers in the agency attended the programme for social workers, while ten couples undertook the programme for foster parents. Such small numbers made any statistical analysis of the impact of the programmes on those attending rather meaningless.

Running both programmes took a minimum of seven weeks. Several months were required to select participants, arrange venues and conduct pre-evaluation and post-evaluation interviews. Therefore, repeating the full training exercise in a number of agencies was beyond the resources available for the present study. An analysis of the impact of the training programmes on the experiences of foster children was

not attempted because such impact would have taken a considerable time to become evident and the time frame for the study precluded evaluation beyond the pilot test and preliminary evaluation stages. Consequently, what is presented in this chapter is only a preliminary step in the comprehensive, ongoing evaluation of the training programmes.

The Agency

The setting for the evaluation was an interdenominational voluntary agency which specialized in providing foster care to children of all ages. It had a staff of six social workers, two of whom had social work qualifications, and the remainder had social science degrees. The agency provided care for approximately 90 foster children of varying ages and also operated a residential assessment centre. A Board, made up of elected citizens and the agency Director, was the controlling body. The day-to-day affairs were managed by a Director, who also carried cases and received referrals. The style of management in the agency was informal but a formal relationship existed between the Board, the Director and the social workers.

Methods

The training programme for the six social workers was run over two full days and an evening. The course for foster parents was attended by eighteen foster parents over six consecutive weeks (3). Each session took two and a half hours to complete. All of the agency's six social workers participated in the social work course. All of

the social workers also attended most of the sessions in the foster parents course (4).

A one group pre-test, post-test research design was used (Grinnell, 1981). Data were collected at the pre-test and post-test phases using interview schedules consisting of open-ended questions (Appendix 13) which were designed to elicit participants' perceptions of their roles, the activities they engaged in, and the kinds of relationships they entered into. Separate schedules of questions were prepared for social workers and foster parents. They were pilot tested during the development phase of the training programmes.

Each participant was interviewed during the week before the beginning of the social work course. The interviews, which were also audio taped, took approximately an hour each to administer. Three months after the completion of the course, all participants were interviewed again using the same schedule of questions. While it is possible that there could have been some practice effects, participants did not realize until it was pointed out to them that the questions used in the post-test were the same as those used in the pre-test

All the tapes were content analysed to determine whether changes could be detected in the subjects' responses in the pre and post-test phases. Interviewees' responses were summarized and recorded on paper, with the pre-test and post-test responses recorded contiguously to facilitate detection of the extent of change in the responses.

Results - Programme for Social Workers

In evaluating the impact of the training programme on the agency and its social workers, the following questions were pursued:

- (a) Did social workers report changes in their perceptions, practice or policies in their agencies?
- (b) Were there any developments in the social workers' perception of the role of the foster parent?
- (c) Were there any alterations in what the social workers expected to do with the foster families?
- (d) Had the social workers' understanding of their own role altered?
- (e) Had the social workers changed their expectations of biological parents?
- (f) Were there any additions to the activities social workers now expect to undertake with biological families?
- (g) What type of contact did the social worker now expect between biological families and foster families?
- (h) Were there differences in how the social workers planned for a child's placement?

Changes in the above indicators were expected to be in the direction which supported the concepts advanced by the ecological framework for foster care developed in Chapter 2. It was accepted that much of the data utilized in deciding upon the degree of change would be qualitative, anecdotal and subjective.

Changes in Agency Programme

Pre-training: Most of the referrals for foster home placements came

from other agencies as a specific request for a foster home. Neither the referral source's understanding of the problems in the biological family nor the conclusion that a foster home was the best option for the child, was questioned. The referral source was expected to provide the services required for the biological family to address its difficulties. The staff of the study agency (5) saw their role only in terms of providing and supervising the foster home and liaising closely with referral agencies about the child's progress. The social workers in the study did not express any strong desire or need to be fully informed about the specific nature of the biological family's needs and how they were to be met. They simply "trusted" the personnel from the referring agencies to take responsibility in this regard and expected to be "trusted" themselves to provide appropriate care for the child in the foster home. The social work staff indicated that because working with biological families was time-consuming, that responsibility had to remain with the referral agencies. Such an arrangement permitted staff members from the study agency to concentrate on the needs of the foster families in maintaining the foster child. At the pre-training stage, social workers from the study agency limited their focus to the foster home and the foster child while appearing to uncritically accept the assessment of the referral sources. Furthermore, they required no particular assurances that relevant services were being provided for the biological families.

Post-training: Five out of the six social workers in the study agency described their roles in foster care far more comprehensively in the

post-training phase of the evaluation. They now emphasized their responsibilities for actively working towards the child's return to the biological family. They also reported being more assertive in their dealings with workers from referral agencies. Study agency social workers now expected to be fully involved with the decision to place a child in a foster home. They reviewed the suggestion that the child be placed in a foster home so as to convince themselves that it was the best alternative for the child and the biological family. Prefacing his remarks with the comment that the social work training course was responsible for clarifying his social workers' expectations, the Director of the study agency typified the sentiment expressed by his staff as follows:

In the early stages of a referral we endeavor to clarify what's wrong (with the biological family), what would need to change at home for the youngster to be able to go back home, how likely it is for that change to occur, who is going to be doing what in bringing about that change, so it becomes very clear early on what the direction is, return home or look for permanency of care elsewhere.

Such changes in staff attitudes were also reflected in a number of policy developments. The study agency instituted a policy which ensured that no case would be accepted by the agency unless a detailed assessment of the child and biological family's needs had been conducted. While previously, cases had simply been accepted on the request of a referral agent, the agency now expected to be involved in the assessment process as well as the decision making process about the child's future placement. Agency workers related examples where their insistence on a thorough assessment of children referred to them

for foster home placements resulted in the children not eventually requiring placement because they were able to provide appropriate services in the children's own homes.

The study agency also developed procedures for planning a child's entry into foster care as well as reviewing it periodically. In the post-training period it was also expected that every foster family would attend a compulsory training programme. This policy was an acknowledgment of the need to develop a closer relationship between the foster parents and others involved in foster care.

Because all social workers were now expected to be closely involved with biological parents, they expected a corresponding increase in their workloads. Some staff members were seeking a policy change concerning the method of determining one's workload. The standard practice was to count each child as one case. Such an approach underestimated one's workload and did not take into account the additional work with biological parents and other agencies. Social workers now wanted the total family unit to be considered in workload calculations. Discussions on this matter were proceeding at the time of the post-training interviews.

In the post-training interviews, the social work staff reported that they were feeling much more confident as a consequence of the training provided and the policy changes that had been made. This increased confidence in their work led to a certain amount of optimism about the agency's effectiveness. One staff member echoed the feelings of others when she reflected that:

This place has changed...it is now working together and providing support for each other's work.

Another staff member, commenting that the "atmosphere" in the agency was changing, said:

To me one of the most important changes that has happened over the past few months (since the training experiment) is that as an organization we have become a lot more confident in what we're doing. We now have a much clearer sense of how to go about the work and what to expect from other agencies.

Other staff members, referring to the attention the agency was placing on the total context of foster care, also observed that:

The course has certainly caused the staff to behave differently and talk differently, which reflects that a lot of the time they are thinking about it (their work) a lot more.

and

For me there were lots of things we wanted to do and wanted to try and achieve and what the course did for us was sharpen the blade. It's a bit like having the desire to build a house, knowing how you want to go about it but not having the tools to make it work.

Staff also reported that the work of the study agency was becoming more and more respected for its quality. Other social work colleagues were much clearer about the agency's focus which facilitated collaboration on cases. The agency Director related an episode where he had been invited to a gathering of personnel from a number of prominent agencies to lead a discussion about his agency's programme. He suspected it might have been "set up" to show up their

deficiencies. However, by the conclusion of his presentation about how the agency was reorganizing its focus and activities, he believed those present had started to take note of what this would mean for their referrals in the future. Agency workers also reported detecting a similar new found confidence amongst the foster parents who had attended the companion course. They seemed more "mature" in that they were no longer demanding their entitlements, (e.g. board rates and clothing allowances), but were asking instead for clarity about the purpose of placements in their homes and were seeking specialized services which would be beneficial to the children.

Social Workers' Perceptions of the Foster Parent Role

Pre-training: Social workers described the foster parent role in traditional terms which limited them to providing the day-to-day care of the foster child. The agency was seen as the conduit through which exchanges with biological parents and others were to be managed. Typical responses from the social workers to questions about the role of the foster parent were:

....to provide day to day care for the child; to bring love and security into the lives of the youngsters... and to accept them where they're at.... to give the child somewhere to belong

Post-training: The social worker's responses to the same question in the post-training period emphasized two aspects. First, an expectation which had not been mentioned in the pre-training interview: a close partnership between foster parents and agency workers. Secondly, in addition to caring for the child, social

workers expected foster parents to be closely involved with biological parents. All but one of the social workers in the agency echoed the following sentiment expressed by one of the respondents:

I expect foster parents to take a child and make him feel wanted and to belong. Furthermore, foster parents are expected to have a relationship with natural parents...we now emphasize the concept of 'parenting in partnership'. When our foster parents take a child on, they know they're taking on a family as well. We expect them to reach out and establish links with biological families. We also expect a high degree of honesty and communication with us and with others involved.

The post-training responses reflected a better appreciation of the foster parent role and an enhancement of the social workers appreciation of it, particularly in relation to biological parents. The partnership between the foster parents and the social worker was also emphasized.

Social Workers' Activities with Foster Families

Pre-training: In pursuing the nature of the partnership between social workers and foster parents, social workers were asked what activities constituted their work with foster families. Workers in the study agency were used to visiting foster parents very regularly in the pre-training phase and this persisted in the post-training period. In the pre-training phase, they reported that their visits were largely concerned with assessing the adjustments the child was making in the foster home, for example health, behaviour, schooling and relationship with the foster family. One social worker mentioned

discussing the biological parents, but this was considered only after the child had settled down in the foster home. A lack of clear objectives for the social workers' visits to foster families was typified by the responses of one of the social workers who said she merely listened to what the foster parents had to say because her constant fear was that foster parents would want to keep the children permanently.

Post-training: Social workers spent more time, in the post-training period, planning their visits to foster families. The topics discussed during the visits still included how the foster parents were coping with the child, but also explored the involvement of biological parents in visitations and future plans. Social workers, especially in the early part of a placement, regularly monitored the links between the foster child and the biological family. They ensured that the biological families were provided with the necessary services to work towards the changes required to enable it to resume caring for the foster child. While previously the foster child may have been left to settle in the foster home before any detailed planning for the child's return was started, the social workers now reported a heightened level of awareness about the importance of the early period of placement. Such awareness resulted in an increased number of exchanges in the early period of a placement amongst the social workers, the biological parents and others who were involved with the foster child.

Social Workers' Perceptions of their Own Role

Pre-training: The ecological framework for foster care used in the present research identified the social worker's role as central to the tasks of meeting the needs of the biological families, foster families, the child and the management of the placement process. In the pre-training interviews, social workers described their roles in limited terms, often using generalized labels such as 'friend', 'reconciller', 'peacemaker', or short descriptions such as "to give information to foster parents, to liaise help required by the foster parent". The most inclusive statement of the social worker's role was provided by the agency's director who emphasized the need to know the foster parents and the foster child well, while also having some indirect involvement with the natural parents.

Post-training: The responses to the same question, during the post-training interviews, were far more detailed and comprehensive. The Director reported that the definition of the social worker's role in the agency had been enlarged and social workers were expected:

To be a support person for the foster family, the foster child and the biological family. Social workers are expected to be counsellor, resource person, liaison person and choreographer in acquiring needed services from other sources for all the parties.

In addition, social workers were also required to be actively involved in planning and periodically reviewing the plans for children in foster homes. The social workers themselves indicated that they now saw their role involving three-way discussions with the biological family and the foster family as members of a team working for the

permanent placement of a child.

Social Workers' Perceptions of the Biological Parent's Role

Pre-training: One of the key points to emerge from the studies reviewed in Chapter 1 was the importance of the biological parents. Not only had they been largely ignored in service provision, but it was also clear that their active involvement in the lives of their children had positive consequences for the rehabilitation of their children.

Prior to the training programmes, social workers were asked about the role they saw biological parents playing while their children were in foster care. Two types of responses were found. First, all the social workers felt biological parents had "a very important part to play." However, little of a specific nature was revealed about the worker's expectations apart from wanting biological parents to be open and honest and to keep in touch with the foster child. The second type of comment reflected generally negative attitudes towards biological parents. Social workers expected to "check up on them (biological parents) on a regular basis" and required biological parents to "make an effort to meet the child." The social workers agreed that they would "come down heavily if biological parents abused visiting rights." Most social workers also added that they did not expect to be involved with more than a few biological parents.

Post-training: There was a significant change in the previously restrictive attitudes towards biological parents in the post-training

interviews. Biological parents were now seen as team members and a vital part of the foster care process, a shift which could be interpreted as a very positive development in terms of the research evidence reviewed earlier. All agency workers now kept biological parents fully informed and expected them to take an active role in the foster child's life. This significant change was substantiated by case examples which were later confirmed by foster parents and other social workers. Three of the social workers further reported that their increased involvement with biological parents was instrumental in reducing tension between the foster parents and biological families.

Social Workers' Activities with Biological Parents

Pre-training: It was expected that these changes in the social workers' appreciation of the biological parent role would lead to some modification in exchanges between the social worker and the biological parents. The pre-training interviews revealed that the major activity between the two groups involved the exchange of general information about the foster child. Much of the discussion appeared to be centered on visiting arrangements and there was little visiting of natural parents by the agency's social workers for any other purpose. One response that typified the agency's attitude and policy regarding activities with biological parents was: "I don't see myself as providing support for natural parents as I do with foster parents". Furthermore, in this agency, it was rare for a social worker to continue visiting after a foster child was returned to the biological home. Generally speaking, contacts with natural parents were

irregular and for no specific purpose other than "seeing where they were at".

Post-training: Contacts with biological parents were reported as being more regular and focused in the post-training interviews. The main activity, in which all the social workers were engaged, was inquiring into the problems that precipitated the foster home placement and working with appropriate parties to bring about their resolution. Where colleagues from other agencies were involved, the social workers expected to be informed about progress towards the goal of reuniting children with parents. Agency workers were very assertive in their demand that biological parents be positively involved with their children in care. They reported a more intense involvement with biological families in the early part of placement, especially in monitoring the changes biological parents had agreed to work on in order to facilitate the return of the children to them. One member of the staff, after reporting a more open relationship with biological parents and involving them more closely with their children in care, added,

I have always had a desire to get this 'partnership in parenting' established, but have not known how to do it. I had the old fashioned fostering belief that natural parents were bad. I have suddenly realized that if you get channels and the links established (with natural parents), you get a lot of honest talk taking place,...and you get on with the job. I have the confidence to know that initially that contact will be painful, and a lot of emotion will be involved... While previously I was only concerned about my natural parents, now I get much more involved. I find I have more compassion towards them. I

understand their situation, and have a greater desire to assist them...I'm beginning to see them as people again.

A further development in the relationship between social workers and biological parents was the new post-training practice of following up on children returned to their parents. One social worker who earlier did not see it as part of her role to visit biological parents once the children returned home said:

I see it as very important that suddenly natural parents are not just dropped with the child again. In most cases I now go back to see how things have settled down.

This new found commitment to biological parents was also reflected in the amount of time invested in them. Prior to the training experience biological parents received short and infrequent visits, because social workers assumed that visits were interpreted by biological parents as "what's wrong now?". In the post-training phase, social workers reported that visits to biological parents were longer in duration and almost as frequent as those to foster parents. Much more time was now invested by the agency, on behalf of the biological parents, in liaising with other services which were assisting the families to address the problems that precipitated placement in the the first place. The social workers post-training perceptions of biological parents resulted in a marked shift in practice by the staff of this agency.

Contact Between Foster and Biological Families

Pre-training: One of the most critical indicators of direct parental involvement in their children's lives while in care is the nature and extent of the interaction between the biological and foster homes. Both the training programme and the ecological framework which informed it emphasized the links between the contexts which contributed to the child's development. At the pre-training interview, social workers reported that contacts between biological home and foster home were facilitated when the foster parents supported them and agreed to take part. The social workers felt that foster parents needed to be protected from biological parents who might upset the stability of the foster home.

Post-Training: While a little over 50% of the biological parents had contact with the child in the foster home in the pre-training phase, almost all the biological parents were involved in the post training phase. This change reflected the extent to which the agency had made operational its commitment to involving biological parents, as partners, in the care of their children. There was also a change in the method by which contacts between biological and foster families were organized. There was more direct discussion between the foster and biological parents concerning contact which appeared to result from a more relaxed attitude and being less protective about foster parents than previously.

Social Workers and the Planning Process

Pre-training: As was noted in the earlier review (Chapter 1), foster care reform in the 1970's was characterised by systematic intervention

in the lives of people. Such intervention was based on a philosophic orientation which required that children be placed in permanent placements in the shortest possible time. Detailed assessments of children and collaborative decision making with those involved about future placements were also seen as critical elements in the planning process which was so essential to good foster care.

When social workers were asked prior to the training programme to describe how they went about planning for the child, their responses suggested a fairly informal, non-standardized process. While the assessment of the referral agency was accepted, it was also quite common to bring together everyone involved in a case to discuss future arrangements, with a view to reaching consensus. Some dissatisfaction was expressed about this process because sometimes it "came up with very little". The usual procedure was for the social worker to record the decision of the meeting in the child's personal file or simply leave it on an informal verbal level. The plans, whether written or verbal, then became a "baseline for the child's needs." When the planning process involved another agency, the recording of the discussions was left to that agency, although some study agency social workers also took notes. The planning process therefore appeared to be informal, its philosophy and purpose were unclear and, moreover, it was not undertaken for all children.

Post-training: Following training, agency workers reported a firm policy for carrying out detailed planning for all cases. In most instances a preliminary meeting determined whether a case would be accepted by the agency with a subsequent meeting of all parties to

decide the specific details of the plan. Social workers reported, in considerable depth, the specific aspects of the process including: the reasons for the placement; the changes to be achieved in the biological home to facilitate the child's return; who was going to be involved in providing services to that end; the arrangements for contact between the parents and foster home; and the child's personal details, habits, food, diet, and health. A time frame for the placement was worked out and review dates settled. Furthermore, each party to the planning process received a written copy of the plan from the agency. Social workers reported making regular reference to the written plan in order to review their involvement in a case. The general impression gained from the post-test data was a more confident and task-oriented staff that was clear about its focus in providing substitute homes for children and who went about that process in a systematic manner. The agency had taken control of the cases it dealt with rather than passively accepting the perceptions of referring agencies regarding the need for the placement of a particular child.

Summary

Although the design of the evaluation and the analysis of the data was less rigorous than had been planned, the initial evaluation of the training programme for social workers, in a naturalistic setting, was encouraging. It did indicate a number of constructive changes in the roles, relationships and activities undertaken by the agency. From the differences between the pre-training and post-training responses of the social workers, it was possible to detect some movement towards the overall goal of developing a partnership amongst the agency,

foster parents and biological parents. It also expressed a commitment to offer time-limited placements to children from families experiencing so much stress that their abilities to continue caring for their children are impeded. The agency had also begun to make significant changes to the policies that were more in accord with the model of foster care practice put forward in the present training programmes. Whether or not such changes eventually provide more appropriate care for foster children cannot be assumed and must await further study. In the meantime, there are enough indications to support a tentative conclusion that there is a good chance that a child and biological parents are more likely to receive appropriate services from the social workers who underwent the social work training programme and that the foster child is less likely to "drift" from foster home to foster home.

Results: Foster Parent Course

The programme for foster parents was also evaluated in terms of the specific goals for which it was developed. The training course aimed to introduce foster parents to the nature of foster parenting and the implications for them of participating in an agency programme which was based on the ecological framework. In trying to assess whether or not the course prepared foster parents for the tasks expected of them, we specifically examined: the foster parents' perceptions and expectations of the social work role; their perceptions of the foster parent role; course members perceptions of the role of the biological parents; the activities they expected to engage in with biological

parents; the foster parents' appreciation of changes which occurred in the foster home; and an understanding of the foster parents' involvement in the planning process.

Foster Parents' Perceptions and Expectations of the Social Work Role

Pre-training: The review of research carried out for the present study indicated that role confusion amongst social workers and foster parents was very common. This ambiguity diminished the opportunities for them to achieve role fulfilment. The foster parent course emphasized the various roles and their complementary nature in foster care. When asked to explain their understanding of the social work role, foster parents, in the pre-training interviews, identified two functions. First, they saw social workers as having the primary task of supporting foster parents in the care of the foster child and providing information on the child's background. Secondly, almost all the foster parents expected the social worker to maintain contact with the biological families. The foster parents themselves were not keen on direct involvement with the biological parents, as was expressed in typical comments such as: "we'd rather she (the social worker) kept in touch with the parents than us meet them" and "it's her job to manage the contact between the child and his parents". It was clear from the evaluation of the social work course in the previous section that social workers, in this agency, were only marginally involved in the rehabilitation of the biological parents.

Post-training: Because foster parents expected to have a more significant relationship with biological parents, post-training

comments revealed that they expected social workers to use meetings and visits to actively link biological and foster families. Social workers were seen as the coordinators of all the activities in the child's case. They were also expected to provide detailed information on relevant matters such as the children's health, eating habits, education and the type of discipline they experienced. Through mutual discussion and planning, the social worker was to ensure that detailed data about the reasons for the child's placement, anticipated length of the placement and general background of the parents were made available to foster parents. Furthermore, foster parents expected social workers to facilitate the provision of required services for the foster child and to assist in managing the child's behaviour. Thus, the training experience led foster parents, in the post-training interview, to articulate a set of expectations that were more definitive, extensive and detailed than previously. Foster parents were also more self-assured in articulating their expectations of social workers and appeared to be quietly determined to obtain specific information and service from the agency.

Course Members' Perceptions of the Foster Parent Role

Pre-training: The ecological framework for foster care considerably expands the foster parent role, especially in relation to the biological family and the planning process. Foster parents in the pre-training interviews believed their primary function was to provide a secure home for the foster child, to treat the child as their own and to provide appropriate discipline. Only one foster parent mentioned the temporary nature of the role.

Post-training: There was little added to the above expectations as a consequence of the exposure to the training programme, except that another person mentioned the temporary aspect of the foster parent role. Because foster parents, in response to other questions, seemed to be strongly supportive of the participation of biological parents in the planning process and in maintaining closer relationships with their children in care, the somewhat limited explanation of the foster parent role was perplexing. When asked about their understanding of what the foster parent role entailed, their responses focussed only on their immediate responsibilities and they did not elaborate on the foster parent role in relation to others involved in foster care.

Foster Parents' Perceptions of the Biological Parents' Role

Pre-training: The contribution of biological families to the continuing development of the child in care featured prominently in the literature review, the ecological framework and the training programmes. As a preamble to discussing foster parents' perceptions of the biological parents' role, they were first asked to identify their understanding of the reasons which accounted for a child requiring foster care. All the foster parents identified personal deficiencies of biological parents, indicated by such factors as solo parenthood, marriage breakdown, inadequate parenting skills and illness of biological parents, as the major reasons.

In the pre-training phase, course members were also asked about the role biological parents should have once their children were in care. Their responses fell into three categories: those that said they "did

not know" or were "unsure"; those that did not want contact; and a final group whose responses were equivocal, depending on the circumstances under which the child was admitted into care. The first group expressed concern about the negative effect of parental contact on the child, while those who did not want contact took moralistic positions about parents who let their children down. The third group felt parents whose children were in care because of illness should be closely involved in the care of their children while "abusing" parents had no rights to contact. This group also felt children should be allowed to settle in foster homes before parents become actively involved with them.

Post-training: In response to the foster parent's understanding of the reason for the child's placement, the post-training phase saw similar responses to those made in the pre-training interviews with the addition of parental unemployment and the pressures arising from the everyday strains of life. The last two reasons reflect an important qualitative shift in what foster parents understood as the reasons why children required foster home placements, as is evidenced by the following response:

I didn't realize until we went to the course that there were lots of reasons why children come into care. So there's no reason to be hostile to the parents.

The post-training responses of all course members, regarding the role of the biological parents once their children were in care, displayed a shift from their pre-training positions. The majority felt that biological parents should be closely connected to their children in foster homes, preferably through regular visits, participation in

decision making and even temporarily caring for the child. The response of the "unsure" group was much more certain at the post-training phase, an attitude that is typified by the following comments:

Biological parents should be involved by phone calls, and visits...any method would be acceptable. I'd like there to be contact between natural and biological parents and I would want to find out as much as possible about the situation with natural parents...their problems, etc.

Foster parents also quoted cases they had been involved with since completing the training in which they had reminded social workers to actually involve biological parents and of the satisfaction they received from subsequent contacts. Other foster parents reported that as a result of their involvement with biological parents since completing the course they now appreciated the circumstances more fully and wanted to be involved with biological parents in achieving the best for the foster child. These changes in foster parents' perceptions of the role of biological parents represent an encouraging movement towards the development of a partnership amongst those involved in foster care. We also followed up whether such changes also affected the activities foster parents undertook with biological parents.

Activities Between Foster Parents and Biological Parents

Three aspects of exchanges between biological and foster parents were pursued:

- (i) The relationship foster parents wanted with biological parents

- (ii) What they would do when biological parents visited; and finally
- (iii) What visiting patterns were preferred by foster parents.

(i) Pre-training: Relationship: During the first interview, most foster parents either wanted no relationship with biological parents or a very controlled one which operated through the social worker. Some foster parents feared interference from biological parents with the care of the foster child. Others assumed that biological parents would be hostile towards them for providing what they themselves could not provide.

Post-training responses to the same question reflected a considerable shift from the earlier position. All foster parents now favoured a closer relationship although some made this contingent on reciprocal attitudes from biological parents. They were more understanding of the biological parents and prepared to support and be involved with them as members of a team. Foster parents reflected a more helpful attitude and seemed more prepared to understand the position of biological parents with children in foster care.

(ii) Pre-training: Actions When Biological Parents Visit: Following on the theme of exchanges between the two parties, foster parents were asked what they might do when biological parents visited them. Two types of responses were evident in the pre-training phase. A third of the foster parents planned to focus on social conversation only while the remainder intended to answer questions, give progress reports and generally focus only on the foster child.

Post-training: In this phase, foster parents saw parental visits as an opportunity to seek information from biological parents. Moreover, they were clearer on how to engage with biological parents in reviewing the child's progress and future directions. More foster parents reported either that they had, or intended to, participate in the following types of activities to make exchanges more "homely": share a meal or significant family event, provide time for the child and parents to be together and inquire into the biological parents' progress with their own difficulties.

(iii) Pre-training: Visiting Patterns: Foster parents were asked where they preferred visits from biological parents to their children to take place. Prior to the training experience, almost all the foster parents believed the foster home should be the venue since it was a place of security for the child.

Post-training: By this phase the foster parents were quite open about having the visit taking place wherever the biological parents felt relaxed. While initially foster parents generally wanted visits to be some distance apart, for example between one and four hours was suggested, in the post-training interview they were reluctant to put a time on it. Instead they said that the needs of the child and the biological parents should govern the nature and frequency of visits. Both sets of responses showed that foster parents were less anxious for, and less protective of, the foster child. Together with the other responses discussed earlier, post-training responses showed a greater commitment among the participants to closer cooperation between foster and biological parents.

Appreciation of Changes in the Foster Home

Pre-training: Some of the inevitable consequences of becoming foster parents are the adaptation the whole family has to make. Prior to the training experience, foster parents were asked to describe the changes they anticipated in their homes when a foster child was placed with them. Almost all the foster parents anticipated some physical changes including making room for an extra person in the home, and only three families felt there would be extra non-specific demands on the family. The presence of a foster child was also expected to have positive consequences for the foster parents' own children. About half the foster parents expected the foster child to "fit into" their own routines with little difficulty.

Post-training: There were definite shifts in the position of the foster parents in the post-training phase by which time all the foster parents had some experience of foster care. Those who had not anticipated any changes were surprised at the enormity of the accommodation that had to be made. Foster parents' own children had not always responded positively. The children were often jealous of the foster child, fought amongst themselves and were generally uncooperative. One mother put it succinctly in the following terms:

Once the honeymoon had worn off, I realized the inconvenience of it. I hadn't considered the subtle changes and was quite surprised.

Another response from those who had not anticipated any significant changes was the denial that indeed they had experienced some changes. For example, one family said no changes had taken place and all that

they had to do was "put one more plate on the table". The family then proceeded, in a different part of the interview, to describe how the foster child had disrupted the whole house, done some property damage and required other family members to adjust some of their behaviour and expectations.

The foster parents who had anticipated some changes to their homes and families reported surprise at the emotional and personal nature of the changes that occurred. Foster parents found that time needed to be set aside for them to talk to and support each other, which required a greater awareness of the need to identify potential problem areas as soon as possible before they got worse. The tapes in the training course were identified as the primary agent that created an awareness of the more personal and material adaptations that accompanied foster care. A further response by foster parents who had anticipated some changes reflected that the nature of the changes that they actually experienced became clearer to them after the training experience. Such a realization led to some readjustments in the family's behaviour during the introduction of another foster child. Family members became more tolerant and were able to more freely talk about the changes that were occurring. They also felt empowered to talk about the intimate adjustments that occurred in the marriage relationships.

It may be argued that the shifts in foster parental appreciation of the changes could be attributed to the experience of having fostered a child and would have occurred regardless of the training programme. One would have to concede such a possibility. Even the participants with some experience did not report, at the pre-training phase, their

anticipation of changes in the home in any detail. They were, however, more graphic in describing the changes at the post-test phase. One interpretation which could be put on these comments is that after experiencing the course, participants felt better able to articulate the changes they experienced and to interpret them as a natural process in foster care. Consequently, they were enabled to find alternative methods of managing the transition, rather than possibly not proceeding with fostering the particular child.

Foster Parents' Understanding of Their Involvement in the Planning Process

Pre-training: "A Journey Into Foster Care" consistently argued for planned intervention in the lives of children and for the inclusion of all those involved in the care of a particular child to participate in the planning process. The contents of the training programmes represent the basis on which such planning was to proceed. In the pre-training interviews, none of the foster parents anticipated involvement in a joint decision making process, although a small number expressed a wish to do so. The majority believed that the social workers had the prime responsibility for decision making about the child's future. Some went on to say that as a foster parent they had no right to take part in any decisions about the child's future. Other foster parents believed that the only information they required related to the children's health and an estimate of the time he/she would remain in placement. A number of foster parents also expressed the belief that biological parents should have minimal input into decision making. This range of responses indicated an absence of a

planning perspective which required foster parent involvement.

Post-training: Almost all foster parents believed that they had an important input into the decision making process. The post-training interviews showed that decision making was seen as a joint responsibility of all the parties, including biological and foster parents. A further indication of the support for the planning perspective espoused by the training programme was the confidence and clarity with which foster parents identified the type of information they expected. The following was a typical comment:

We want to know how long they will be staying. We would want to meet with the (biological) parents and talk to them about their ideas and wishes for the child...would want to find out why they couldn't look after him. Would like to meet them in their house, when the time seemed right...We want all the history of his health, ethnic background, religion, likes and dislikes in food. Parents should be present at family meetings. Next time at planning meetings we will have some fairly specific questions. We should be involved in planning and when the child goes back, we should continue to be involved...for holidays or somewhere he can come to for holidays. Next time, I will know exactly what to ask. Last time, I didn't know it was our business to ask.

Both foster parents and social workers subscribed to and understood the planning perspective put forward in the two training programmes. While the present study did not extend to evaluating the effects of such planning on the experiences of foster children, one would expect the results to be positive because such deliberate and detailed planning would be expected to focus on the needs of the child and the

biological family, and be based on a close relationship amongst those concerned with providing the care. However, further detailed research would be required to verify that foster children actually receive significant benefits from such an approach.

The post-training responses of course members amounted to a significant shift in their perceptions of their role as foster parents and what it specifically entailed. Foster parents were more precise and self assured about their expectations of the agency and now saw themselves as a member of a team of people, which included the agency and biological parents, who provided time-limited foster care for children. Perhaps the most positive changes relate to their understanding of the biological parents and the explicit nature of the planning process.

Summary

The two training programmes subsumed under the title of "A Journey into Foster Care" were developed as a response to manifest problems in foster care. They were designed to develop a holistic concept of foster care, identify its critical components, determine the preferred relationship amongst the various partners, and identify their specific roles and related activities. This chapter represents a preliminary evaluation of the programmes with a view to establishing whether these goals were achieved. While it was not possible to determine the outcomes for children who experienced foster care placements under a regime that was informed by the theoretical framework employed in the two training programmes, the evaluation did indicate changes in the

perceptions of foster parents and social workers who experienced them.

Specifically, the agency used in the evaluation did reorganise its programme to make it consistent with the ecological framework for foster care. Considerable effort was expended to develop new policies which responded to the needs of biological families. All the parties involved with a particular child were now expected to contribute to the planning process for a child's admission to foster care. Social workers and foster parents reported a better appreciation of their respective roles, an appreciation which also highlighted their complementary nature. There was also a heightened awareness of a more significant status accorded to the role of biological parents. Such developments augured well for the future of the foster care programme in the agency. The potential in the course to make people think critically about foster care was exemplified by the following comment from a participant in the foster parent course:

(The course) made me think a lot about what was involved in having a foster child and the adjustments you have to make, emotional and psychological adjustments. Sort of makes you feel it is a serious thing to take on...The other thing that really stuck in my mind was that natural parents had to be considered. They weren't people who just left children with you and picked them up three years later. You had to be prepared to make some sort of contact. They had to be considered.

One would expect that the experiences of future foster children would be in accord with the best practice principles identified in this thesis.

Utilization Phase

When social technology has been found to be useful in producing solutions to problems, the next stage in the Developmental Research and Utilization model involves making it available to practitioners. Because the results of the evaluation phase were encouraging, if not definitive, and there were no readily available indigenous training programmes, it was decided to make "A Journey into Foster Care" available for use with the sponsorship of the New Zealand Foster Care Federation (NZFCF). There were two steps in the Utilization phase: (a) Preparation and dissemination of diffusion media; and (b) adoption of the product by practitioners.

Preparation and Dissemination of Diffusion Media

After extensive negotiations, the New Zealand Foster Care Federation acquired a licence to publish and disseminate the training programmes. The writer also presented two papers at International Foster Care Conferences describing the background to the programme, the nature of its contents, process of development and the results of initial evaluation (Prasad, 1984; 1985).

Adoption of the Product by Practitioners

One of the conditions of purchase imposed by the NZFCF was that the users of the foster care programme needed to be familiar with the social work course. Such a restriction was considered necessary because the content of the foster parent course was grounded in the

ecological framework for foster care explained in the programme for social workers. To facilitate adoption, the Federation entered into negotiations with voluntary agencies and the Department of Social Welfare, the largest foster care agency in New Zealand, to sponsor a workshop to train personnel in the use of the training programmes. After extensive negotiations, a workshop was offered for this purpose. A unique feature of the ensuing course was the attendance by a social work practitioner and a foster parent from each participating agency to underscore the message of partnership contained in the programme.

Four trainers, two each from the Department of Social Welfare and the NZFCF, joined the writer to form the training team for the workshop. Such a step was taken to develop a pool of trainers who could assist others in the use of the programmes. Over a two day period, prior to the workshop, members of the training group were familiarized with both programmes. The major workshop was then planned by this training team which was led by the writer.

The training workshop was attended by 28 trainers over a five day period. Fifty percent of the time was taken to familiarize the trainers with the rationale, content and structure of the courses. The remaining time was devoted to presentations of at least one module by each of the trainers to a small group of colleagues. At this stage, members of the training team acted as resource persons to facilitate the presentations and clarify any difficulties which arose.

Course members were asked for anonymous, written feedback at the end of the course. They were specifically asked to comment on the

ecological framework and whether or not they found the materials covered in the training programmes useful. All of the twenty-eight course participants found the content of the training programmes helpful with many commenting on the assistance they received in clarifying their own thinking about foster care. There were no negative comments about the ecological framework and most respondents commented on the way the framework helped to bring together many issues and considerations regarding foster care which would normally be forgotten. The framework also helped logical thinking and provided a tool to discuss matters in foster care which were vague and previously difficult to "get across". The framework's emphasis on the development of a partnership amongst those involved was commented on positively. The above comments about the ecological framework represented the first informed feedback about the usefulness of the final version of "A Journey into Foster Care".

The capability of the programmes to be used independent of the writer, signified by the availability of trainers to disseminate the materials, marks for now, the end of the utilization phase in developmental research. No doubt further development will be necessary in the future as new knowledge, philosophical positions and experience with the present training programmes emerge.

Footnotes

1. Most voluntary social work agencies in New Zealand have up to approximately six social workers engaged in foster care at any one time. With the Department of Social Welfare, foster care is usually a specialist function for a maximum of about 10 social workers.
2. It is acknowledged that the present evaluation was unable to comment on the stability of the participants' responses beyond the three month period.
3. The course started with 20 foster parents but two had to withdraw after the first two sessions for personal reasons.
4. The foster parent sessions were held in the evenings and special baby sitting arrangements had to be made by the agency.
5. The study agency refers to the agency in which the evaluation of the training programmes was conducted.

CHAPTER SEVEN

SUMMARY AND CONCLUSIONS

The foster care system in New Zealand has had great difficulty in providing a stable environment for children under stress, while at the same time, working for changes in the biological family which might eventually enable these children to return to their natural parents. In developing a response to such concerns, this thesis asked two critical questions: First, what is the state of knowledge in the field of concern? Secondly, if a response to the problem can be developed from the knowledge base, how could it be used in order to change practice? In the present thesis, the first question was addressed by a review of the pertinent research and the second by an application of the Developmental Research and Utilization Model (DR&U) (Thomas, 1978a; 1980; 1981).

The review of pertinent research identified the specific nature of problems in foster care and highlighted several factors which had contributed to the effective use of foster care provisions. While no single factor could be seen to contribute to the successful management of the child's placement, a range of characteristics associated with effective programmes and successful placements was specified. Maluccio (1981a) in particular argued that the urgent requirement in foster care practice was for a comprehensive framework which encapsulated such empirically derived principles and which was capable of guiding the practice of foster care workers.

This thesis responded to Maluccio's argument by developing an ecological framework for foster care practice based on Bronfenbrenner's (1979) theory of human development and Garbarino's research (1976; 1978; 1982a; 1982b) into the characteristics of environments which placed children at risk. The philosophical orientation underpinning this framework defined foster care as a programme in which children were provided with alternative care for a specified time while their biological parents' received intensive assistance either to enable their children to return home or to determine that a permanent placement was required. The framework as developed also provided a basis for conceptualizing the overall placement process, for discussing the role of the agency and for undertaking an assessment of the stress being experienced by biological families.

The Adequacy of the Ecological Framework

In challenging researchers to develop a framework for foster care, Maluccio (1981a) added a number of caveats. The framework had to be capable of guiding practice and be substantiated by research evidence. The ecological framework for foster care developed in this thesis attempted to respond to both requirements. A strong feature of the ecological perspective is its usefulness in systematically examining a complex situation. Attention is first paid to conceptualising the whole before proceeding to a detailed study of the constituent parts. In this process the examination centres on the interaction between the various actors in the field and the dynamic relationship between these actors and the environment in which they practice. This framework was

shown to be useful for practitioners at a number of different levels. The holistic representation of the provision of foster care services emphasized the various components which needed to be addressed if these services to children and families were to be effective. The need to do so was supported by research evidence into the characteristics of successful foster care programmes. In many New Zealand and overseas foster care agencies, it is common to see the separation of the various aspects of foster care into autonomous divisions, even separate agencies. From an ecological perspective, such a separation of critical functions is undesirable. However, if it was inevitable, considerable energy would need to be expended to ensure very close liaison between these divisions or agencies.

The ecological framework was also shown to be useful in analyzing the nature of each of the constituent parts in the foster care system. In assessing the needs of biological families, the ecological framework provided guidance for a detailed analysis of the personal and environmental factors which influenced the crises in their lives. The difficulties being experienced were not solely perceived in personal terms because the analysis focused on all aspects of a family's functioning, including the contribution of factors beyond its control and in this sense the analysis was related to the structural dimensions of society (Corrigan and Leonard, 1978; Bailey and Brake, 1975; Brake and Bailey, 1980; Galper; 1980). The analysis also determined the specific changes that were required to enable the family to resume its child caring role.

The ecological framework also provided guidance in assisting the

foster family to understand itself, its potential to cope with the pressures of fostering a child and to appreciate the changes that would be required of it. The family's relationships with the foster care agency, the biological parents and with others it might come into contact with could also be placed in context through the ecological framework.

It could be argued that the detailed analysis of the personal and environmental influences on a person as theorized by the ecological framework overwhelms the practitioner. Such assessment in social work practice has historically been the fulcrum of social work intervention (Richmond, 1917) and no lesser standard should be accepted in the provision of substitute child care services. Addressing the needs of families under stress is inherently demanding and the ecological framework codifies what must be considered. There is no expectation, however, that the one practitioner must respond personally to the needs which emerge from a detailed assessment of a family. How they might be addressed has to be determined by the resources and circumstances that prevail in any given situation.)

Once the decision to remove a child from the biological family has been made, the selection of the particular type of substitute setting should be determined by the needs of the particular child, such as the reasons for the child's removal from the biological parents, the child's needs, the potential in the substitute setting to meet those needs, the geographical location of the biological home relative to the substitute setting and, in the case of foster care, the personal attitudes of the families to each other. Foster care is one option in

substitute child care. Other options include group family homes, residential institutions, boarding schools, and specialized facilities for those with disabilities. Because no one form of care, in itself, is superior to or better than any other, they should all be considered as potential options for children who cannot remain with their biological parents. In order to begin a process of mapping the nature of substitute child care provision in New Zealand, and to develop a resource for practitioners and policy makers in the field, a survey of all substitute settings was attempted. Because of the demands placed on their staff at the time, the cooperation of the Department of Social Welfare could not be secured. The information gathered was therefore seriously limited and can only be considered an initial step in the task of recording the range of facilities available for the placement of children, the characteristics of these children in need of care and the quality of the care givers. A detailed appreciation of the substitute child care provisions, including the identification of the populations best suited for each type of facility, is essential for effective decision making in social work. That goal has yet to be achieved and remains a research goal for the future.

A theoretical framework is unlikely to directly affect practice unless special efforts are made to translate theory into "tools" with which practitioners can address problems they encounter. Thomas (1978a) argued that in applied disciplines, research models were required to guide the development of such "tools" or what he called social technology. He put forward the Developmental Research and Utilization Model (DR&U) (Thomas, 1980; 1981) as a guide to such development. The production and evaluation of a "tool" through which the ecological

framework for foster care could be applied in practice was guided by the Thomas' model.

A package of two training programmes, one for social workers and the other for foster parents constituted the specific social technology developed in this thesis. These training programmes represent the means by which ideas for the improvement of foster care services to children and their families could be put into practice. The content of each course was designed to elucidate and exemplify the application of the ecological framework for foster care. Information from a number of additional sources was also utilized to highlight some specific aspects of foster care. After pilot testing the programmes, a limited evaluation of their effectiveness was undertaken in an agency specializing in the provision of foster care services.

A limited evaluation showed that sufficient changes had occurred to support a tentative conclusion that the programmes could influence agency practice and policies in a direction that was broadly in accord with the ecological framework for foster care developed in this thesis. Social workers were more self-assured in discussing their practice and the agency's foster care philosophy. They reported policy changes in a number of areas including: the assessment of the biological family's needs, planning and review procedures, and the provision of services to biological families. There was also a greater emphasis on involving the various partners in foster care in the decision making and planning process. Finally, social workers placed a greater emphasis on involving the biological parents in planning towards achieving the changes which would permit their child

to return home.

Participants in the programme for foster parents also reported significant shifts in their perceptions. They altered their general expectation from being involved only with the foster child to seeing themselves as part of a much larger team of people working for permanency in the lives of children in care. The somewhat limited understanding foster parents had of the reasons for a child's placement in a foster home had broadened to embrace a better appreciation of the stress many biological parents experience in matters within and outside their control. In general terms, foster parents reported having a more detailed knowledge of foster care, the issues that might be anticipated within their own homes and how they might be involved in providing a vital service to children and families.

Developmental Research and Utilization Model

The Developmental Research and Utilization Model (Thomas, 1978b) was the constant reference point in the actual development of the training programmes. Its step by step progression assisted immensely in the development and evaluation stages of the training programme. A particular advantage of the research model was its emphasis on drawing from a wide range of sources of information including the ecological framework, field interviews with participants in foster care, adults as learners, the merits of audio and audiovisual aids, the grieving process, and communication skills. The priority given to actually producing a "tool" with which to address problems in an applied field

such as social work was also an added strength of the research model.

While the politics of change will always be a factor with any innovation that requires some alteration of agency policies or methods of practice, the DR&U model provides little guidance for situations in which there are differences in the perspectives of those developing the "tool" and potential users. It is possible, in any applied field, for the directions of change indicated by practice experience and detailed research to differ radically from current practice. It is also likely that vested interests may procrastinate unnecessarily if they do not agree with the direction of the suggested change and feel threatened in some way by the proposals. Thomas (1981) does not discuss the utilization phase in any detail but he does comment that organizational limitations should not be a deterrent to developmental research. He goes on to argue that the implementation of intervention methods can themselves be the subject of developmental research. However, Thomas does not develop this argument and as a consequence his model tends to ignore potential difficulties. These difficulties surfaced in the utilization stage of the training programme and as such they were limitations which had not been contemplated either by Thomas in devising the original model or by myself in its application.

Because of the New Zealand Foster Care Federation's (NZFCF) support in the development and evaluation of the training programmes and the writer's involvement with the organization for a number of years, it was always understood that they would be given rights to the programmes after the evaluation phase. A licence was duly given to the NZFCF and they published the materials which appear in Volume 2 of

the dissertation. A proviso was added to the conditions of purchase that required users of the programme for foster parents to become familiar with the programme for social workers since the principles which guided the former also informed the latter.

This "soft" requirement attracted extensive discussion between the Federation and the Department of Social Welfare, which was potentially the biggest user of the programmes. It would be fair to say that the Department supported "A Journey into Foster Care", especially the programme for foster parents, as a valuable training resource. However, the conditions placed on the purchase of the programme appears to have been misinterpreted as a statement by the NZFCF that this had to be a compulsory course for those involved in foster care in New Zealand. No such statement was ever made but the fact that it was pointed out to them by members of the NZFCF that this was the only programme developed for New Zealand conditions may have given that impression. It is my belief that the programme for social workers suggested some significant shifts from the agency practice and policies being pursued at that time. The requirement that a detailed assessment of the needs of biological families would be undertaken by the agency and appropriate services would be offered or arranged to meet them, was probably beyond the resources of most agencies at the time. The training programme for social workers identified the 'offering of service' as a minimum requirement for effective foster care by removing a child from his/her biological parents, the agency was signalling the fact that it could do better than the parents. After prolonged discussions, the Department of Social Welfare did agree to educate trainers in running the programme by piloting one

region of the country. It has now been repeated in another region.

Because the DR&U model does not provide specific guidance on the matter, researchers using the DR&U model, need to develop some strategy for the implementation of the social technology in situations where it was shown to be effective but unacceptable to agencies. In the present thesis the strong commitment of the NZFCF to the improvement of foster care services, coupled with their apparent conviction that "A Journey into Foster care" was capable of assisting in that goal, saw them lobby very intensely to have it used by the Department of Social Welfare and other foster care organizations. As an organization largely comprised of foster parents, the NZFCF has considerable influence, especially at a time when the involvement of "the community" is valued, at the political level. Their advocacy for "A Journey into Foster Care" has resulted in at least 80 people, to date, having been familiarized with the training programmes, under the auspices of the Department of Social Welfare and the NZFCF. Some interest, especially from Australia has also been shown in the programme. Over 100 copies of the programme have been sold and a second printing is now being planned to satisfy outstanding orders.

Future Research

Evaluation of the effectiveness of the training programmes is an ongoing process. At least three areas for future research are evident. While its immediate utility has been demonstrated on a limited basis, its impact on the experiences of foster children is still to be determined. The next stage in the evaluation process

would be to examine the experiences of the children who have been placed in foster homes by practitioners who have adopted the ecological framework for foster care and have trained foster parents using the companion course. Repeated use of the programmes and the collection of evaluative data would indicate the long term impact on foster children and their families and also identify areas for further development.

"A Journey into Foster Care" remains a basic programme. There are many specialist aspects of foster care which need more detailed study and which might eventually be incorporated as additional modules. Topic areas which have already been mooted include: cross cultural fostering, the disabled child, the abused child and how to cope with particular difficulties like stealing, bed wetting and aggressiveness.

While not an aspect of future research, further development of the training programmes is also necessary. The training manuals could be improved and additional modules could also be developed to demonstrate aspects of the course content. Suggestions would include: how to conduct an ecological evaluation of a family under stress, planning exercises and assisting parents to relinquish a child for adoption when all the indications are that they will not be able to resume their direct responsibilities for a child.

As long as there are families confronting the exigencies of everyday life, there will be some who will at times be unable to care for their children. In the present changing circumstances in our society, there are signs that the need for such services will continue to increase.

When the family's ability to care for its children is transferred to some outside authority even on a temporary basis then the anguish and pain experienced by that family is considerable. This pain is only exacerbated further when the providers of substitute care are not equal to the task. Indeed one suspects that these alternative arrangements are often counterproductive and if that is the case then the 'treatment' prescribed is likely to be even more debilitating than the original condition. In these circumstances it is essential that we expose the deficiencies in the current system and at the same time develop more effective alternatives. That was the motivating force in the construction of the training programmes and in the writing of this dissertation. It was assumed that children in care deserve a quality service because these children represent society's future while we are their temporary guardians.

APPENDIX: 1

POPULATION FOR THE SURVEY OF SUBSTITUTE CHILD CARE FACILITIES

Note: The list is presented in order of the geographical regions in which they were located. The code at the end of each item indicates the location of the facility or programme. The regions are presented alphabetically.

List of Abbreviations Used:

AK.	:	Auckland	BM.	:	Blenheim
CH.	:	Christchurch	CI.	:	Carterton
DN.	:	Dunedin	DRL.	:	Dargaville
DV.	:	Dannevirke	GG.	:	Gore
GM.	:	Greymouth	GS.	:	Gisborne
HBN.	:	Hastings	HN.	:	Hamilton
HW.	:	Hawera	IN.	:	Invercargill
KHO.	:	Kaikohe	LVN.	:	Levin
ML.	:	Marton	MS.	:	Masterton
NA.	:	Napier	NN.	:	Nelson
NU.	:	New Plymouth	OU.	:	Oamaru
PN.	:	Palmerston North	PUK.	:	Pukekohe
RO.	:	Rotorua	RR.	:	Rangiora
TAW.	:	Te Awamutu	TG.	:	Tauranga
TKT.	:	Te Kuiti	TU.	:	Timaru
W.	:	Waipukurau	WG.	:	Wanganui
WHK.	:	Whakatane	WN.	:	Wellington
WR.	:	Wangarei			

ANGLICAN TRUST FOR WOMEN AND CHILDREN
FOSTER CARE PROGRAMME, BOX 47253 PONSONBY AUCKLAND AK

ANGLICAN TRUST FOR WOMEN AND CHILDREN
BLACKWOOD HOUSE BOX 47253 AUCKLAND AK

CATHOLIC SOCIAL SERVICES
FOSTER CARE PROGRAMME BOX 39091 AUCKLAND AK

CARRINGTON HOSPITAL
(RE REHAB AREA) PT.CHEVALIER AUCKLAND 2 AK

DILWORTH SCHOOL SENIOR HOUSE
2 ERIN ST. EPSOM AUCKLAND AK

DINGWALL TRUST FRENCH HOUSE
48 KAUTAMI AVENUE PAPATOETOE AUCKLAND AK

DINGWALL TRUST FOSTER CARE PROGRAMME
30 KAUTAMI AVE PAPATOETOE AUCKLAND AK

DINGWALL TRUST (RE 30 KAUTAMI ST.)
48 KAUTAMI STREET PAPATOETOE AUCKLAND AK

EPSOM GIRLS GRAMMAR SCHOOL
EPSOM HOUSE SILVER ROAD AUCKLAND 3 AK

SALVATION ARMY SOCIAL SERVICES
(RE THE GRANGE) P.O.BOX 6015 WELLINGTON AK

NZ HAPPINESS CLUB, FOSTER CARE PROGRAMME
43 NEW NORTH ROAD AUCKLAND AK

HATO PETERA
COLLEGE ROAD NORTHCOTE AUCKLAND AK

PAKURANGA HEALTH CAMP
BOX 38154 HOWICK AUCKLAND AK

ANGLICAN TRUST FOR WOMEN AND CHILDREN
HENRY BRETT CHILDRENS HOME P.O.BOX 47253 AUCKLAND AK

HOMAI COLLEGE FOR THE BLIND
P.O.BOX 67 MANUREWA AK

ANGLICAN TRUST FOR WOMEN AND CHILDREN
KENDERDINE HOUSE BOX 47253 AUCKLAND AK

KINGS COLLEGE
P.O.BOX 22012 OTAHUHU AUCKLAND AK

KELSTON SCHOOL FOR DEAF
PRIVATE BAG KELSTON AUCKLAND AK

ANGLICAN TRUST FOR WOMEN AND CHILDREN
LLOYD HOUSE BOX 47253 AUCKLAND AK

MANGERE HOSPITAL AND TRAINING SCHOOL
P.O.BOX 43245 MANGERE AUCKLAND AK

MANUREWA CHILDRENS HOME
94 RUSSELL ROAD MANUREWA AUCKLAND AK

METHODIST CENTRAL MISSION
MANUREWA FAMILY HOME
BOX 5104 AUCKLAND AK

ANGLICAN TRUST FOR WOMEN AND CHILDREN
MARGARET GRANGER HOME BOX 47253 AUCKLAND AK

METHODIST CENTRAL MISSION
FOSTER CARE PROGRAMME BOX 5104 AUCKLAND AK

MT.ALBERT GRAMMAR SCHOOL
SCHOOL HOUSE ALBERT AUCKLAND AK

MEDICAL SUPERINTENDENT (RE OTARA SPINAL UNIT)
MIDDLEMORE HOSPITAL OTAHUHU AUCKLAND 6 AK

P.S.S.A. FOSTER CARE PROGRAMME
BOX 8637 AUCKLAND AK

QUEEN VICTORIA SCHOOL
27 GLANVILLE TCE. PARNELL AUCKLAND AK

ANGLICAN TRUST FOR WOMEN AND CHILDREN
RADLEY HOUSE BOX 47253 AUCKLAND AK

BROOKLYN HOUSE FAMILY HOME
3 BROOKLYN AVE. PAPATOETOE AUCKLAND AK

SACRED HEART COLLEGE
WEST TAMAKI RD. GLEN INNES AUCKLAND AK

ST.JOSEPH'S CHILDRENS HOME
2 TAHAROTO ROAD TAKAPUNA AUCKLAND AK

ST KENTIGEN'S COLLEGE
PAKURANGA AUCKLAND AK

ANGLICAN TRUST FOR WOMEN AND CHILDREN
ST.MARY'S HOMES AUCKLAND AK

ST.PAUL'S COLLEGE
183 RICHMOND ROAD AUCKLAND 2 AK

ANGLICAN TRUST FOR WOMEN AND CHILDREN
STODDART HOUSE AUCKLAND 2 AK

METHODIST CENTRAL MISSION
SUNNYNOOK FAMILY HOME AUCKLAND AK

METHODIST CENTRAL MISSION
TAKANINI FAMILY HOME AUCKLAND AK

ANGLICAN TRUST FOR WOMEN AND CHILDREN
THOMAS GRANGER HOME AUCKLAND AK

METHODIST CENTRAL MISSION
TITIRANGI FAMILY HOME AUCKLAND AK

WAIMOKOIA SCHOOL
THURSTON PL BUCKLANDS BEACH AUCKLAND AK

WESLEY COLLEGE HOSTEL PUKEKOHE AK

MEDICAL SUPERINTENDENT
WILSON HOME FOR CRIPPLED CHILDREN AUCKLAND AK

NZSIH BEAN HOUSE AUCKLAND AK

NZSIH RAMSAY HOUSE MOUNT ALBERT AUCKLAND AK

NZSIH FOSTER CARE PROGRAMME AUCKLAND AK

NZSIH CHARTWELL AVENUE HOME NORTH SHORE AUCKLAND AK

NZSIH ELSIE KEARNEY HOSTEL NORTH SHORE AUCKLAND AK

NZSIH BRUCE REID SHORT STAY HOME NORTH SHORE AUCKLAND AK

MARLBOROUGH COLLEGES BOARD
(RE MARLBOROUGH GIRLS COLLEGE) BLENHEIM BM

NZSIH RA TAHU HOME BLENHEIM BM

NZSIH HARTLEY HOUSE BLENHEIM BM

ANGLICAN SOCIAL SERVICES FOSTER CARE PROGRAMME
CHRISTCHURCH CH

BARRINGTON ST.UNIT FAMILY HOME
METHODIST HOMES CHRISTCHURCH CH

SALVATION ARMY SOCIAL SERVICES
(RE-BRAMWELL BOOTH) WELLINGTON CH

SOCIAL WORK DEPT. (RE WARD 9)
CHRISTCHURCH HOSPITAL CHRISTCHURCH CH

CATHEDRAL GRAMMAR 2 CHESTER ST.WEST CHRISTCHURCH CH

CATHOLIC SOCIAL SERVICES
FOSTER CARE PROGRAMME CHRISTCHURCH CH

CHOLMONDLEY CHILDRENS HOME CHRISTCHURCH CH

CHRISTCHURCH GIRLS HIGH SCHOOL
ACLAND HOUSE 40 ARMAGH ST. CHRISTCHURCH CH

CHRIST'S COLLEGE ROLLESTON AVE. CHRISTCHURCH CH

HOHEPA HOMES (RE HOHEPA GRACE AND SHIRLEY HOME)
CASHMERE CHRISTCHURCH CH

PRINCIPAL MARYLANDS SCHOOL
NASH ROAD HALSWELL CHRISTCHURCH CH

MEDBURY PREPARATORY
FENDALTON CHRISTCHURCH 3 CH

METHODIST CHILDRENS HOME
FOSTER CARE PROGRAMME CHRISTCHURCH CH

MCKILLOP COLLEGE SHIRLEY CHRISTCHURCH CH

CATHOLIC SOCIAL SERVICES
NAZARETH HOUSE CHRISTCHURCH CH

CATHOLIC SOCIAL SERVICES
NAZARETH FAMILY UNIT CHRISTCHURCH CH

WHAKAMARUMARU P.S.S.A. CHRISTCHURCH CH

PRESBYTERIAN SOCIAL SERVICES
FOSTER CARE PROGRAMME CHRISTCHURCH CH

RANGI RURU GIRL'S SCHOOL
MERIVALE CHRISTCHURCH CH

REHABILITATION LEAGUE CHRISTCHURCH CH

SACRED HEART GIRL'S COLLEGE
62 FERRY ROAD CHRISTCHURCH CH

SELWYN HOUSE SCHOOL
122 MERIVALE ST. CHRISTCHURCH CH

SOUTH ISLAND METHODIST CHILDRENS HOME
97 HAREWOOD RD PAPANUI CHRISTCHURCH CH

ST.ANDREW'S COLLEGE
MCGIBBON HOUSE PAPANUI ROAD CHRISTCHURCH CH

ST.BEDE'S COLLEGE
 MAIN NORTH ROAD PAPANUI CHRISTCHURCH 5 CH

CATHOLIC SOCIAL SERVICES
 ST.CLAIRE'S CHRISTCHURCH CH

ST.MARGARET'S COLLEGE CHRISTCHURCH CH

6A INC. 24A MIDDLEBANK ROAD CHRISTCHURCH CH

SUNNYSIDE HOSPITAL ADOLESCENT UNIT
 LINCOLN ROAD CHRISTCHURCH CH

TEMPLETON HOSPITAL AND TRAINING SCHOOL
 CHRISTCHURCH CH

NZSIH FOSTER CARE PROGRAMME CHRISTCHURCH CH

NZSIH BENTLEY STREET FAMILY HOME CHRISTCHURCH CH

NZSIH THORINGTON ROAD HOME CHRISTCHURCH CH

ST.RAPHAEL'S HOME OF COMPASSION CARTERTON CI

ANGLICAN-METHODIST FAMILY CARE CENTRE
 FOSTER CARE PROGRAMME DUNEDIN DN

P.S.S.A. CAMERON COTTAGE DUNEDIN DN

COLUMBIA COLLEGE HOSTEL COLUMBIA COLLEGE DUNEDIN DN

VILLA B CHERRY FARM HOSPITAL DUNEDIN DN

MCGLASHAN COLLEGE 2 PILKINGTON ST. DUNEDIN DN

MOREAU COLLEGE MCAULEY HOSTEL
 MCBRIDE ST. SOUTH DUNEDIN DN

P.S.S.A. NISBET COTTAGE DUNEDIN DN

OTAGO BOYS HIGH SCHOOL BOARDING HOSTEL
 25 MELROSE ST. DUNEDIN DN

P.S.S.A. FOSTER CARE PROGRAMME DUNEDIN DN

ST.HILDA'S COLLEGIATE TOLCARNE BOARDING RESIDENCE
 2 COBDEN ST DUNEDIN DN

CATHOLIC SOCIAL SERVICES ST.JOSEPH'S HOME
 DUNEDIN DN

P.S.S.A. TAUMATA FAMILY HOME DUNEDIN DN

NZSIH KAKAPO HOUSE DUNEDIN DN
 NZSIH WEKA HOUSE DUNEDIN DN
 NZSIH RUTHERFORD STREET HOME DUNEDIN DN
 DARGAVILLE HIGH SCHOOL BOARDING HOSTEL
 DARGAVILLE DRL
 DANNEVIRKE HIGH SCHOOL MCDONALD HOUSE DANNEVIRKE DV
 MEDICAL SUPERINTENDENT DANNEVIRKE HOSPITAL
 DANNEVIRKE DV
 GORE HIGH SCHOOL HOSTEL PRIVATE BAG GORE GG
 PRINCIPAL NURSE SEDDON MEMORIAL HOSPITAL
 (RE 12 PSYCHOPAEDIC BEDS) GORE GG
 ST.PETER'S COLLEGE GORE GG
 NZSIH GREYMOUTH FAMILY HOME GREYMOUTH GM
 MATRON AYTON HOUSE
 GISBORNE GIRLS HIGH SCHOOL GISBORNE GS
 GISBORNE BOYS HIGH SCHOOL
 THE RECTORY 15 SCHOOL ROAD TE HAPARA GISBORNE GS
 GISBORNE HEALTH CAMP BOX 1103 GISBORNE GS
 HENI MATEROA CHILDREN'S HOME 12 LEWIS STREET GISBORNE GS
 IHC HOSTEL GISBORNE GS
 CRIPPLED CHILDREN SOCIETY
 FAMILY HOME GISBORNE GS
 LINDISFARNE COLLEGE PAKOWHAI ROAD HASTINGS HBN
 NELSON FAMILY HOME
 38 PLYMOUTH ROAD FLAXMERE HASTINGS HBN
 NZSIH SEVEN OAKS HASTINGS HBN
 NZSIH LITTLE OAKS HASTINGS HBN
 HAMILTON GIRLS HIGH SCHOOL
 SONNINGHILL HOSTEL CLAUDELANDS HAMILTON HN
 HAMILTON BOYS HIGH
 ARGYLE HOUSE CLAUDELANDS HAMILTON HN
 BAPTIST SOCIAL SERVICES

HERCUS HOUSE ANGLESEA ST. HAMILTON HN

SALVATION ARMY SOCIAL SERVICES
(RE HODDERVILLE) WELLINGTON HN

SALVATION ARMY SOCIAL SERVICES
(RE THE NEST) WELLINGTON HN

PARENTLINE INC. 31 HAULTON ST HAMILTON HN

SACRED HEART GIRL'S COLLEGE HAMILTON HN

SOUTHWELL 200 PEACHGROVE ROAD HAMILTON HN

ST.PETER'S SCHOOL PRIVATE BAG CAMBRIDGE HN

ST.PAUL'S COLLEGIATE PRIVATE BAG HAMILTON HN

WAIKATO DIOCESAN SCHOOL FOR GIRLS
660 RIVER ROAD HAMILTON HN

NZSIH CHRISTOPHER PARK HOSTEL HAMILTON HN

NZSIH CHRISTOPHER PARK JUNIOR HOSTEL HAMILTON HN

NZSIH CHRISTOPHER PARK SHORT STAY HOSTEL HAMILTON HN

FIRTH STREET HOME CRIPPLED CHILDREN SOCIETY HAMILTON HN

MASON HOUSE CRIPPLED CHILDREN SOCIETY HAMILTON HN

NZSIH AWHINA HOSTEL HAWERA HW

ENWOOD GIRLS HOSTEL
SOUTHLAND GIRLS HIGH INVERCARGILL IN

SOUTHLAND BOYS HIGH
COLDSTREAM BOYS HOSTEL LEES ST INVERCARGILL IN

ST.CATHERINE'S COLLEGE TYNE ST INVERCARGILL IN

ST.JOHN'S GIRLS INVERCARGILL IN

P.S.S.A. SUTHERLAND HOUSE
INVERCARGILL IN

NZSIH KIND HAVEN HOSTEL INVERCARGILL IN

NORTHLAND COLLEGE HOSTEL KAIKOHE KHO

OTAKI HEALTH CAMP PRIVATE BAG OTAKI LVN

KIMBERLEY HOSPITAL KIMBERLEY ROAD LEVIN LVN

MARYCREST RESIDENTIAL CENTRE TE HORO LVN

MARTON CHILDRENS HOME TUTAENUI RD. MARTON ML

TURAKINA MAORI GIRL'S COLLEGE MARTON ML

WELLINGTON DIOCESAN SCHOOL NGA TAWA MARTON ML

SALVATION ARMY SOCIAL SERVICES
(RE CELIA WHATMAN CHILDRENS HOME) WELLINGTON MS

CHANEL COLLEGE KILDARE HOUSE 31 RENALL ST MASTERTON MS

ST.JOSEPHS CHANEL COLLEGE 16 HERBERT ST MASTERTON MS

RATHKEALE COLLEGE OPAKI ROAD MASTERTON MS

SEDGLEY 23 INTERMEDIATE ST. MASTERTON MS

WAIRARAPA COLLEGE COLLEGE HOUSE MASTERTON MS

NZSIH COLOMBO HOUSE MASTERTON MS

BRIGADOON HOMES CRIPPLED CHILDREN SOCIETY MASTERTON MS

ABBOTSFORD HOME WAIPAWA NA

AROHANUI FAMILY LIFE VILLAGE
HAVELOCK NORTH HAWKES BAY NA

EDGLEY FAMILY HOME TARADALE HAWKES BAY NA

HEREWORTH SCHOOL HAVELOCK NORTH NA

PRESBYTERIAN CHILDRENS HOME
HILLSBROOK HOME HAVELOCK NORTH NA

IONA COLLEGE HAVELOCK NORTH NA

NAPIER BOYS HIGH SCHOOL BOARDING HOSTEL NAPIER NA

MATRON NAPIER GIRLS' HIGH SCHOOL HOSTEL NAPIER NA

ROCHFORD FAMILY HOME 21 RAKAU ST HAVELOCK NORTH HAWKES BAY NA

SACRED HEART COLLEGE CONVENT RD NAPIER NA

ST.JOSEPH'S MAORI GIRL'S COLLEGE
GREENMEADOWS HAWKES BAY NA

WOODFORD HOUSE
BOARDING HOSTEL HAVELOCK NORTH HAWKES BAY NA

NZSIH MAREWA FAMILY HOME NAPIER NA

CRIPPLED CHILDREN SOCIETY BOX 507 NAPIER NA

GARINDALE GROUP CHILD CARE FACILITY PRIVATE BAG NELSON NN

NELSON COLLEGE FOR GIRLS
CLAIRE JOHNSON HOUSE NELSON NN

NELSON COLLEGE BOARDING DEPT. PRIVATE BAG NELSON NN

SALISBURY GIRLS SCHOOL RICHMOND NELSON NN

ST.ANDREWS FAMILY HOME NELSON NN

FRANCIS DOUGLAS COLLEGE
BOARDING SCHOOL PRIVATE BAG NEW PLYMOUTH NU

NEW PLYMOUTH BOYS HIGH SCHOOL ELIOT STREET NEW PLYMOUTH NU

SUPERVISING MATRON NEW PLYMOUTH GIRLS HIGH
SCOTLAND'S BOARDING HOSTEL NEW PLYMOUTH NU

TE AMA HOUSE 23 MCCLEAN ST NEW PLYMOUTH NU

NZSIH ATAWHAI VILLA TWO NEW PLYMOUTH NU

NZSIH ATAWHAI VILLA THREE NEW PLYMOUTH NU

CAMPBELL PARK SCHOOL PRIVATE BAG OAMARU OU

ST.KEVIN'S COLLEGE RED CASTLE OAMARU OU

WAITAKI BOYS HIGH BOARDING HOSTEL OAMARU OU

WAITAKI GIRLS HIGH SCHOOL OAMARU OU

NZSIH FOSTER CARE PROGRAMME OAMARU OU

NZSIH KAHURANGI HOSTEL OAMARU OU

CATHERINE JAMIESON HOUSE
METHODIST SOCIAL SERVICES CUBA ST. PALMERSTON NORTH PN

FIELDING HIGH SCHOOL
CHURCHER ST. FIELDING PALMERSTON NORTH PN

ALL SAINTS CHILDRENS HOME TRUST
HARPER HOUSE 160A PARK ROAD PALMERSTON NORTH PN

ALL SAINTS CHILDRENS TRUST FOSTER CARE PROGRAMME
PALMERSTON NORTH PN

HATO PAORA COLLEGE PRIVATE BAG FIELDING PN

LONGBURN COLLEGE WALKERS ROAD1 LONGBURN PN
PALMERSTON NORTH BOYS HIGH SCHOOL
FEATHERSTON ST. PALMERSTON NORTH PN
ST.DOMINICS AORANGI R D 5 FIELDING PN
NZSIH FOSTER CARE PROGRAMME PALMERSTON NORTH PN
NZSIH WALDEGRAVE STREET HOME PALMERSTON NORTH PN
NZSIH ALBERT STREET FLAT PALMERSTON NORTH PN
NZSIH KOWHAI HOUSE PALMERSTON NORTH PN
NZSIH PINFOLD HOUSE PALMERSTON NORTH PN
NZSIH TOTARA HOUSE PALMERSTON NORTH PN
NZSIH FIELDING HOSTEL PALMERSTON NORTH PN
NZSIH OAKVILLE FAMILY HOME PUKEKOHE PUK
NZSIH MERRIVILLE JNR FAMILY HOME PUKEKOHE PUK
NZSIH PHILLIP STREET FAMILY HOME PUKEKOHE PUK
NZSIH JOYCE KIDD HOME PUKEKOHE PUK
CHILD POTENTIAL UNIT
QUEEN ELIZABETH HOSPITAL ROTORUA RO
NZSIH VILLA ONE ROTORUA RO
NZSIH FAMILY HOME ROTORUA RO
NZSIH VILLA TWO ROTORUA RO
NZSIH VILLA THREE ROTORUA RO
FORD MILTON MEMORIAL HOME PRIVATE BAG RANGIORA RR
RANGIORA HIGH SCHOOL EAST BELT RANGIORA RR
OTOROHANGA COLLEGE BLEDISLOE AVE OTOROHANGA TAW
SOCIAL WORK DEPT TOKANUI HOSPITAL
(RE PSYCHOPAEDIC WARDS) TE AWAMUTU TAW
NZSIH FOSTER CARE PROGRAMME TAURANGA TG
NZSIH WHAKARURU HOSTEL TAURANGA TG

NZSIH BAY STREET HOME TAURANGA TG
 NZSIH TAUMARUNUI MAHANA HOME TE KUITI TKT
 NZSIH OTOROHANGA ADULT UNIT TE KUITI TKT
 CRAIGHEAD DIOCESAN SCHOOL WRIGHTS AVE. TIMARU TU
 TIMARU BOYS HIGH THOMAS HOUSE TIMARU TU
 TIMARU GIRLS HIGH SCHOOL HOSTEL BOX 558 TIMARU TU
 NZSIH NILE HOSTEL TIMARU TU
 PUKEORA HOME FOR THE DISABLED WAIPUKURAU W
 MARGARET WATT HOME WANGANUI WG
 WANGANUI COLLEGIATE SCHOOL WANGANUI WG
 WANGANUI GIRLS' COLLEGE WANGANUI EAST WG
 NZSIH FOSTER CARE PROGRAMME WANGANUI WG
 NZSIH TREADWELL PARK HOSTEL WANGANUI WG
 CRIPPLED CHILDREN SOCIETY BOX 540 WANGANUI WG
 NZSIH WHIRINAKI HOUSE WHAKATANE WHK
 CATHOLIC SOCIAL SERVICES
 FOSTER CARE PROGRAMME WELLINGTON WN
 ERSKINE COLLEGE AVON ST. ISLAND BAY WELLINGTON WN
 CATHOLIC SOCIAL SERVICES
 GAYNOR HOUSE WELLINGTON WN
 HOME OF COMPASSION MURRAY ST. WELLINGTON WN
 CATHOLIC SOCIAL SERVICES DELARGEY FAMILY HOME
 WELLINGTON WN
 ASSESSMENT HOME OPEN HOME FOUNDATION
 2 NGAUMATAU RD. PT. HOWARD WELLINGTON WN
 OPEN HOME FOUNDATION
 FOSTER CARE PROG WELLINGTON 4 WN
 PUKETIRO CENTRE PRIVATE BAG PORIRUA WN
 SAMUEL MARSDEN COLLEGIATE
 KARORI RD. KARORI WELLINGTON 5 WN

SCOTS COLLEGE GIBB HOUSE
WELLINGTON WN

ST.JOSEPH'S CHILDREN'S HOME
GIBBON ST. UPPER HUTT WN

ST.JOSEPH'S HOME OF COMPASSION
SILVER STREAM UPPER HUTT WN

ST.PATRICK'S COLLEGE SILVERSTREAM WELLINGTON WN

CATHOLIC SOCIAL SERVICES TE ARONUI WELLINGTON WN

COMMUNITY HOUSE WAITANGARUA YOUTH PROJECT PORIRUA WN

WELLINGTON COLLEGE WN

NZSIH FOSTER CARE PROGRAMME WELLINGTON WN

NZSIH KRISTINA JUNIOR PERMANENT WELLINGTON WN

NORWOOD HOUSE CRIPPLED CHILDREN SOCIETY WELLINGTON WN

MAUNU HEALTH CAMP WHANGAREI WR

POMPALLIER COLLEGE PRIVATE BAG WHANGAREI WR

ST.JOSEPH'S MAORI HOSTEL
KAEO NORTH AUCKLAND WR

TIKIPUNGA CHILDRENS HOME WHANGAREI WR

THE BOYS HIGH SCHOOL WHANGAREI WR

WHANGAREI FAMILY HOME WHANGAREI WR

WHANGAREI GIRLS HIGH LUPTON HOUSE WHANGAREI WR

NZSIH FOSTER CARE PROGRAMME WHANGAREI WR

NZSIH MOANA HOUSE WHANGAREI WR

NZSIH KAIPARA HOUSE WHANGAREI WR

NZSIH KARARA HOUSE WHANGAREI WR

NZSIH RATA FAMILY HOME WHANGAREI WR

NZSIH RIMU HOUSE WHANGAREI WR

APPENDIX: 2

QUESTIONNAIRES: SURVEY OF SUBSTITUTE CHILD CARE FACILITIES

**Survey of Substitute Child Care Facilities
in New Zealand**

***SCHEDULE A -
RESIDENTIAL FACILITIES***

**Social Work Unit
Sociology Department
Massey University**

GENERAL INSTRUCTIONS

EACH question contains a specific instruction on how you should answer it. Some questions only need a ✓ in the appropriate box while others require a number. A small number of questions require some comment.

Other instructions of a general nature appear in appropriate places in the questionnaire.

There are three different schedules.

Schedule A relates to residential facilities accomodating more than 10 children.

Schedule B relates to Family Homes. These are homes based in the community and cater for up to 10 children. Family Homes are run by house parents or foster parents who live in the family home. They operate along family lines.

Schedule C relates to Foster Homes i.e. children living with other families.

If you find you have been given the wrong schedules, please contact me immediately at Palmerston North 69-099 extn 2468.

Please note that if you have say 2 family homes, one residential institution and some children in foster homes, this means you will need to complete 4 questionnaires.

Please ignore the numbers beside the questions as these are for machine tabulation only.

You may write additional comments wherever they will clarify your responses or where the alternative responses given don't apply.

SPECIAL NOTE

*This survey relates to children **under 17** years of age and the people who provide care for them.*

CONFIDENTIAL

MASSEY UNIVERSITY
 SOCIAL WORK UNIT
DEPARTMENT OF SOCIOLOGY

CENSUS OF SUBSTITUTE CHILD CARE FACILITIES

SCHEDULE A - RESIDENTIAL FACILITIES

		FOR OFFICE USE		
01	What is the full name of this residential facility?	CARD 1		
		1-3	<input type="checkbox"/>	<input type="checkbox"/>
02	What is the full name of the organization that operates this facility?			
		4-6	<input type="checkbox"/>	<input type="checkbox"/>
03	Please write down the full address <u>of the residential facility.</u>			
		7-9	<input type="checkbox"/>	<input type="checkbox"/>
04	Would you consider this facility to be (Tick the box that applies most accurately)			
	In the Central/Inner city area	<input type="checkbox"/>	1	
	In the Outer city suburb area	<input type="checkbox"/>	2	
	In a Town	<input type="checkbox"/>	3	
	In a Rural area	<input type="checkbox"/>	4	
		10	<input type="checkbox"/>	

		<i>FOR OFFICE USE</i>	
05	If the facility is in a rural area, please indicate the distance to the nearest town or service centre. (Tick one of the following boxes).		
	Less than 10 miles <input type="checkbox"/> 1		
	10 miles and less than 20 miles <input type="checkbox"/> 2		
	20 miles and less than 50 miles <input type="checkbox"/> 3		
	50 miles and over <input type="checkbox"/> 4		
	Not applicable <input type="checkbox"/> 5	11	<input type="checkbox"/>
.06	What type of care does this facility normally provide (Tick one of the following)		
	Short term care (under 3 months) <input type="checkbox"/> 1		
	Long term care (over 3 months) <input type="checkbox"/> 2		
	Both short and long term care <input type="checkbox"/> 3	12	<input type="checkbox"/>
	Boarding for school students <input type="checkbox"/> 4		
<u>JARDING SCHOOLS DISREGARD QUESTION 1.07 and 1.08</u>			
.07	Please indicate the <u>number of cases</u> in your facility today you consider to be (please state number in each category)		
	Short term (i.e. expected to stay less than 3 months) _____ 1	13-15	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Long term (i.e. expected to stay longer than 3 months) _____ 2	16-18	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Not known _____ 3	19-21	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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FOR FACILITIES PROVIDING CARE FOR PERIODS OVER 3 MONTHS EXCLUDING BOARDING SCHOOL HOSTELS	FOR OFFICE USE	
1.08 <u>In general</u> , what is the length of stay for your long term cases (please state range in months).	22-23	<input type="checkbox"/> <input type="checkbox"/>
From _____ months to _____ months	24-25	<input type="checkbox"/> <input type="checkbox"/>
FOR BOARDING SCHOOLS ONLY		
1.09 <u>In general</u> how many years do your boarders stay in the hostels (please state range in years).	26	<input type="checkbox"/>
From _____ years to _____ years	27	<input type="checkbox"/>
1.10 Your facility is for (please tick one box only)		
Boys only	<input type="checkbox"/>	1
Girls only	<input type="checkbox"/>	2
Both Boys and Girls	<input type="checkbox"/>	3
IF YOUR FACILITY CATERS FOR GIRLS ONLY DISREGARD QUESTION 1.11	28	<input type="checkbox"/>
1.11 What is the age range (in full years) of the BOYS who qualify for admission to this facility? (Please state range)	29-30	<input type="checkbox"/> <input type="checkbox"/>
From _____ years to _____ years	31-32	<input type="checkbox"/> <input type="checkbox"/>
IF YOUR FACILITY CATERS FOR BOYS ONLY DISREGARD QUESTION 1.12		
1.12 What is the age range (in full years) of the GIRLS who qualify for admission to this facility? (Please state range)	33-34	<input type="checkbox"/> <input type="checkbox"/>
From _____ years to _____ years	35-36	<input type="checkbox"/> <input type="checkbox"/>

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		FOR OFFICE USE	
.13	Is this facility a boarding school hostel? (Please tick appropriate box)		
	Yes <input type="checkbox"/>	1	
	No <input type="checkbox"/>	2	37 <input type="checkbox"/>
BOARDING SCHOOLS PLEASE DISREGARD QUESTIONS 1.14 & 1.15			
.14	Which of the following categories of children can be accepted in your facility? (Please tick all the categories that apply).		
	Dependent (i.e. with no special characteristic but requiring care only) <input type="checkbox"/>	1	38 <input type="checkbox"/>
	Intellectually Handicapped <input type="checkbox"/>	2	39 <input type="checkbox"/>
	Physically Handicapped <input type="checkbox"/>	3	40 <input type="checkbox"/>
	Delinquent (offended against the law) <input type="checkbox"/>	4	41 <input type="checkbox"/>
	Socially-emotionally disturbed <input type="checkbox"/>	5	42 <input type="checkbox"/>
	Other (specify) <input type="checkbox"/>	6-7	43-44 <input type="checkbox"/> <input type="checkbox"/>
QUESTION 1.15 IS FOR FACILITIES WITHIN HOSPITALS ONLY			
.15	Your particular facility for children is located within (Please tick one box only)		
	a general hospital <input type="checkbox"/>	1	
	a psychiatric hospital <input type="checkbox"/>	2	
	a psychopaedic hospital <input type="checkbox"/>	3	
	other (specify) <input type="checkbox"/>	4	45 <input type="checkbox"/>

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		FOR OFFICE USE	
6	Please write down the general objectives of your facility.		
		46	<input type="checkbox"/>
		47	<input type="checkbox"/>
		48	<input type="checkbox"/>
		49	<input type="checkbox"/>
		50	<input type="checkbox"/>
		51	<input type="checkbox"/>
7	Please indicate the approximate limits of the area from which you accept admissions to this facility. (Tick one box that best describes the limits)		
	Limited to the same suburb as facility	<input type="checkbox"/>	1
	Limited to the same town as facility	<input type="checkbox"/>	2
	Limited to the same city as facility	<input type="checkbox"/>	3
	Limited to the same Region as facility (e.g. Manawatu/Canterbury)	<input type="checkbox"/>	4
	North Island	<input type="checkbox"/>	5
	South Island	<input type="checkbox"/>	6
	National	<input type="checkbox"/>	7
		52	<input type="checkbox"/>

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		FOR OFFICE USE		
1.18	What percentage of your <u>funds</u> come from the following <u>source</u> ? (Please state the percentage that applies in each case)			
	From Government Funding _____ 1	53-55	<input type="checkbox"/>	<input type="checkbox"/>
	From consumers (fees etc) _____ 2	56-58	<input type="checkbox"/>	<input type="checkbox"/>
	Own fund raising (appeals, bequests, investments etc) _____ 3	59-61	<input type="checkbox"/>	<input type="checkbox"/>
	Others (please specify) _____ 4	62-64	<input type="checkbox"/>	<input type="checkbox"/>
2.01	What is the maximum number of children for which this residential facility can cater? (Please give exact number) _____	65-67	<input type="checkbox"/>	<input type="checkbox"/>
2.02	Please indicate the <u>exact</u> number of children <u>residing</u> in this facility on the date specified (Please give number on each line)			
	BOYS _____	68-70	<input type="checkbox"/>	<input type="checkbox"/>
	GIRLS _____	71-73	<input type="checkbox"/>	<input type="checkbox"/>
FACILITIES FOR GIRLS ONLY SHOULD DISREGARD QUESTION 2.03				
2.03	How many BOYS in this residential facility on the date specified are in the following age groups (Please give exact number in each age group)			
	Under 5 years _____	74-76	<input type="checkbox"/>	<input type="checkbox"/>
	5 years and under 13 years _____	77-79	<input type="checkbox"/>	<input type="checkbox"/>
	13 years and under 15 years _____	80-82	<input type="checkbox"/>	<input type="checkbox"/>
	15 years and under 17 years _____	83-85	<input type="checkbox"/>	<input type="checkbox"/>

FACILITIES FOR BOYS ONLY SHOULD DISREGARD QUESTION 2.04

FOR OFFICE USE

2.04 How many GIRLS in this residential facility on the date specified are in the following age groups (Please give exact number in each age group)

Under 5 years _____
 5 years and under 13 years _____
 13 years and under 15 years _____
 15 years and under 17 years _____

86-88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89-91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92-94	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95-97	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.05 How many children under 17 years of age, in your residential facility were admitted by virtue of the following: (Please state the number of children in each case)

By private arrangements with parents _____
 A state ward (committed to the care of the Director-General of Social Welfare - including S 11) and placed in this facility _____
 Remanded or Adjourned from a Court on a Warrant _____
 The subject of an agreement under S 94 of the Children & Young Person's Act _____
 The subject of an order under the Mental Health Act _____
 Other arrangements (specify) _____

CARD 2			
1-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		FOR OFFICE USE			
6 From your records, how many children in your residential facility are - (state number in each case)					
European/Pakeha descent	_____	19-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maori	_____	22-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander (specify)	_____	25-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		28-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	31-33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		34-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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QUESTION 3.01 to 3.22 RELATE SEPARATELY TO FULL TIME AND PART TIME STAFF AND VOLUNTARY (UNPAID) WORKERS.

FULL TIME PAID STAFF:

THOSE WHO SPEND ALL THEIR TIME IN THE FACILITY AND ARE PAID A SALARY

* PART TIME PAID STAFF:

THOSE STAFF WHO ONLY SPEND PART OF THEIR TIME IN YOUR FACILITY, FOR EXAMPLE, IF A SOCIAL WORKER, TEACHER, DOCTOR, PSYCHOLOGIST, NURSE, COUNSELLOR, ADMINISTRATOR, DOMESTIC, GROUNDSMAN ETC. SERVICES YOUR FACILITY ONLY AS PART OF THEIR JOB, CONSIDER THEM PART-TIME.

VOLUNTEERS:

UNPAID WORKERS.

DIRECT SERVICES:

SOME QUESTIONS RELATE ONLY TO DIRECT SERVICE STAFF. THESE QUESTIONS APPLY TO THOSE STAFF MEMBERS WHOSE WORK IS PREDOMINANTLY CONCERNED WITH THE PERSONAL DEVELOPMENT, CARE AND/OR REHABILITATION OF THE CHILDREN. IT WILL INCLUDE PEOPLE LIKE TEACHERS, SOCIAL WORKERS, NURSES, PSYCHOLOGISTS, THERAPISTS, HOUSE PARENTS, DOCTORS ETC. THEY HAVE A FACE TO FACE RESPONSIBILITY FOR THE CHILDREN.

IT EXCLUDES PEOPLE LIKE ADMINISTRATORS, GROUNDSMEN, DOMESTICS WHO MAY HAVE CONTACT WITH THE CHILDREN BUT FOR WHOM THIS IS NOT THE MAIN ROLE. FOR IHC FACILITIES, DIRECT SERVICE = "HANDS ON" STAFF.

ALL STAFF:

SOME QUESTIONS REFER TO ALL STAFF.

DEPARTMENT OF SOCIAL WELFARE:

ALL DEPARTMENT OF SOCIAL WELFARE FACILITIES SHOULD EXCLUDE HEAD OFFICE AND DISTRICT OFFICE STAFF UNLESS THEY SATISFY * ABOVE.

ALL STAFF WHO HOLD POSITIONS IN THE AGENCY SHOULD BE INCLUDED IN THE SUMMARY, EVEN THOUGH SOME MAY BE ON SICK LEAVE, HOLIDAYS ETC.

		FOR OFFICE USE			
<p>.01 In total, how many male & female paid staff members does your facility have? (Give numbers in each case)</p>					
Male	_____	37-39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	_____	40-42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>.02 In total how many of your paid male & female staff members are full-time employees? (Give numbers in each case)</p>					
Male	_____	43-45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	_____	46-48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>QUESTION 3.03 TO 3.06 RELATE TO PAID AND FULL-TIME STAFF ONLY</p>					
<p>THIS QUESTION RELATES TO DIRECT SERVICE STAFF ONLY</p>					
<p>.03 How many of your paid, full-time direct service, staff members are in the following age groups. (Please give exact numbers in each case)</p>					
Under 20 years	_____	49-51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 to 29 years	_____	52-54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 to 39 years	_____	55-57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 to 49 years	_____	58-60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 and over	_____	61-63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS QUESTION RELATES TO DIRECT SERVICE STAFF ONLY

FOR OFFICE USE

3.04 Please state how many of your paid, full-time direct service staff members call themselves the following? (Please state numbers in each case)

European/Pakeha descent _____

Maori _____

Pacific Islander (specify) _____

Others (specify) _____

64-66

67-69

70-72

73-74

75-76

		FOR OFFICE USE			
<p>In your total staff, how many <u>paid, full time</u> staff members are in each of the following occupational groups? (Please give numbers in each category)</p>					
Groundsmen	_____	77-78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestics (cooks, cleaners, orderlies)	_____	79-80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House parents	_____	CARD 3 1-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrator (clerical & maintenance)	_____	4-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matron	_____	7-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	_____	10-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher	_____	13-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietician	_____	16-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Social Worker	_____	19-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Field Social Worker	_____	22-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Social Worker	_____	25-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Residential Social Worker	_____	28-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	_____	31-33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor	_____	34-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	_____	37-39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		FOR OFFICE USE		
<p>.08 In total how many of your paid, part time staff members are in the following age groups. (Please give exact numbers in each case)</p>				
Under 20 years	_____	7-9	<input type="checkbox"/>	<input type="checkbox"/>
20 to 29 years	_____	10-12	<input type="checkbox"/>	<input type="checkbox"/>
30 to 39 years	_____	13-15	<input type="checkbox"/>	<input type="checkbox"/>
40 to 49 years	_____	16-18	<input type="checkbox"/>	<input type="checkbox"/>
50 and over	_____	19-21	<input type="checkbox"/>	<input type="checkbox"/>
<p>THIS QUESTION RELATES TO DIRECT SERVICE STAFF ONLY</p>				
<p>.09 Please state how many of your paid, part-time direct service staff members call themselves the following? (Please state numbers in each case)</p>				
European/Pakeha descent	_____	22-24	<input type="checkbox"/>	<input type="checkbox"/>
Maori	_____	25-27	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander (specify)	_____	28-29	<input type="checkbox"/>	<input type="checkbox"/>
		30-31	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify)	_____	32-33	<input type="checkbox"/>	<input type="checkbox"/>

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		FOR OFFICE USE		
4.10	In your total staff how many <u>paid, part time</u> staff members are in each of the following occupational groups? (Please give numbers in each category)			
	Groundsmen _____	34-36	<input type="text"/>	<input type="text"/>
	Domestics (cooks, cleaners, orderlies) _____	37-39	<input type="text"/>	<input type="text"/>
	House parents _____	40-42	<input type="text"/>	<input type="text"/>
	Administrator (clerical & maintenance) _____	43-45	<input type="text"/>	<input type="text"/>
	Matron _____	46-48	<input type="text"/>	<input type="text"/>
	Nurse _____	49-51	<input type="text"/>	<input type="text"/>
	Teacher _____	52-54	<input type="text"/>	<input type="text"/>
	Dietician _____	55-57	<input type="text"/>	<input type="text"/>
	Field Social Worker _____	58-60	<input type="text"/>	<input type="text"/>
	Senior Field Social Worker _____	61-63	<input type="text"/>	<input type="text"/>
	Residential Social Worker _____	64-66	<input type="text"/>	<input type="text"/>
	Senior Residential Social Worker _____	67-69	<input type="text"/>	<input type="text"/>
	Psychologist _____	70-72	<input type="text"/>	<input type="text"/>
	Doctor _____	73-75	<input type="text"/>	<input type="text"/>
	Other (specify) _____	76-78	<input type="text"/>	<input type="text"/>

THIS QUESTION RELATES TO DIRECT SERVICE STAFF ONLY	FOR OFFICE USE		
<p>11 How many of your <u>paid, part-time direct service staff members have their highest qualification in the following categories</u> (Please give numbers in each case)</p> <p><u>SCHOOL</u> Secondary school qualifications e.g. school certificate, U.E. 4th form etc. _____</p> <p><u>TRADE</u> Trade qualifications e.g. fitter and turner, plumber etc. _____</p> <p>Technical Institute Certificates (excluding Trade Certificate) _____</p> <p><u>PROFESSIONAL</u> Certification as a teacher, nurse, occupational therapist, etc. _____</p> <p><u>UNIVERSITY</u> Some university papers _____</p> <p>University degree (excluding Social Work Degree or Diploma) _____</p> <p>Social Work degree or diploma _____</p> <p>Other (specify) _____</p>	CARD 5		
	1-3	<input type="checkbox"/>	<input type="checkbox"/>
	4-6	<input type="checkbox"/>	<input type="checkbox"/>
	7-9	<input type="checkbox"/>	<input type="checkbox"/>
	10-12	<input type="checkbox"/>	<input type="checkbox"/>
	13-15	<input type="checkbox"/>	<input type="checkbox"/>
	16-18	<input type="checkbox"/>	<input type="checkbox"/>
	19-21	<input type="checkbox"/>	<input type="checkbox"/>
	22-24	<input type="checkbox"/>	<input type="checkbox"/>
<p>12 Does your residential facility work on a shift work basis? (Please tick appropriate box)</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	25	<input type="checkbox"/>	
<p>NO TO 3.12, DISREGARD 3.13</p>			

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		FOR OFFICE USE			
.13 How many of your staff members are on duty during each of the following (Please indicate numbers in each category)					
Day shift	_____	26-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening shift	_____	29-31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night shift	_____	32-34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.14 What is the staffing establishment for this facility? (Please give numbers in each case)					
Full time	_____	35-37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part time	_____	38-40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.15 Today, how many staff vacancies do you have? (Please give numbers in each case)					
Full time	_____	41-43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part time	_____	44-46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Could you please indicate the number of vacancies in each of the following areas <u>today</u>. Include Part-time and full-time. (Give numbers in each case)</p>		FOR OFFICE USE	
Groundsmen	_____	47-48	<input type="checkbox"/> <input type="checkbox"/>
Domestics (cooks, cleaners, orderlies)	_____	49-50	<input type="checkbox"/> <input type="checkbox"/>
House parents	_____	51-52	<input type="checkbox"/> <input type="checkbox"/>
Administrator (clerical and maintenance)	_____	53-54	<input type="checkbox"/> <input type="checkbox"/>
Matron	_____	55-56	<input type="checkbox"/> <input type="checkbox"/>
Nurse	_____	57-58	<input type="checkbox"/> <input type="checkbox"/>
Teacher	_____	59-60	<input type="checkbox"/> <input type="checkbox"/>
Dietician	_____	61-62	<input type="checkbox"/> <input type="checkbox"/>
Field Social Worker	_____	63-64	<input type="checkbox"/> <input type="checkbox"/>
Senior Field Social Worker	_____	65-66	<input type="checkbox"/> <input type="checkbox"/>
Residential Social Worker	_____	67-68	<input type="checkbox"/> <input type="checkbox"/>
Senior Residential Social Worker	_____	69-70	<input type="checkbox"/> <input type="checkbox"/>
Psychologist	_____	71-72	<input type="checkbox"/> <input type="checkbox"/>
Doctor	_____	73-74	<input type="checkbox"/> <input type="checkbox"/>
Other (specify)	_____	75-76	<input type="checkbox"/> <input type="checkbox"/>
<p>Does your residential facility use volunteers? (Unpaid persons) (Please tick appropriate box)</p>		CARD	
Yes	<input type="checkbox"/> 1	6	<input type="checkbox"/>
No	<input type="checkbox"/> 2		

THE ANSWER TO 3.17 IS NO - DISREGARD QUESTIONS 3.18 TO 3.22 AS THESE RELATE TO VOLUNTEERS

		FOR OFFICE USE		
3.18	In total how many of your volunteers are - (Give numbers in each case)			
	Male _____	2-4	<input type="checkbox"/>	<input type="checkbox"/>
	Female _____	5-7	<input type="checkbox"/>	<input type="checkbox"/>
3.19	In total how many of your volunteers are in the following age groups? (Please give exact numbers in each case)			
	Under 20 years _____	8-10	<input type="checkbox"/>	<input type="checkbox"/>
	20 to 29 years _____	11-13	<input type="checkbox"/>	<input type="checkbox"/>
	30 to 39 years _____	14-16	<input type="checkbox"/>	<input type="checkbox"/>
	40 to 49 years _____	17-19	<input type="checkbox"/>	<input type="checkbox"/>
	50 and over _____	20-22	<input type="checkbox"/>	<input type="checkbox"/>
3.20	Please state how many of your volunteers call themselves the following? (Please state numbers in each case)			
	European/Pakeha descent _____	23-25	<input type="checkbox"/>	<input type="checkbox"/>
	Maori _____	26-28	<input type="checkbox"/>	<input type="checkbox"/>
	Pacific Islander (specify) _____	29-30	<input type="checkbox"/>	<input type="checkbox"/>
		31-32	<input type="checkbox"/>	<input type="checkbox"/>
	Others (specify) _____	33-34	<input type="checkbox"/>	<input type="checkbox"/>

		FOR OFFICE USE			
1 Please list specifically the type of activities that your volunteers are involved in.					
		35	<input type="checkbox"/>		
		36	<input type="checkbox"/>		
		37	<input type="checkbox"/>		
		38	<input type="checkbox"/>		
		39	<input type="checkbox"/>		
		40	<input type="checkbox"/>		
1 How many children in your residential facility have their homes in - (Please give numbers in each case)					
The same city as the facility	_____	41-43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The same District as the facility	_____	44-46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The same Island as the facility	_____	47-49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A different Island to the facility	_____	50-52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Survey of Substitute Child Care Facilities
in New Zealand**

***SCHEDULE B -
FAMILY HOMES AND SMALL
FAMILY TYPE HOSTELS***

**Social Work Unit
Sociology Department
Massey University**

GENERAL INSTRUCTIONS

EACH question contains a specific instruction on how you should answer it. Some questions only need a ✓ in the appropriate box while others require a number. A small number of questions require some comment.

Other instructions of a general nature appear in appropriate places in the questionnaire.

There are three different schedules.

Schedule A relates to residential facilities accomodating more than 10 children.

Schedule B relates to Family Homes. These are homes based in the community and cater for up to 10 children. Family Homes are run by house parents or foster parents who live in the family home. They operate along family lines.

Schedule C relates to Foster Homes i.e. children living with other families.

If you find you have been given the wrong schedules, please contact me immediately at Palmerston North 69-099 extn 2468.

Please note that if you have say 2 family homes, one residential institution and some children in foster homes, this means you will need to complete 4 questionnaires.

Please ignore the numbers beside the questions as these are for machine tabulation only.

You may write additional comments wherever they will clarify your responses or where the alternative responses given don't apply.

SPECIAL NOTE

*This survey relates to children **under 17 years of age and the people who provide care for them.***

MASSEY UNIVERSITY
 SOCIAL WORK UNIT
 DEPARTMENT OF SOCIOLOGY

CONFIDENTIAL

SURVEY OF SUBSTITUTE CHILD CARE FACILITIES

SCHEDULE B - FAMILY HOMES AND SMALL FAMILY TYPE HOSTELS

		FOR OFFICE USE			
1.01	What is the full name of this Family Home	CARD 1			
		1-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.02	What is the full name of the organization that operates this family home?				
		4-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.03	Please write down the full address of this family home				
		7-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.04	Would you consider this family home to be - (Tick the box that applies most accurately)				
	In the Central/Inner city area	<input type="checkbox"/>	1		
	In the Outer city suburb area	<input type="checkbox"/>	2		
	In a Town	<input type="checkbox"/>	3		
	In a Rural area	<input type="checkbox"/>	4	10	<input type="checkbox"/>

		FOR OFFICE USE	
1.05	If the family home is in a rural area, please indicate the distance to the nearest town or service centre. (Tick one of the following boxes)		
	Less than 10 miles <input type="checkbox"/> 1		
	10 miles and less than 20 miles <input type="checkbox"/> 2		
	20 miles and less than 50 miles <input type="checkbox"/> 3		
	50 miles and over <input type="checkbox"/> 4		
	Not applicable <input type="checkbox"/> 5	11	<input type="checkbox"/>
1.06	What type of care does this family home normally provide (Tick one of the following)		
	Short term care (under 3 months) <input type="checkbox"/> 1		
	Long term care (over 3 months) <input type="checkbox"/> 2		
	Both short and long term care <input type="checkbox"/> 3	12	<input type="checkbox"/>
1.07	Please indicate the <u>number of cases</u> in your family home today you consider to be - (Please state number in each category)		
	Short term (i.e. expected to stay less than 3 months) _____	13-14	<input type="checkbox"/> <input type="checkbox"/>
	Long term (i.e. expected to stay longer than 3 months) _____	15-16	<input type="checkbox"/> <input type="checkbox"/>
	Not known _____	17-18	<input type="checkbox"/> <input type="checkbox"/>
1.08	<u>In general</u> , what is the length of stay for your long term cases? (Please state range in months)		
	FROM _____ months TO _____ months	19-20	<input type="checkbox"/> <input type="checkbox"/>
		21-22	<input type="checkbox"/> <input type="checkbox"/>
1.09	Your family home is for - (Please tick one box only)		
	Boys only <input type="checkbox"/> 1		
	Girls only <input type="checkbox"/> 2		
	Both Boys and Girls <input type="checkbox"/> 3	23	<input type="checkbox"/>

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<i>IF YOUR FAMILY HOME CATERS FOR GIRLS ONLY DISREGARD QUESTION 1.10</i>		<i>FOR OFFICE USE</i>	
1.10 What is the age range (in full years) of the BOYS who qualify for admission to this family home? (Please state range)			
From _____ years to _____ years		24-25	<input type="checkbox"/> <input type="checkbox"/>
		26-27	<input type="checkbox"/> <input type="checkbox"/>
<i>IF YOUR FAMILY HOME CATERS FOR BOYS ONLY DISREGARD QUESTION 1.11</i>			
1.11 What is the age range (in full years) of the GIRLS who qualify for admission to this family home? (Please state range)			
From _____ years to _____ years		28-29	<input type="checkbox"/> <input type="checkbox"/>
		30-31	<input type="checkbox"/> <input type="checkbox"/>
1.12 Which of the following categories of children can be accepted in your family home? (Please tick all the categories that apply).			
Dependent (i.e. with no special characteristics but requiring <u>care</u> only)	<input type="checkbox"/> 1	32	<input type="checkbox"/>
Intellectually Handicapped	<input type="checkbox"/> 2	33	<input type="checkbox"/>
Physically handicapped	<input type="checkbox"/> 3	34	<input type="checkbox"/>
Delinquent (offended against the law)	<input type="checkbox"/> 4	35	<input type="checkbox"/>
Socially-emotionally disturbed	<input type="checkbox"/>	36	<input type="checkbox"/>
Others (specify)	<input type="checkbox"/> 6-7	37-38	<input type="checkbox"/> <input type="checkbox"/>

1.13 Please write down the general objectives of your family home		FOR OFFICE USE			
	39	<input type="checkbox"/>			
	40	<input type="checkbox"/>			
	41	<input type="checkbox"/>			
	42	<input type="checkbox"/>			
	43	<input type="checkbox"/>			
	44	<input type="checkbox"/>			
<p>1.14 Please indicate the approximate limits of the area from which you accept admissions to this family home (Tick ONE box that best describes the limits)</p>					
Limited to the same suburb as the family home	<input type="checkbox"/>	1			
Limited to the same town as the family home	<input type="checkbox"/>	2			
Limited to the same city as the family home	<input type="checkbox"/>	3			
Limited to the same Region as the family home (e.g. Manawatu/Canterb.)	<input type="checkbox"/>	4			
North Island	<input type="checkbox"/>	5			
South Island	<input type="checkbox"/>	6			
National	<input type="checkbox"/>	7	45	<input type="checkbox"/>	
<p>1.15 What percentage of your <u>funds</u> come from the following sources? (Please state the percentage that applies in each case)</p>					
From Government funding	_____	46-48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From consumers (fees etc)	_____	49-51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own fund raising (appeals, bequests, investments etc.)	_____	52-54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)	_____	55-57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN QUESTIONS 2.01 TO 2.06, DISREGARD CHILDREN OF FAMILY HOME FOSTER PARENTS		FOR OFFICE USE	
2.01 What is the maximum number of children this family home can accommodate? (Please give exact number)	_____	58-59	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
2.02 Please indicate the EXACT number of children residing in this family home on the date specified. (Please give number on each line)			
BOYS	_____	60-61	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
GIRLS	_____	62-63	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
FAMILY HOMES FOR GIRLS ONLY SHOULD DISREGARD QUESTION 2.03			
2.03 How many BOYS in this family home on the date specified are in the following age groups (Please give exact number in each age group)			
Under 5 years	_____	64-65	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
5 years and under 13 years	_____	66-67	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
13 years and under 15 years	_____	68-69	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
15 years and under 17 years	_____	70-71	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
FAMILY HOMES FOR BOYS ONLY SHOULD DISREGARD QUESTION 2.04			
2.04 How many GIRLS in this family home on the date specified are in the following age groups (Please give exact number in each age group)			
Under 5 years	_____	72-73	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
5 years and under 13 years	_____	74-75	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
13 years and under 15 years	_____	76-77	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
15 years and under 17 years	_____	78-79	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>

		FOR OFFICE USE	
05	How many children under 17 years of age, in your family home, were admitted by virtue of the following: (Please state the number of children in each case)	CARD 2	
	By private arrangements with parents _____	1-2	<input type="checkbox"/> <input type="checkbox"/>
	A state ward (committed to the care of the Director-General of Social Welfare) _____	3-4	<input type="checkbox"/> <input type="checkbox"/>
	Remanded or adjourned from a Court on a warrant _____	5-6	<input type="checkbox"/> <input type="checkbox"/>
	The subject of an agreement under S 94 of the Children & Young Person's Act _____	7-8	<input type="checkbox"/> <input type="checkbox"/>
	The subject of an order under the Mental Health Act _____	9-10	<input type="checkbox"/> <input type="checkbox"/>
	Other arrangements (specify) _____	11-12	<input type="checkbox"/> <input type="checkbox"/>
06	From your records, how many children in your family home are: (State number in each case)		
	European/Pakeha descent _____	13-14	<input type="checkbox"/> <input type="checkbox"/>
	Maori _____	15-16	<input type="checkbox"/> <input type="checkbox"/>
	Pacific Islander (specify) _____	17-18	<input type="checkbox"/> <input type="checkbox"/>
	Other (please specify) _____	19-20	<input type="checkbox"/> <input type="checkbox"/>
		21-22	<input type="checkbox"/> <input type="checkbox"/>
07	How many children of the family home foster parents also live in this family home? _____	23	<input type="checkbox"/>
08	Are the family home foster parents - (Please tick the appropriate box)		
	Paid a salary <input type="checkbox"/>	1	
	Get a fixed allowance <input type="checkbox"/>	2	
	Get board for each child and get free rent <input type="checkbox"/>	3	
	Receive other forms of reimbursement (specify) <input type="checkbox"/>	4	
	<input type="checkbox"/>	5	
		24	<input type="checkbox"/>

-8-

2.13 The HIGHEST qualification of the family home foster mother is:
(Please tick appropriate box)

FOR OFFICE USE

SCHOOL

Secondary school qualifications e.g. school cert., U.E., 4th form etc.) 1

TRADE

Trade qualifications e.g. typists, mechanic, etc. 2

Technical Institute Certificate (excluding Trade Certificate) 3

PROFESSIONAL

Certification as a teacher, nurse, occupational therapist etc. 4

UNIVERSITY

Some university papers 5

University degree (excluding social work degree or diploma) 6

Social work degree or diploma 7

OTHER (specify) 8

29

2.14 The HIGHEST qualification of the family home foster father is:
(Please tick appropriate box)

SCHOOL

Secondary school qualifications e.g. school cert, U.E., 4th form etc. 1

TRADE

Trade qualifications e.g. fitter and turner, plumber etc. 2

Technical Institute Certificate (excluding trade certificates) 3

PROFESSIONAL

Certification as a teacher, nurse, occupational therapist etc. 4

UNIVERSITY

Some university papers 5

University degree (excluding social work degree or diploma) 6

Social work degree or diploma 7

OTHER (specify) 8

30

QUESTION 3.01 TO 3.04 REFER TO PAID DIRECT SERVICE STAFF MEMBERS. THESE ARE STAFF MEMBERS WHOSE WORK IS PREDOMINANTLY CONCERNED WITH THE PERSONAL DEVELOPMENT, CARE AND/OR REHABILITATION OF THE CHILDREN IN THIS FAMILY HOME.

THEY HAVE A DIRECT 'FACE TO FACE' ROLE TO FULFIL WITH THE CHILDREN. IT INCLUDES SOCIAL WORKERS, PSYCHOLOGISTS, ETC. IT EXCLUDES ADMINISTRATORS, GROUNDSMEN, DOMESTICS ETC. UNLESS THEY FULFIL THE ABOVE CRITERIA.

VOLUNTEERS ARE UNPAID WORKERS.

STAFF MEMBERS WHO ARE AWAY ON LEAVE OR SICK ETC. ON THE DAY SPECIFIED, SHOULD NEVERTHELESS BE INCLUDED IN THE SURVEY.

PLEASE EXCLUDE FAMILY HOME FOSTER PARENTS FROM 3.01 TO 3.04.

		FOR OFFICE USE	
3.01	How many of your paid, direct service staff members are in the following age groups (exclude family home foster parents) (Please give exact numbers in each case)		
	Under 20 years _____	31-32	<input type="checkbox"/> <input type="checkbox"/>
	20 to 29 years _____	33-34	<input type="checkbox"/> <input type="checkbox"/>
	30 to 39 years _____	35-36	<input type="checkbox"/> <input type="checkbox"/>
	40 to 49 years _____	37-38	<input type="checkbox"/> <input type="checkbox"/>
	50 and over _____	39-40	<input type="checkbox"/> <input type="checkbox"/>
3.02	Please state how many of your paid, direct service staff members call themselves the following? (exclude family home foster parents) (Please state numbers in each case)		
	European/Pakeha descent _____	41-42	<input type="checkbox"/> <input type="checkbox"/>
	Maori _____	43-44	<input type="checkbox"/> <input type="checkbox"/>
	Pacific Islander (specify) _____	45-46	<input type="checkbox"/> <input type="checkbox"/>
	Others (specify) _____	47-48	<input type="checkbox"/> <input type="checkbox"/>
3.03	How many of your paid, direct service staff members have their highest qualification in the following categories. (Please give numbers in each case)		
	<u>SCHOOL</u> Secondary school qualifications, e.g. school cert, U.E., 4th form etc _____	49-50	<input type="checkbox"/> <input type="checkbox"/>
	<u>TRADE</u> Trade qualifications, e.g. fitter and turner, plumber, etc. _____	51-52	<input type="checkbox"/> <input type="checkbox"/>
	Technical Institute Certificate (excluding Trade Certificates) _____	53-54	<input type="checkbox"/> <input type="checkbox"/>
	<u>PROFESSIONAL</u> Certification as a teacher, nurse, occupational therapist etc. _____	55-56	<input type="checkbox"/> <input type="checkbox"/>
	<u>UNIVERSITY</u> Some university papers _____	57-58	<input type="checkbox"/> <input type="checkbox"/>
	University degree (excluding social work degree or diploma) _____	59-60	<input type="checkbox"/> <input type="checkbox"/>
	Social work degree or diploma _____	61-62	<input type="checkbox"/> <input type="checkbox"/>
	<u>OTHER</u> (specify) _____	63-64	<input type="checkbox"/> <input type="checkbox"/>

-11-

			FOR OFFICE USE	
3.04	In what occupational groups are your paid, direct service staff members, who service this family home. (Please state occupational group and give number in each group)			
e.g.	OCCUPATIONAL GROUP social workers	NUMBER 2		
	OCCUPATIONAL GROUP	NUMBER		
			65-66	<input type="checkbox"/> <input type="checkbox"/>
			67-68	<input type="checkbox"/> <input type="checkbox"/>
			69-70	<input type="checkbox"/> <input type="checkbox"/>
			71-72	<input type="checkbox"/> <input type="checkbox"/>
			73-74	<input type="checkbox"/> <input type="checkbox"/>
			75-76	<input type="checkbox"/> <input type="checkbox"/>
			77-78	<input type="checkbox"/> <input type="checkbox"/>
			79-80	<input type="checkbox"/> <input type="checkbox"/>
QUESTIONS 3.05 TO 3.11 RELATE TO ALL STAFF MEMBERS IN TOTAL				
3.05	In total how many male and female paid staff members are involved in this family home. (Give numbers in each case)		CARD 3	
	Male	_____	1-2	<input type="checkbox"/> <input type="checkbox"/>
	Female	_____	3-4	<input type="checkbox"/> <input type="checkbox"/>
3.06	In total how many of your paid male and female staff members are full-time employees? (Give numbers in each case)			
	Male	_____	5-6	<input type="checkbox"/> <input type="checkbox"/>
	Female	_____	7-8	<input type="checkbox"/> <input type="checkbox"/>

		FOR OFFICE USE	
3.07	<u>In total</u> , how many of your paid staff members spend only part of their time servicing this family home? (Please give numbers in each case)		
	Male _____	9-10	<input type="checkbox"/> <input type="checkbox"/>
	Female _____	11-12	<input type="checkbox"/> <input type="checkbox"/>
3.08	In your total staff, how many members are in each of the following occupational groups? (Please give numbers in each category)		
	Groundsmen _____	13-14	<input type="checkbox"/> <input type="checkbox"/>
	Domestics (cooks, cleaners, orderlies) _____	15-16	<input type="checkbox"/> <input type="checkbox"/>
	House parents _____	17-18	<input type="checkbox"/> <input type="checkbox"/>
	Administrator (clerical and maintenance) _____	19-20	<input type="checkbox"/> <input type="checkbox"/>
	Matron _____	21-22	<input type="checkbox"/> <input type="checkbox"/>
	Nurse _____	23-24	<input type="checkbox"/> <input type="checkbox"/>
	Teacher _____	25-26	<input type="checkbox"/> <input type="checkbox"/>
	Dietician _____	27-28	<input type="checkbox"/> <input type="checkbox"/>
	Field social worker _____	29-30	<input type="checkbox"/> <input type="checkbox"/>
	Senior field social worker _____	31-32	<input type="checkbox"/> <input type="checkbox"/>
	Residential social worker _____	33-34	<input type="checkbox"/> <input type="checkbox"/>
	Senior residential social worker _____	35-36	<input type="checkbox"/> <input type="checkbox"/>
	Psychologist _____	37-38	<input type="checkbox"/> <input type="checkbox"/>
	Doctor _____	39-40	<input type="checkbox"/> <input type="checkbox"/>
	Other (specify) _____	41-42	<input type="checkbox"/> <input type="checkbox"/>
3.09	How many staff members are normally required to operate this family home? (Please state number)	43-44	<input type="checkbox"/> <input type="checkbox"/>

		<i>FOR OFFICE USE</i>	
3.10	How many vacancies do you have (Please state number)	_____	45-46 <input type="checkbox"/> <input type="checkbox"/>
3.11	In what positions are these vacancies (e.g. clerical (2) social workers (1) etc.) (Please state positions and number of vacancies in each)		
	POSITIONS VACANT	NUMBER	
			47 <input type="checkbox"/>
			48 <input type="checkbox"/>
			49 <input type="checkbox"/>
			50 <input type="checkbox"/>
			51 <input type="checkbox"/>
			52 <input type="checkbox"/>
			53 <input type="checkbox"/>
			54 <input type="checkbox"/>
3.12	Does this family home use volunteers? (Unpaid persons) (Please tick appropriate box)		
	Yes	<input type="checkbox"/> 1	55 <input type="checkbox"/>
	No	<input type="checkbox"/> 2	
<i>IF THE ANSWER TO 3.12 IS NO - DISREGARD QUESTIONS 3.13 TO 3.22 AS THESE RELATE TO VOLUNTEERS</i>			
3.13	In total how many of your volunteers in this family home are - (Give numbers in each case)		
	Male	_____	56-57 <input type="checkbox"/> <input type="checkbox"/>
	Female	_____	58-59 <input type="checkbox"/> <input type="checkbox"/>

-14-

		<i>FOR OFFICE USE</i>	
3.14	In total how many of your volunteers in this family home are in the following age groups (Please give exact numbers in each case)		
	Under 20 years _____	60-61	<input type="checkbox"/> <input type="checkbox"/>
	20 to 29 years _____	62-63	<input type="checkbox"/> <input type="checkbox"/>
	30 to 39 years _____	64-65	<input type="checkbox"/> <input type="checkbox"/>
	40 to 49 years _____	66-67	<input type="checkbox"/> <input type="checkbox"/>
	50 and over _____	68-69	<input type="checkbox"/> <input type="checkbox"/>
3.15	Please state how many of your volunteers call themselves the following? (Please state numbers in each case)		
	European/Pakeha descent _____	70-71	<input type="checkbox"/> <input type="checkbox"/>
	Maori _____	72-73	<input type="checkbox"/> <input type="checkbox"/>
	Pacific Islander (specify) _____	74-75	<input type="checkbox"/> <input type="checkbox"/>
	Others (specify) _____	76-77	<input type="checkbox"/> <input type="checkbox"/>
3.16	Please list specifically, the type of activities that your volunteers are involved in	78	<input type="checkbox"/>
		79	<input type="checkbox"/>
		80	<input type="checkbox"/>
		81	<input type="checkbox"/>
		82	<input type="checkbox"/>
		83	<input type="checkbox"/>

4.01 How many children in your family home have their homes in (i.e. parents live in) (Please give numbers in each case)

FOR OFFICE USE

The same city as the family home _____

The same district as the family home e.g. Manawatu/Canterbury _____

The same Island as the family home _____

A different Island to the family home _____

84

4.02 Please state the locality (i.e. city, borough, county) where the parents of the children live and the number of children from each locality. (Please give general locality and number from there)

CARD
4

e.g. LOCALITY NUMBER
Lower Hutt 7

LOCALITY NUMBER

4.03 Would you please indicate the official title of the person completing this questionnaire.

**Survey of Substitute Child Care Facilities
in New Zealand**

**SCHEDULE C -
FOSTER HOMES**

**Social Work Unit
Sociology Department
Massey University**

GENERAL INSTRUCTIONS

EACH question contains a specific instruction on how you should answer it. Some questions only need a ✓ in the appropriate box while others require a number. A small number of questions require some comment.

Other instructions of a general nature appear in appropriate places in the questionnaire.

There are three different schedules.

Schedule A relates to residential facilities accommodating more than 10 children.

Schedule B relates to Family Homes. These are homes based in the community and cater for up to 10 children. Family Homes are run by house parents or foster parents who live in the family home. They operate along family lines.

Schedule C relates to Foster Homes i.e. children living with other families.

If you find you have been given the wrong schedules, please contact me immediately at Palmerston North 69-099 extn 2468.

Please note that if you have say 2 family homes, one residential institution and some children in foster homes, this means you will need to complete 4 questionnaires.

Please ignore the numbers beside the questions as these are for machine tabulation only.

You may write additional comments wherever they will clarify your responses or where the alternative responses given don't apply.

SPECIAL NOTE

*This survey relates to children **under 17 years of age** and the people who provide care for them.*

CONFIDENTIAL

MASSEY UNIVERSITY
SOCIAL WORK UNIT
DEPARTMENT OF SOCIOLOGY

SURVEY OF SUBSTITUTE CHILD CARE FACILITIES

SCHEDULE C

FOSTER CARE PROGRAMMES

		FOR OFFICE USE	
1.01	What is the full name of the organisation that operates this foster care programme?	CARD 1 1-3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.02	Please write down the full address from which this foster care programme operates.	4-6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.03	Would you consider this address to be - (Tick the box that applies most accurately)		
	In the Central/Inner City area <input type="checkbox"/>		
	In the Outer City Suburb area <input type="checkbox"/>		
	In a Town <input type="checkbox"/>		
	In a Rural area <input type="checkbox"/>	7	<input type="checkbox"/>
1.04	What type of care does this programme normally provide?(Tick one of the following)		
	Short term care (under 3 mths) <input type="checkbox"/> 1		
	Long term care (over 3 mths) <input type="checkbox"/> 2		
	Both short and long term care <input type="checkbox"/> 3	8	<input type="checkbox"/>
1.05	Please indicate the <u>number of children</u> in your Foster Homes today you consider to be (Please state number in each category)		
	Short term (i.e. expected to stay less than 3 months) _____	9-10	<input type="checkbox"/> <input type="checkbox"/>
	Long term (i.e. expected to stay longer than 3 months) _____	11-12	<input type="checkbox"/> <input type="checkbox"/>
	Not known _____	13-14	<input type="checkbox"/> <input type="checkbox"/>
1.06	In <u>general</u> , what is the length of stay for your long term cases (Please state range in months)?		
	From _____ months to _____ months	15-16	<input type="checkbox"/> <input type="checkbox"/>
		17-18	<input type="checkbox"/> <input type="checkbox"/>

		FOR OFFICE USE	
YOU CATER FOR GIRLS ONLY, DISREGARD QUESTION 1.07			
7	What is the age range (in full years) of the BOYS who qualify for placement in this agency? (Please state range)		
	From _____ years to _____ years	19-20	<input type="checkbox"/> <input type="checkbox"/>
		21-22	<input type="checkbox"/> <input type="checkbox"/>
YOU CATER FOR BOYS ONLY, DISREGARD QUESTION 1.08			
8	What is the age range (in full years) of the GIRLS who qualify for placement in this agency? (Please state range)		
	From _____ years to _____ years	23-24	<input type="checkbox"/> <input type="checkbox"/>
		25-26	<input type="checkbox"/> <input type="checkbox"/>
9	Which of the following categories of children can be accepted for placement in your foster care programme? (Please tick all the categories that apply)		
	Dependent (i.e. no special characteristics but requiring care only) <input type="checkbox"/> 1	27	<input type="checkbox"/>
	Intellectually Handicapped <input type="checkbox"/> 2	28	<input type="checkbox"/>
	Physically Handicapped <input type="checkbox"/> 3	29	<input type="checkbox"/>
	Delinquent (offended against the law) <input type="checkbox"/> 4	30	<input type="checkbox"/>
	Socially-Emotionally disturbed <input type="checkbox"/> 5	31	<input type="checkbox"/>
	Other (Specify) _____ <input type="checkbox"/> 6-7	32-33	<input type="checkbox"/> <input type="checkbox"/>
0	Please write down the general objectives of your foster care programme.		
		34	<input type="checkbox"/>
		35	<input type="checkbox"/>
		36	<input type="checkbox"/>
		37	<input type="checkbox"/>
		38	<input type="checkbox"/>
		39	<input type="checkbox"/>

FOR OFFICE USE

.11 Please indicate the approximate limits of the area from which you accept placements in your foster homes. (Tick one box that best describes the limits)

- Limited to the same suburb as the foster home 1
- Limited to the same town as the foster home 2
- Limited to the same city as the foster home 3
- Limited to the same region as the foster home (e.g. Manawatu/Canterbury) 4
- North Island 5
- South Island 6
- National 7

40

.12 What percentage of your funds come from the following sources? (Please state the percentage that applies in each case)

- From Government Funding _____
- From consumers (Fees, etc.) _____
- Own fund raising (appeals, bequests, investments, etc.) _____
- Other (Please specify) _____

41-43

44-46

47-49

50-52

53-55

.01 What is the maximum number of children for which your programme can cater? (Please give exact number)

_____ 56-58

.02 Please indicate the exact number of children in foster homes on the date specified. (Please give number in each box)

- Boys _____
- Girls _____

59-60

61-62

		FOR OFFICE USE	
2.03	How many <u>boys</u> in your foster homes are in the following age groups? (Please give exact number in each age group)		
	Under 5 years _____	63-64	<input type="checkbox"/> <input type="checkbox"/>
	5 years and under 13 years _____	65-66	<input type="checkbox"/> <input type="checkbox"/>
	13 years and under 15 years _____	67-68	<input type="checkbox"/> <input type="checkbox"/>
	15 years and under 17 years _____	69-70	<input type="checkbox"/> <input type="checkbox"/>
2.04	How many <u>girls</u> in your foster homes are in the following age groups? (Please give exact number in each age group)		
	Under 5 years _____	71-72	<input type="checkbox"/> <input type="checkbox"/>
	5 years and under 13 years _____	73-74	<input type="checkbox"/> <input type="checkbox"/>
	13 years and under 15 years _____	75-76	<input type="checkbox"/> <input type="checkbox"/>
	15 years and under 17 years _____	77-78	<input type="checkbox"/> <input type="checkbox"/>
2.05	How many children under 17 years of age, in your foster care programme were admitted by virtue of the following:- (Please state the number of children in each case)	<u>CARD 2</u>	
	By private arrangement with parents _____	1-3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	A state ward (committed to the care of the Director-General of Social Welfare and placed in a foster home; including S.11. _____	4-6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Remanded or Adjournd from a Court on a warrant _____	7-9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	The subject of an agreement under S.94 of the Children and Young Person's Act _____	10-12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	The subject of an order under the Mental Health Act _____	13-15	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Other arrangements (Specify) _____	16-18	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FOR OFFICE USE

06 From your records, how many children in your foster homes are -
(State number in each case)

European/Pakeha descent _____

19-21

Maori _____

22-24

Pacific Islander (Specify) _____

25-27

28-30

Other (Specify) _____

31-33

34-36

07 Your foster care programme in this agency is -
(Please tick appropriate box)

A specialist unit within your agency (concerned with foster care) 1

Part of the functions of social workers who work in other areas as well 2

A combination of the two 3

Based on a different system (Specify) _____ 4

37

08 Do you have -
(Tick appropriate box)

Adequate number of foster homes to meet the demand 1

A surplus of foster homes (Please state for what group of children) 2

A shortage of foster homes (Please state for what group of children) 3

38

09 Do you have a training programme for your foster parents?

Yes 1

No 2

39

QUESTIONS 2.10, 2.11 AND 2.12 -

EUROPEAN FOSTER HOME = WHERE BOTH PARENTS ARE OF EUROPEAN/PAKEHA DESCENT.

PACIFIC ISLAND FOSTER HOME = WHERE AT LEAST ONE FOSTER PARENT IS MAORI OR PACIFIC ISLANDER.

FOR OFFICE USE

<p>10 In how many cases do you have European children placed in European foster homes? (Please state number)</p> <p style="text-align: right;">_____</p>	<p>40-42</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>11 In how many cases do you have Polynesian children placed with European foster parents? (Polynesian includes Maoris, Pacific Islanders) (Please state number)</p> <p style="text-align: right;">_____</p>	<p>43-45</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>12 In how many cases do you have Polynesian children placed in Polynesian foster homes? (Polynesian includes Maoris, Pacific Islanders) (Please state number)</p> <p style="text-align: right;">_____</p>	<p>46-48</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>13 How many of your foster mothers are in the following age groups? (Please give numbers in each case)</p>		
<p>Under 20 years _____</p>	<p>49-50</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>20 - 29 years _____</p>	<p>51-52</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>30 - 39 years _____</p>	<p>53-54</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>40 - 49 years _____</p>	<p>55-56</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>50 and over _____</p>	<p>57-58</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>14 How many of your foster fathers are in the following age groups? (Please give numbers in each case)</p>		
<p>Under 20 years _____</p>	<p>59-60</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>20 - 29 years _____</p>	<p>61-62</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>30 - 39 years _____</p>	<p>63-64</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>40 - 49 years _____</p>	<p>65-66</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>50 and over _____</p>	<p>67-68</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>

2.15 How many of your foster mothers have their highest qualification in the following categories? (Please give number in each case)

SCHOOL

Secondary School Qualification
(e.g. School Cert, UE, 4th Form,
etc.) _____

69-70

TRADE

Trade qualification (e.g. Typist,
Mechanic, etc.) _____

71-72

Technical Institute Certificate
(excluding Trade Certificate) _____

73-74

PROFESSIONAL

Certification as a teacher,
nurse, occupational therapist) _____

75-76

UNIVERSITY

Some University papers _____

77-78

A University Degree or Diploma _____

79-80

NOT KNOWN _____

81-82

2.16 How many of your foster fathers have their highest qualification in the following categories? (Please give number in each case)

SCHOOL

Secondary School qualification
(e.g. School Cert, UE, 4th Form
etc.) _____

83-84

TRADE

Trade qualification (e.g. fitter
and turner, plumber, etc.) _____

85-86

Technical Institute Certificate
(excluding Trade Certificate) _____

87-88

PROFESSIONAL

Certification as a teacher,
nurse, occupational therapist _____

89-90

UNIVERSITY

Some University papers _____

91-92

A University Degree or Diploma _____

93-94

NOT KNOWN _____

95-96

FOR OFFICE USE

QUESTIONS 3.01 TO 3.04 REFER TO PAID DIRECT SERVICE STAFF MEMBERS. THESE ARE STAFF MEMBERS WHOSE WORK IS PREDOMINANTLY CONCERNED WITH THE PERSONAL DEVELOPMENT CARE AND/OR REHABILITATION OF THE CHILDREN IN FOSTER CARE.

THEY HAVE A 'FACE TO FACE' ROLE TO FULFIL WITH THE CHILDREN. IT INCLUDES SOCIAL WORKERS, PSYCHOLOGISTS, ETC. IT EXCLUDES ADMINISTRATORS, GROUNDSMEN, DOMESTICS, ETC., WHEN THEY FULFIL THE ABOVE CRITERIOR.

VOLUNTEERS ARE UNPAID WORKERS.

TOTAL STAFF. THIS INCLUDES ALL STAFF REGARDLESS OF THEIR ROLE WHO ARE INVOLVED IN THIS FOSTER CARE PROGRAMME.

STAFF AWAY. STAFF MEMBERS WHO ARE AWAY ON LEAVE OR SICK, ETC., ON THE DAY SPECIFIED SHOULD NEVERTHELESS BE INCLUDED IN THE SURVEY.

STAFF EXCLUDES FOSTER PARENTS.

		FOR OFFICE USE	
		CARD 3	
.01	How many of your paid, direct service, staff members are in the following age groups? (Please give exact numbers in each case)		
	Under 20 years _____	1-2	<input type="checkbox"/> <input type="checkbox"/>
	20 - 29 years _____	3-4	<input type="checkbox"/> <input type="checkbox"/>
	30 - 39 years _____	5-6	<input type="checkbox"/> <input type="checkbox"/>
	40 - 49 years _____	7-8	<input type="checkbox"/> <input type="checkbox"/>
	50 and over _____	9-10	<input type="checkbox"/> <input type="checkbox"/>
.02	Please state how many of your paid, direct service, staff members call themselves the following? (Please state numbers in each case)		
	European/Pakeha descent _____	11-12	<input type="checkbox"/> <input type="checkbox"/>
	Maori _____	13 14	<input type="checkbox"/> <input type="checkbox"/>
	Pacific Islander (Specify) _____	15-16	<input type="checkbox"/> <input type="checkbox"/>
	Other (Specify) _____	17-18	<input type="checkbox"/> <input type="checkbox"/>
		19-20	<input type="checkbox"/> <input type="checkbox"/>
.03	How many of your paid, direct service staff members have their highest qualification in the following categories? (Please give numbers in each case)		
	<u>SCHOOL</u>		
	Secondary school qualifications (e.g. school cert., UE, 4th form etc.) _____	21-22	<input type="checkbox"/> <input type="checkbox"/>
	<u>TRADE</u>		
	Trade qualifications (e.g. fitter and turner, plumber, etc.) _____	23-24	<input type="checkbox"/> <input type="checkbox"/>
	Technical Institute Certificate (excluding trade certificate) _____	25-26	<input type="checkbox"/> <input type="checkbox"/>
	<u>PROFESSIONAL</u>		
	Certification as a teacher, nurse, occupational therapist, etc. _____	27-28	<input type="checkbox"/> <input type="checkbox"/>
	<u>UNIVERSITY</u>		
	Some University papers _____	29-30	<input type="checkbox"/> <input type="checkbox"/>
	University Degree (excluding Social Work Degree or Diploma) _____	31-32	<input type="checkbox"/> <input type="checkbox"/>
	Social Work Degree or Diploma _____	33-34	<input type="checkbox"/> <input type="checkbox"/>
	Other (Specify) _____	35-36	<input type="checkbox"/> <input type="checkbox"/>

FOR OFFICE USE

In what occupational groups are your paid, direct service staff members who work in the foster care programme. (Please state occupational group and give number in each group)

E.G. Occupational Group Number

Social Worker 2

Occupational Group Number

_____	_____	37-38	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	39-40	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	41-42	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	43-44	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	45-46	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	47-48	<input type="checkbox"/>	<input type="checkbox"/>

5 In total, how many male and female paid staff members work in the foster care programme? (Please give numbers in each case)

Male	_____	49-50	<input type="checkbox"/>	<input type="checkbox"/>
Female	_____	51-52	<input type="checkbox"/>	<input type="checkbox"/>

6 In total, how many of your paid male and female staff members are full-time employees? (Please give numbers in each case)

Male	_____	53-54	<input type="checkbox"/>	<input type="checkbox"/>
Female	_____	55-56	<input type="checkbox"/>	<input type="checkbox"/>

7 How many staff members are normally required to operate your foster care programme? (Please state number)

_____	57-58	<input type="checkbox"/>	<input type="checkbox"/>
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8 How many vacancies do you have? (Please state number)

_____	59-60	<input type="checkbox"/>	<input type="checkbox"/>
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FOR OFFICE USE

.09 In what position are these vacancies?
(e.g. clerical, social worker, etc.)
(Please state positions and number of
vacancies in each)

<u>Position</u>	<u>Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

61	<input type="checkbox"/>
62	<input type="checkbox"/>
63	<input type="checkbox"/>
64	<input type="checkbox"/>
65	<input type="checkbox"/>
66	<input type="checkbox"/>

.10 Does your foster care programme use
volunteers? (Unpaid persons). (Please tick
appropriate box)

Yes 1
No 2

67	<input type="checkbox"/>
----	--------------------------

IF THE ANSWER TO 3.10 IS NO - DISREGARD QUESTIONS
3.11 - 3.14 AS THESE RELATE TO VOLUNTEERS.

.11 In total, how many male and female
volunteers do you have?
(Please give numbers in each case)

Male _____
Female _____

68-69	<input type="checkbox"/>	<input type="checkbox"/>
70-71	<input type="checkbox"/>	<input type="checkbox"/>

.12 In total, how many of your volunteers are in
the following age groups?
(Please give exact numbers in each case)

Under 20 years _____
20 - 29 years _____
30 - 39 years _____
40 - 49 years _____
50 and over _____

72-73	<input type="checkbox"/>	<input type="checkbox"/>
74-75	<input type="checkbox"/>	<input type="checkbox"/>
76-77	<input type="checkbox"/>	<input type="checkbox"/>
78-79	<input type="checkbox"/>	<input type="checkbox"/>
80-81	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE

Please state how many of your volunteers call themselves the following -
(Please give numbers in each case)

European/Pakeha descent _____	82-83	<input type="checkbox"/>	<input type="checkbox"/>
Maori _____	84-85	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islander (Specify) _____	86-87	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	88-89	<input type="checkbox"/>	<input type="checkbox"/>
_____	90-91	<input type="checkbox"/>	<input type="checkbox"/>

Please list specifically the type of activities that your volunteers are involved in (in your foster care programme)?

_____	92	<input type="checkbox"/>
_____	93	<input type="checkbox"/>
_____	94	<input type="checkbox"/>
_____	95	<input type="checkbox"/>
_____	96	<input type="checkbox"/>
_____	97	<input type="checkbox"/>

How many children in foster homes have their homes in (i.e. their parents live in)?
(Please give numbers in each case)

CARD 4

The same city as the foster home _____	1-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The same district as the foster home _____	4-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The same Island as the foster home _____	7-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A different Island as the foster home _____	10-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX: 3

Department of Sociology
Social Work Unit,

3 October 1980

I am in the process of organizing a national survey of all facilities and programmes in New Zealand that provide for children and young persons living away from their own homes. As your agency provides such care, I am writing to first acquaint you with the background to the survey and secondly, to enlist your support. I realize this request will place an added burden on your staff but feel confident that because no composite picture of the national pattern of substitute child care is currently available, the benefits will justify the effort.

The attached document provides some background to the survey and also identifies the major areas in which we are seeking some information. A copy of the questionnaires will be forwarded to you early in November. At this stage of our planning it would be immensely helpful if you could: (a) nominate a person a staff member to either complete, or coordinate the completion of, the questionnaires relating to your agency and (b) provide the addresses to which the respective questionnaires should be sent. A form and stamped envelope are attached for your reply. I would appreciate your early response.

We will require separate questionnaires to be completed for the following of your facilities and/or programmes:

The study does not seek data of a confidential nature and no personal (i.e. by name) information will be sought on any individual in your agency.

Thank you for your cooperation in this project.

Yours sincerely,

Rajen Prasad.

Department of Sociology,
Social Work Unit.

Background to the Study of Substitute Child Care in New Zealand

There exists in New Zealand a complex array of interrelated agencies, programmes and facilities that provide substitute child care for children and young persons under the age of seventeen years. A large number of children and staff are involved and extensive resources are committed to this field.

"Substitute child care" broadly refers to those programmes that provide care for children who for educational, supportive or retraining needs have to live away from their families. Care and training for such children are provided in a diverse range of facilities including: boarding schools, foster homes, children's homes, family homes, psychopaedic hospitals, psychopaedic wards in general hospitals, children and adolescent wards in general and psychiatric hospitals, homes for the disabled and special schools. The programmes are run by the state sector, church agencies, voluntary agencies, and private organizations. Adoption and day care facilities are excluded from our definition.

Historically, in New Zealand, we have not had a comprehensive examination of this complex system although some very useful studies have been done into particular aspects of it. We feel that a detailed examination is timely and will provide an important resource for practitioners and policy makers. The present study seeks to develop a "map" of substitute child care which will include an examination of:

- (a) The various forms that such care can take.
- (b) The characteristics of the programmes, their location and the auspices under which they are provided.
- (c) Attributes of the staff members and the children in the facilities.

The study involves two stages:

Stage One: The development of a national directory of all agencies, organizations, and facilities that provide substitute child care. This stage has now been completed.

Stage two: A postal survey of all facilities to be undertaken at the end of November.

A separate questionnaire will need to be completed for each facility or programme. A family home, a foster care programme, and an institution will entail the completion of different types of questionnaires. Furthermore, an agency that operates three family homes, a foster care programme and an institution will need to complete five questionnaires.

The main question areas are as follows:

- (a) Relating to the Agency: name, location, client group accepted, catchment area
- (b) Relating to the Children: age, sex, race, location of the children's homes, admission procedure.
- (c) Relating to the Staff: age, sex, race, qualifications, part time or full time, and particular occupational groupings.

We believe an accurate picture of the nature and extent of substitute child will provide a sound basis for the examination of policy and practice in the field. As such, it simply seeks to establish a baseline. Hopefully, the survey will reveal areas of service provision which are adequately provided and others which are in short supply. The results could enable practitioners to examine various aspects of programmes which are different from their own and perhaps consider the duplication of successful programme attributes. For researchers, the survey will identify areas which require further study in more depth.

APPENDIX: 5

Department of Sociology,
Social Work Unit,

3 November 1980.

Dear Colleague,

Re: Survey of Substitute Child Care Facilities.

You will be aware that your agency has assigned to you the task of coordinating the completion of questionnaires for the above survey. I am writing to you at this time to thank you for agreeing to undertake the task and also to acquaint you with the procedures over the next few weeks.

Three slightly different questionnaires are being used in the survey. Schedule A relates to residential facilities and institutions, schedule B is for family homes and small hostels while schedule C applies to foster homes. All the questionnaires basically seek the same information but since there are some important differences amongst the various types of substitute child care settings, it seemed more convenient and less confusing to use a specifically designed questionnaire for each.

During the week beginning November 17, you will receive the appropriate questionnaires. They will be clearly labeled in terms of the facility to which they apply. Each residential institution and family home will have a separate questionnaire, as will the foster care programme. The number of questionnaires you receive will depend on the number of facilities your agency operates and which ones have been allocated to you to complete. Reply paid and addressed envelopes will be included to facilitate your return of the completed questionnaires.

The questionnaires should be completed between the 25 and 28th November. Where a number of children may have left the facility for the vacation period or for some other reason, please complete the questionnaire as if they were still present. The information should reflect what would ordinarily be the case even if some temporary incident means that the children will not actually be in your facility between the 25 and 28 November.

Many thanks for your cooperation. I hope the undertaking does not prove too onerous for you. If there are any difficulties please do not hesitate to contact me.

Yours sincerely,

Rajen Prasad.

APPENDIX: 6

Department of Sociology
Social Work Unit,

17 November, 1980

Dear Colleague,

Further to my letter dated 3 November, please find attached the questionnaires allocated to you for completion. Please don't be daunted by the size of the questionnaires. Not all questions will apply to your agency. The format for the questionnaires, which is designed to simplify analysis of the data, makes it appear longer than it actually is.

There are three main sections to the questionnaires. Those questions prefixed by 1, can very easily be answered without much reference to your records. Questions prefixed by 2, 3, and 4, will, depending on the size of your agency, require reference to your records.

As the survey covers a diverse range of agencies, you may find some alternative responses to questions completely inappropriate. These have been included because they may apply to other agencies.

To maintain some uniformity, the date set down for the completion of the questionnaire is between 25 and 28 November. However, some facilities, like boarding schools may find the situation on those dates atypical because boarders may have left for the weekend or returned home to prepare for exams. In such situations, the questionnaires should be completed a few days earlier so that the information provided reflects what would ordinarily be the case when the facility has all the children present. In such cases, the 25 to 28 November dates are only a guide.

Finally, thank you for your cooperation. I would appreciate it if you could return the questionnaires immediately upon their completion.

Yours sincerely,

Rajen Prasad.

APPENDIX: 7

Department of Sociology,
Social Work Unit

17 November, 1980.

SUPPORTING STATEMENT: HEAD OF DEPARTMENT AND
SENIOR LECTURER IN CHARGE OF UNIT.

Dear Colleague,

We are aware that you have agreed to participate in Mr. Prasad's study of Substitute Child Care Facilities in New Zealand. The information generated by this study will make a vital contribution to this field.

A great deal of planning and consultation both within and outside the University has already taken place to get the survey to its present stage. It is funded by the Humanities and Social Sciences Research Fund and IYC Telethon. While we appreciate that your participation places added burden at a busy time, only your full cooperation in completing the questionnaire will ensure the validity and reliability of the study. Because Mr. Prasad is under our direction, we can assure you that your answers will be held in the strictest confidence. However, we will ensure that you will be provided with the results as soon as they are available. No publication will take place without your cooperation.

We hope you will answer and return the enclosed questionnaire promptly, and we thank you for your cooperation.

Yours faithfully,

Graeme S. Fraser,
Professor of Sociology,
Head of Department.

Merv. Hancock,
Senior Lecturer in Charge,
Social Work Unit.

APPENDIX: 8

Sociology Department,
Social Work Unit.

Dear Colleague,

Re: Survey of Substitute Child Care Facilities.

You will be aware from my earlier letter that I am organizing a national survey of substitute child care facilities for children under seventeen years of age. I am hoping that all agencies and facilities will participate as this is vital to the success of the project. A pilot test of the questionnaires showed that its completion was mainly a clerical function. Many agencies could extract the data being sought from available records. It will not be necessary to actually seek data from the children and young persons.

I am anxious to hear from you as soon as possible indicating the person you wish to assign to this task and the address to which the questionnaire should be sent. The data is to be collected between 25 and 28 November.

We require separate questionnaires for the following of your facilities/programmes:

Once again, thank you for your cooperation. I hope to hear from you soon.

Yours sincerely,

Rajen Prasad.

APPENDIX: 9

Department of Sociology,
Social Work Unit,

18 November 1980.

Dear Colleague,

Re: Survey of Substitute Child Care Facilities.

You will be aware of the above survey from my earlier correspondence. Your participation is vital if the survey is to have any validity. While the pressure of work on you may have delayed your return of the completed questionnaires, I trust you will be able to complete and return them in the near future. If you have experienced any particular difficulties, I would like to hear from you. Any information you can give will be greatly appreciated.

Yours sincerely,

Rajen Prasad.

APPENDIX: 10

Department of Sociology,
Social Work Unit,

3 December 1980.

Dear Colleague,

Re: Survey of Substitute Child Care Facilities.

You will be aware of the above survey from my earlier correspondence. Because we have not received your completed questionnaires we are sending you an additional set in case the earlier ones were lost in the mail. Your participation is vital if the survey is to have any validity. While the pressure of work on you may have delayed your return of the completed questionnaires, I trust you will be able to complete the attached questionnaires and return them in the near future. If you have experienced any particular difficulties, I would like to hear from you. Any information you can give will be greatly appreciated.

Yours sincerely,

Rajen Prasad.

APPENDIX: 11

Department of Sociology,
Social Work Unit,

24 July 1981.

Dear Colleague,

Re: Survey of Substitute Child Care Facilities.

You will recall that late last year we did a survey of substitute child care facilities and programmes, including boarding schools. A small number of agencies (about 12%) have yet to complete their questionnaires. I urge you to complete them even at this late stage. If you are unable to answer all the questions, then please provide as much data as you can. If however, you now feel that your agency does not qualify for inclusion in this survey, then please let us know.

Although the date set for the completion of the questionnaire was late November 1980, it will still be useful to complete it on any week day that reflects the typical situation in your facility.

A further questionnaire is enclosed in case you are unable to locate the earlier one. A reply paid envelope is also attached. I would greatly appreciate your assistance in completing this project.

Many thanks for your cooperation.

Yours sincerely,

Rajen Prasad.

APPENDIX: 12

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APPENDIX: 13

PRE-TRAINING AND POST-TRAINING INTERVIEW SCHEDULES

PRE-TRAINING AND POST-TRAINING INTERVIEW SCHEDULE - SOCIAL WORKERS

Before beginning, obtain permission to record the interview and give assurances that no information identifying the interviewee will be made available to anyone.

Inform the interviewee that there are no wrong or right answers to the questions and all you seek is his/her opinions about certain aspects of foster care.

Role Expectations

1. From your point of view, what do you expect from foster parents?

Prompt: What part do you think they play in foster care? What is the job of the foster parent?

2. How do you think foster parents generally see their part in foster care?

Prompt: What are people expected to do as foster parents?

3. Are there any differences between your view of the foster parents' role and those held by the foster parents themselves?

Prompt: Are there specific areas in which your views about the foster parent role differs from those of foster parents?

4. How do you think foster parents see the part you play in foster care?

Prompt: Can you tell me about the specific expectations foster parents have of you?

5. How do you see your job in foster care?

Prompt: What part do you think a social worker plays in foster care?

6. How does the foster parent's understanding of your job differ from how you see it, if at all?

Prompt: Can you identify some of the specific areas where differences occur?

7. When a family or an individual approaches you requiring a foster home for one or more of its children, how do you respond?

8. Where do you see biological parents fitting in when their children enter foster homes?

9. What part do you think a social worker should play in relation to biological parents?

Prompt: As a social worker, how do you see your relationship with biological parents?

10. Does your relationship with a biological parent change once the child is in foster care?

Activities With Foster Families

11. Can you tell me how you go about scheduling your visits to foster families?

Prompt: What are some of the important considerations for you?

12. When you visit foster parents for the first time, what do you emphasize?

Prompt: Can you tell me the kinds of things you discuss?

13. Are your visits to foster parents soon after placing a child with them any different to your later visits?

Prompt: What do you talk about? Do you have a list of things you discuss?

14. When you visit foster parents, how long do you stay?

15. How often do you visit foster parents?

16. From your experience, do you find yourself responding differently to new as opposed to experienced foster parents?

17. Once a family becomes a foster family, what do you think happens to them?

Prompt: How do you think they change?

Activities With Biological Families

18. Can you tell me how you go about organizing your visits to biological families?

Prompt: What are the important considerations for you?

19. When you visit biological parents in the early period after their child enters foster care, what do you emphasize?

Prompt: Can you tell me what kinds of things you discuss?

20. Are your early visits to biological parents any different to your later visits?

Prompt: In what way are they different?

21. When you visit biological parents, how long do you stay?

22. How often do you visit biological parents?

23. From your experiences, do you find yourself responding differently to biological parents whose children have been in foster care a long time as opposed to those whose children have only been in care a short time?
24. Once a biological family has a child in a foster home, what do you think happens to them?

Relationship Between Biological and Foster Families

25. Can you describe how exchanges between foster families and biological families are organised?

Prompt: Can you tell me who plays a part in arranging such visits?

26. In cases where visits between biological and foster families are organised, where do they take place?

Prompt: How often do visits take place in the foster home, in the biological parents' home, or in a neutral place?

27. Could you indicate to me the main problems you are currently working on with biological families? How were they assessed?
28. In how many cases are you actively currently working for a return of the foster child to his/her own parents? What does this involve?

Planning and Contracting

29. What do you do about arranging the futures for the children in foster homes?

Prompt: How do you go about determining what may happen to the children in the future?

30. Who are the people involved in deciding the foster child's future and how do you involve them in making decisions?

Prompt: Are there any specific actions you take with others to determine the future?

31. Do you have any agreements with people about the child's future?

Post-Training Only

32. Do you think there have been any changes or shifts in your practice since you completed the course?
 33. Can you describe some of the changes?
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PRE-TRAINING AND POST-TRAINING INTERVIEW SCHEDULE - FOSTER PARENTS

Before beginning, obtain permission to record the interview and give assurances that no information identifying the interviewee will be made available to anyone.

Inform the interviewee that there are no wrong or right answers to the questions and all you seek is his/her opinions about certain aspects of foster care.

Role Expectations

1. From your point of view how do you see the job of the social worker?

Prompt: What part do you think they play in the foster care of a child?
2. What do you think social workers expect of you as a foster parent?
3. In your opinion, what part does a foster parent play in foster care?
4. Are there any differences between what you expect to do as foster parent and what the social workers expect you to do?

Perception of Biological Families

5. From what you know, why do you think children come into foster care?
6. Once children come into foster care, what part do you think their natural parents should play?
7. What sort of relationship would you like to have with the parents of children that may be in your foster home?

Prompt: How do you think you would relate to them?
8. What do you think happens to a family when one or more of their children need to live in a foster home?
9. How do you feel about the natural parents visiting you in your home?

Prompt: Where do you think visits should take place?
10. What should be the focus of visits by the natural parents?

Prompt: What should be the focus of the natural parent's visits? Who do you think the natural parents should come to see?

Perception of Foster Parent Role

11. Can you tell me about your family?

Prompt: How do you get on? How do you spend your time?

12. Can you tell me what is likely to happen to this family when a foster child is placed in your home?

Prompt: Are you expecting any changes at all?

Note: If the family has anticipated some changes, ask the "How would you cope with these changes?"

Post-Training Only: Had you anticipated any of the changes that took place in your home? How did you cope with them?

Planning

13. What would you want to know about the future of any child you may foster?

Prompt: Can you identify what sorts of question you would want answered?

14. Who should decide the child's future?

15. How would you want to go about looking at the future for the foster child in your home?

Prompt: What part would you want to play in that process?

General

16. What do you look forward to the most in thinking about foster care?

17. What are you expecting to be the most difficult?

Post-Training Only

18. Do you think there have been any changes in your thinking or in what you do as a foster parent since you completed the course?

33. Can you describe some of the changes?
-