

CHILDREN FOUND TO BE IN NEED OF CARE:
A STUDY OF CURRENT MANAGEMENT PRACTICE

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ABSTRACT

Children found to be in need of care may be legally removed from their families and recommended to one of four types of placement, or management resource. (Children's Act, 1960 Sections 1(X) and 31(1))

The study here reported is an investigation designed to determine which features of the children, their families and previous management are differentially associated with the current placement type of the child.

160 children at present in care were rated on 30 factors each. From this information a composite picture was developed of the most typical child, family and previous management history associated with each of the placement types. Demographic data from the sample considered as a whole was also presented.

The finding that many differences exist between groups defined by placement type was discussed in terms of relevant literature. With reference to these results and features of current management practice revealed by demographic data, some proposals were made which aimed at improving the use to which available welfare resources are put.

The development of welfare services in South Africa between 1652 and 1982 was briefly reviewed. The role played therein by the social work agency which co-operated in this study was also traced, as was the evolution of services offered by the agency itself. Suggestions as to alterations in current management practice, developments in the future, the role of clinical psychologists in this field and some possibilities for further research, were made within this context

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CHAPTER 1

HISTORICAL BACKGROUND AND LITERATURE REVIEW

1.1 Introduction

This preliminary section is intended to give the reader an overall perspective on the investigation reported herein.

Motivation Behind Investigation

There are in all communities disturbed families and disturbed children. Over historical time reactions by the rest of the population to such persons have changed radically. Each generation intervenes in its own way, and each in turn is found wanting by those who follow. One of the ways in which we intervene to-day is through the provision of child and family welfare services. The present study examines some aspects of this provision.

People in distress turn to those whom they feel or believe are in a position to help them. At such times they have frequently neither the energy nor the insight, nor indeed the authority, to evaluate what they receive. Those providing help are therefore under an obligation to examine carefully what they provide. This is particularly the case where children are concerned, they being even more vulnerable, powerless and malleable than adults.

There are clearly many different resources available for crises as various in nature, as the people involved in them. Lawyers, judges doctors, bankers and priests offer help, just as much as social workers, psychologists and psychiatrists. Each profession brings its own values, expertise and limitations. Each is responsible for examining its own contribution.

As a psychologist, the author is concerned particularly with the consequences to people of interventions he might initiate or support in the course of his work. He is concerned to know the adequacy of the information on which decisions are made. He is concerned that interventions are effective, and are offered to those most in need of them. He is concerned to know where his particular skills could most usefully be employed. The study undertaken attempts to meet some of these concerns, and to provide exploratory data which may be of use in evaluating and improving current services to distressed families and their children.

Area of Investigation

The evolution of child and family welfare services will be examined in greater detail below (sections 1.2 and 1.3 pgs. 6 & 11). As these services are to-day, a child felt to be living under unsuitable conditions may be legally removed from his parents' control and placed with other persons who are felt to be better able to care for him. These removals are generally undertaken by a social work agency. The removal of the child is undertaken if seen as being in his best interests and in all cases the ultimate aim is to reunite the child and his family, both of whom it is hoped would in the interim have benefited from a variety of therapeutic interventions.

There are four main types of resource at present used to support, or to effect change in a child who has been removed from the control of his parents. These will be elaborated in section 1.4 below (pg. 15) but put briefly, a child may be returned to his parents under the supervision of the agency which initially removed him, he may be placed in Foster Care, or at a Children's Home, or at a School of Industry.

It is an assumption made in this study, that in making use of four different resources, an agency placing a child at one resource rather than at another has reasons for doing so. Through examining a series of children placed at the different resources, therefore, it should be possible to describe different types of children, each one of which the agency feels can best be helped by a different type of placement. This is what the present study attempts to examine.

As will be seen from section 1.6 (pg. 26) relevant literature suggests that such an attempt may well fail, that no such typical child is likely to emerge, that placements are essentially unpredictable. To assess whether or not this is the case locally, children were rated on a number of dimensions, and groups of such children, defined by placement type, were compared. In the event of either 'negative' or 'positive' results, important consequences ensue.

If children are placed at random, that is, if no association can be found between indices of a child's needs and what type of placement he is offered, then it follows either that all placements are considered to be indistinguishable in terms of what they offer children, or that children for one reason or another are not receiving the most appropriate management despite its being available. If patterns are found, that is, if certain types of children are referred differentially to management resources, then it remains to be asked to what degree these resources are aware of, and prepared for, the different expectations made of them. The information derived from this study will therefore have implications either for rationalizing management resources, for improving assessment and referral procedures, or for the preparation of management resources the better to cope with the demands placed on them.

Structure of Thesis

This presentation will be in four Chapters. The remainder of this Chapter gives a brief description of the evolution of child care in South Africa, and of the social work agency which co-operated in this study. After presenting aspects of relevant statutes, and recent statistical information, a review of some pertinent literature is undertaken, from which were extracted the factors on which children were rated.

The second Chapter reviews briefly the logic behind the investigation, introduces and then defines in some detail the factors or dimensions in terms of which all children were rated. Problems encountered in making ratings are discussed, as are the reasons for including each factor. The method of the investigation is described, as are the results of an assessment of the reliability of ratings made by the present researcher.

The third Chapter presents the results obtained without attempting to synthesise or interpret them. Results are presented first in terms of groups defined by placement type, and then in terms of all children rated as a whole. From the latter demographic data are extracted.

The fourth Chapter summarises, collates, and interprets the results obtained. They are discussed both in terms of relevant literature and in terms of their implications for the current functioning of child welfare services. Some of the many areas in which future research could be undertaken are outlined.

The following section traces the evolution of child welfare services in South Africa and highlights contemporary issues. Without seeing services in their historical context, the nature of current services, as well as the possibilities for the future, are more difficult to understand.

1.2 Evolution of Child Welfare Services in South Africa

There may be said to have been three phases in the historical development of welfare services. This overall view is taken from Potgieter (1973) who reviews the development of welfare services with particular reference to social work. As he says, "Die ontwikkeling van welsyndienste in Suid-Afrika oor die afgeloopde 316 jaar, word in die breë gekenmerk deur 'n vroeë fase van betreklik ongeorganiseerde pogings tot hulpverlening, wat geleidelik met die toetrede van die partikuliere inisiatief en die totstandkoming van verskeie staatsdepartemente, veral sedert die aanvang van die twintigste eeu, ontwikkel het in 'n omvattende stelsel van hulpverlening aan alle bevolkingsgroepe volgens aanvaarde wetenskaplike metodes." (pg. 48)

The first period Potgieter (1973) identifies was from 1652 until after Union in 1910. The issue of first concern was poverty, and by 1665 the Dutch Reformed Church was closely involved with alms-giving on a prescribed scale, the funds for which were provided by the Dutch East India Company. It was not until 1856 that the first Act which effected children directly was passed in the Cape Parliament. So for two centuries, children and families had largely to fend for themselves, although in the latter period prior to 1856 there was a practice

whereby abandoned children could be taken in by families, who would be reimbursed by the ubiquitous Company. The Meesters en Dienstboden Wet of 1856 for the first time empowered magistrates to order such arrangements, and made shelter available to more children under specified conditions.

Residential child care had begun prior to this date, with the opening of an orphanage in Cape Town in 1814. In the middle and later years of the nineteenth century further Homes were opened by a variety of religious orders, the still-extant Nazareth House being one of them.

The gold rush, with its attendant human casualties of all ages, together with the widespread consequences of the Boer Wars added impetus to the increasing need for more adequate provision of services. In the early 1900's the first Women's Organization was formed, and the pattern was established for citizens to take a stand and present to Administrations the need for such services on a regularized basis.

The second phase is very vaguely identified by Potgieter (1973), and the present author will define it as the period between 1908 and 1937, a period not inconsistent with Potgieter's (1973) presentation.

These dates are respectively the year in which the first public meeting was held with the aim in mind of initiating some action to relieve the harsh lot of unprotected children, and the year that the first truly nationwide statute was promulgated, and, more importantly perhaps, was backed up by the almost simultaneous creation of a

Department of State to implement this statute. These thirty years then, see the development of child care from its early beginnings, to its recognition as an essential service substantially laid down and funded at Central Government level.

The aims and results of the Child Welfare Societies (hereinafter denoted by CWS) which originated from meetings held in 1908 will be discussed in further detail in the following section. It is sufficient for the purposes of this overview to state that these Societies were instrumental in pressurising Government to legislate more, and more adequate services. In their turn, these Societies as they became established, were recognised by Government and empowered to provide certain services for which they were subsidised. The general principle then established, that the Community and Government are jointly responsible for child-care services, is still recognised to-day.

The Act of Union in 1910 was instrumental in precipitating central co-ordination and standardisation of services offered. This rationalisation and co-ordination at Government level was paralleled by the development of a nation-wide organisational infrastructure among increasing numbers of CWS's highlighted by the formation in 1924 of the South African National Council for Child Welfare. In some respects this period in the late 1930's was the high point of co-operation and streamlining in the provision of child care services, as a description of the third phase identified by Potgieter (1973) will show.

Between 1940 and the present moment there have been two important developments. The one is the legislation of more and more services, on the basis of many Enquiries and Committees. In particular,

various organisations have been established for the handicapped, and those suffering conditions such as epilepsy and alcoholism, which more or less directly effect children. Since 1960 roughly the same amount of legislation has been enacted as during the entire period between 1562 and 1960.

The other main feature is the proliferation of State Departments, some of them short-lived, which have been given responsibility for aspects of an increasingly complex apparatus. The picture to-day is far more complex than it was in 1940. To quote Starke (1982), "The major welfare functions are shared by three different state departments viz. Department of Health, Welfare and Pensions (White Welfare), Department of Internal Affairs (Indian Affairs Division - Indian Welfare and Coloured Affairs division - Coloured Welfare), Department of Co-operation and Development (Black Welfare). Added to this are a number of other state departments carrying responsibility for various aspects of welfare - e.g. Justice, Prisons, National Education, Education and Training, Community Development, Manpower Utilization (Labour). This fragmentation at state level creates many problems . . ." (pg.1)

In brief, provision is now much more adequate in many respects, and Government and CWS's routinely work in co-operation, but the task of co-ordinating and delivering effective services is increasingly difficult, as is the possibility of providing comparable services for all South Africans. The immediate future contains a new Child Care Bill to supercede the Children's Act of 1960 (hereinafter referred to as the Act) so that once again adjustments will need to be made throughout

this complex system. An indication of one of the immediate goals of CWS's is given by the above quotation from Starke (1982) which is from a motivation by the South African National Council for Child and Family Welfare (the title of the South African National Council for Child Welfare since 1974) for the creation of one single department of state having responsibility for the welfare of all the peoples of South Africa.

Discernable beneath the welter of activity during this last period is an attempt to ensure that more adequate care is provided for every child, and more effective assistance is provided for his parents. The author shares the concern expressed by the South African National Council for Child and Family Welfare, that delivery of services may be increasingly hampered unless some fundamental streamlining takes place at Government level.

While the present study does not throw light on this important issue directly, it does give an account of the provision of services to one population group, and as such could be used as a basis on which comparisons with other population groups could be made. This comparative information would be useful in highlighting anomalies inherent in the present provision of child care services.

In summary, three phases of child care have been identified and their respective characteristics highlighted. Unarguably, provision is now more adequate than it was, but a current concern is the actual workings of the welfare apparatus, which, despite good intentions, may

well frequently be anomalous. It is suggested that in the circumstances, the availability of comparative data about service provision may go some way towards facilitating future developments which would be for the benefit of all.

1.3 Historical Development of C.W.S., Cape Town

"The birth of the Child Life Protection Society (The title 'Child Welfare Society, Cape Town was adopted in 1978) was not a sudden one. During the year 1906 and 1907 public attention was aroused by statistics issuing periodically from the office of Dr. Jasper Anderson, Medical Officer of Health for Cape Town. These statistics showed such an alarming mortality rate among infants (200 : 1000 for White children; 354 : 1000 for Coloured children) that busy men and anxious-hearted women pondered over them and asked if nothing could be done to minimise this slaughter of the innocents." This quotation from the 1909 Annual Report of the above Society (pg. 3) conveys the spirit in which the Society was formed, and gives an idea of its initial aims.

The CWS was in the first instance the result of public concern at the inadequate provision then made by the state for the welfare of children. In the early days of the Society its members had immediate and practical goals in mind, as is suggested by their first stated aims, viz

1. the prevention of cruelty to children
2. ensuring that existing legislation was enacted
3. to encourage further legislation where needed
4. the instruction of mothers in child care
5. to initiate any action which would have for its object to improve the condition of the child mentally, morally, and physically'.

(Annual Report 1909 pg. 4)

These goals were set about with enthusiasm and a degree of militancy balanced by a pioneering spirit. Quite apart from rendering a service to an existing need, CWS early declared its intention to blaze a trail along which the government would be induced to follow. As is said in the Quarter Century Report of the Society in 1934 . . . "the main function of an organization such as this is to carry out pioneer or experimental work, to demonstrate its necessity and then to hand the established clinic, centre or supervision on to the suitable responsible authority . . ." (pg. 12)

The two thrusts to CWS activity outlined above in many ways explain subsequent developments. On the one hand the Society has endeavoured to provide a service which meets demonstrable community needs. Historically, this has always been done by providing a service and waiting to see what use the community makes of it. The policy of CWS is "to supply a need, not to create one" (Starke 1982). Development of services was, and still is, a question very much of individual initiative. On the other hand its pioneering work and commitment to enhancing services generally has involved it increasingly in the promotion and organisation of services as legislation has changed.

To take the second point first, one early outcome was the establishment of increasing numbers of Societies in centres other than Cape Town. By 1917 there were 12 such Societies, a national congress was held in Cape Town and joint pressure was instrumental in bringing the Public Health Act of 1919 to the statute books. By 1924, with even more Societies in existence, the South African National

Council for Child Welfare was created, so as to co-ordinate the by now nation-wide coverage provided by Societies. In 1981 there were 150 Societies affiliated to the South African National Council for Child and Family Welfare with 70 Societies in the process of being established. This precipitous growth involved CWS in considerable amounts of organisational work, a point lamented in the Annual Report of 1931. Since 1937 and the formation of the Department of Social Welfare there has been a clearer delimitation of work between CWS and Government departments, and this together with the development of the South African National Council for Child and Family Welfare has left the CWS's relatively free to provide services to the community. However, one essential aspect of the development of Societies has been their involvement in the development of the legal infrastructure supporting the provision of welfare services and this is still the case at present.

Over the years, CWS has developed new aspects of child care, some of which, such as adoption, creche, and Emergency Home services have survived, others of which, such as the Places of Safety and Detention, Remedial Clinics and Maternal and Child Welfare Clinics have been taken over by State or local authorities and yet others of which, such as a Mothercraft Centre and Foster Home were relatively short-lived enterprises.

At present, CWS provides many services, some of which it has a statutory obligation to discharge, and others which are innovative and voluntarily undertaken. It is sufficient for the purposes of this brief history to stress that CWS is an agency recognised legally,

and acting in concert with central Government. Some further details of services and obligations will be given in the following section devoted to the Act. CWS is a busy and growing enterprise, and as of 1982 employed 44 Social Workers in several offices, runs two creches, a re-entry facility for children leaving residential care, an Emergency Home for young children and a Children's Home. Its budget in the same year was R745,000 and it received a state subsidy of R455,000.

In summary CWS is part of a nationally organised welfare service, which though based on autonomous Societies, is closely linked with and supported by Government departments, many of which it has helped to create. Throughout its history CWS has championed both enlightened legislation, and the adequate provision of services for which the local community shows a need.

A final word will be said as to the relevance of this study to CWS. One consequence of the innovative and developmental interest clearly seen throughout the history of CWS is a commitment to the evaluation of services delivered, and the searching out of information on the basis of which to plan for the future. There is at present little such information available, and it is hoped that this study can assist in some small measure.

In the following section some relevant aspects of the Children's Act (1960) are explored. This information will make the investigation later reported more comprehensible to the reader unfamiliar with the

process whereby children are found in need of care and placed at a suitable management facility. It is aspects of this process which the present study investigates.

1.4 The Children's Act (Act No. 33 of 1960)

This section will as briefly as possible outline those aspects of the Children's Act which have a bearing on the investigation herein reported. This investigation enquires into the factors which influence Social Workers at CWS to recommend that a child be found a child in need of care, and that the Commissioner of Child Welfare order that the child be removed from his parents and placed at a suitable facility. This study is in particular directed at determining those features of a child and his background influencing to which facility a child will both initially and later be recommended.

The intentions of this study will be stated in terms employed by the Children's Act (1960). Terms which may be unfamiliar will then be explained. It will be recalled that investigation here reported is concerned to discover what features of a child and his background influence Social Workers at CWS to recommend a particular placement for a child found to be a child in need of care. It is concerned with determining what differences can be shown to exist between groups of children who have been placed at the various management agencies among which a Children's Court may choose. Differences are looked for at the time of first placement, at the time the child entered his current placement, and at the present moment.

The workings of CWS and its place in child care have been sketched in the sections above. When a family or child is referred to CWS, intake and supplementary interviews are conducted, the aim of which is to obtain a full picture of the circumstances of all those involved. If the situation is felt to warrant it, an application under Section 28 of the Act is made to the Commissioner of Child Welfare for the child to be removed from his family and kept at a Place of Safety until a full enquiry has been completed. Such a report can be seen in Appendix 1 (pg. 212).

Circumstances which warrant a child being committed to a Place of Safety, or found to be a child in need of care, are laid down by the Children's Act (Section 1(X)) and can be summarised as follows. A child in need of care is a child who:-

- (a) has been abandoned or is without visible means of support; or
- (b) has no parents or guardians, or whose caretakers are unfit to exercise control over him; or
- (c) is in the custody of a person who has been convicted of certain specified offences; or
- (d) cannot be controlled by his caretakers; or
- (e) is an habitual truant; or

- (f) frequents the company of unsuitable persons, or lives in circumstances likely to be detrimental to him; or
- (g) for any reason engages in begging, or trading, unless in the latter case, certain age limits and other requirements are met; or
- (h) is living apart from his parents in unsuitable circumstances, and his parents fail to make adequate provision for him when called upon to do so; or
- (i) is in a state of physical or mental neglect.

Within a prescribed time period, CWS must present a full case to the Children's Court (see Appendix 1 (pg. 219) which the parents are expected to attend. The outcome of this is frequently that the child is then placed at one of the options specified below. In terms of Section 38 (1) of the Children's Act (1960) a Children's Court, after holding an enquiry as described above, if it is satisfied that the child is a child in need of care, may, to quote the Act (Section 31.(1)):-

- "(a) order that the child be returned to or remain in the custody of his parent or guardian or of the person in whose custody he was immediately before the commencement of the proceedings; or
- (b) order that the child be placed in the custody of any suitable foster parent; or

(d) order that the child be sent to a children's home; or

(e) order that the child be sent to a school of industries."

These options, with certain others which are not of immediate concern here, constitute the possible responses to a child and his family who are in distress, of the child welfare system as presently constituted. In this report these options will be referred to as placements, or management agencies. Of course, not all children with whom CWS comes into contact are found to be children in need of care.

After a child has been placed in terms of Section 31(1) of the Act, CWS maintains contact with both child and family. The obligation to do so is laid down in Sections 46, 46 bis, and 48 (2) of the Act, and the intention to do so is declared in the CWS constitution. The aim in all cases, is that children should be re-united with their families, whenever possible. To this end, reconstruction services, and other programmes are offered to families. The decision as to whether to return a child to his family, or to recommend a change of placement, is made with the child's best interests in mind.

It will be remembered that a major focus of this study is the reasons for which one placement is recommended rather than another. There are, as detailed above (pg. 17) 4 placement types available. The Act makes no specific recommendations in this regard, the only conditions laid down (Section 35(2)) applying equally to any placement. The decision as to which placement would be most suitable is therefore in the hands of CWS. It is in order to elucidate this decision-

making process, that children in each placement type have been compared on a number of dimensions. The placement types as defined in Section 31(1) of the Act have therefore been chosen as the main dependent variables in this study. They will in future, where necessary, be referred to by the following abbreviations:-

- | | | |
|---------------|-------------------------|---------------------|
| Section 31(1) | (a) Former Custody | or (F. Cus) |
| | (b) Foster Care | or (F.Care) |
| | (d) Children's Homes | or (Homes, or C.H.) |
| | (e) Schools of Industry | or (S of I) |

Summary

This section has described briefly those aspects of CWS activity relevant to this study, and has shown how the Act pertains to this activity. It has also introduced and defined the dependent variable used in the investigation reported below.

The following section presents some recent statistics relating to children found in need of care, to illustrate the number of times that placement decisions are made, and some recent trends regarding which placements are most frequently recommended.

1.5 Children in Care: Some Recent National Statistics

This section will present the most recent statistics available in order to illustrate the number of children concerned, and to highlight recent trends in placement recommendations. Data will be presented separately for White, Coloured, Indian and Black children. Figures given by various Departmental Annual Reports are not always

easily comparable, but so far as possible, presentation will be standardised across population groups. Data will be presented and then briefly commented upon.

Data Available for White Children

Table 1.1

White Children Found in Need of Care (new cases)

PLACEMENT TYPE	YEAR			1979-1981 % \pm
	1979	1980	1981	
Former Custody	466	582	810	+73%
Foster Care	1326	1079	979	-26%
Children's Homes	626	691	748	+19%
School of Industry	456	476	552	+21%
TOTAL	2874	2828	3089	+ 7%

Source: Department of Health, Welfare & Pensions Annual Report, 1981

Table 1.2

White Children in Care (all cases)

PLACEMENT TYPE	YEAR			AVERAGE % \pm
	1979	1980	1981	
Foster Care	7154	7336	7069	-1%
Children's Homes	5665	5592	5575	-2%

Source: Department of Health, Welfare & Pensions Annual Report, 1981

While no figures are given for Former Custody or Schools of Industry, it is known that for White children in 1981 there were a total of 785 registered places of care, which between them accommodate 46,326 children.

Comment

While the overall number of children in care remains fairly constant (Table 1.2) the relative decline in numbers placed in Foster Care contrasts sharply with the much greater number of children placed into Former Custody in 1981 as compared to 1979. Factors determining such changes over time, and which Societies favour which placement types is not known.

Data Available for Coloured Children

As can be seen in Table 1.3 certain information is not available and all data refers to total numbers of children only.

Table 1.3

Coloured children in Care (all cases)

PLACEMENT TYPE	YEAR		
	1978	1979	1980
Former Custody	No Information Available		
Foster Care	15,266	15,812	15,263
Children's Homes	-	-	2,553
School of Industry	680	692	660

Source: Department of Internal Affairs Annual Report 1981

Comment

It appears on the basis of information available that by far the most common placement made for Coloured Children is Foster Care. No clear trends can be discerned insofar as changes in preferred placement types is concerned. In 1980 a total of 18,476 children are known to have been in care.

Data Available for Indian Children

It is known that in 1981 the numbers of children shown in Table 1.4 were in care.

Table 1.4

Indian Children In Care

PLACEMENT TYPE	1981
Former Custody	not known
Foster Care	1079
Children's Homes	177
School of Industry	169

Source: Department of Internal Affairs Annual Report 1981

Comment

It is also known that 1,012 children were sent to a Place of Safety during 1981, so that in total, 2,437 children were in care during the year.

Data Available for Black Children

No information is given as to the actual numbers of children in care in different placement types. In all cases only the amount of children who can be accommodated is stated.

There are 5 Children's Homes with a capacity of 560 children.

There are 5 Places of Safety with a capacity of 416 children.

In total, there are 191 registered places of care with accommodation for 22,000 children, although it is not further specified what they might be, or how many Children are in fact in care.

Source: Department of Co-operation & Development Annual Report 1980/81.

General Comments

Based on the figures quoted above, there were a total of 67,239 children in care in 1981. This total does not include Black children, so that if all places for Black children are occupied, the true total would approach 80,000 children. Clearly, the way in which all these children are placed, and the outcomes of these placements, is of considerable importance.

While more detailed figures could in all probability be found through diligent investigation, the differing quality and quantity of information readily available is in itself revealing of the relatively more highly developed nature of welfare services for

White children, of the difficulties to be overcome before in fact similar services are provided by the different state departments, to all South African children and their families.

The marked tendency for Coloured children to be in Foster Care underlies another important point. Placement preference, on the part of parents and Social Workers varies between cultural groups and per capita resources vary considerably across ethnic groups. This in turn places varying constraints on Social Workers making recommendations for placements and is the reason for which this study has been limited to one ethnic group.

One intention of this study is to appraise the rationale behind differential placement recommendations by Social Workers. It is also intended to comment on the comparative outcomes of placements for children in different management agencies. Until this sort of information is made available, it will not be possible to use our scarce resources to the best advantage of the many children who demonstrably need them. These few statistics impress both in terms of the sheer size of the problem they reveal, and in terms of the planning difficulties inherent in the contemporary structure of welfare services.

Summary of Historical Perspective and Background Information

In this Chapter to this point, an attempt has been made to present the manner in which child care has developed in South Africa. Before 1908 there was no nationwide provision and little variety in what could be offered although both Children's Homes

and a form of Foster Care were well established. Between 1908 and 1937 the Child Welfare Societies and their National Council worked with Government departments towards adequate and nation-wide provision of services. Since that date, many investigations and committees have resulted in a plethora of legislation with the result that although services to children and their families have certainly improved, development is at present hindered rather than helped by an overcumbersome administrative apparatus.

The CWS, which has co-operated in this study, was the first to be founded, and its history, development and achievements were briefly sketched. The workings of CWS was further explained with reference to relevant aspects of the Children's Act (1960). From the Act, placement types were extracted, defined, and used as a basis on which to describe aspects of the design and purpose of this study. In the final section, data was presented as to the number of children in care. On the basis of those data, the scale of the demands placed on child care resources was illustrated, as were the discrepancies existing across ethnic groups in terms of resources available.

It is apparent that at many levels decisions as to future courses of development need to be taken. It is also clear that demand on resources far outstrips present capacity to meet those needs. This study cannot contribute to the pressing need for research on a national basis, without which information available tends to be of limited use, and development a matter of individual initiative. However, in providing some data as to the present functioning of a

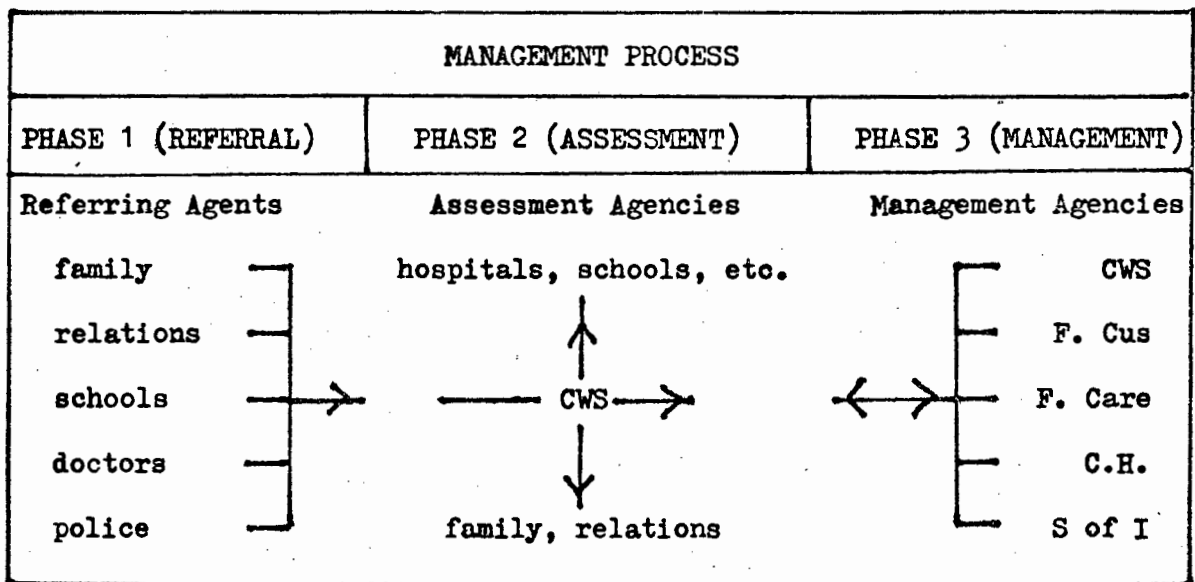
highly-developed part of the whole child-care system, this study may in some way assist both those engaged in policy-making, and those whose task it is to put available resources to best use.

1.6 Review of Some Relevant Literature

Introduction - The Management Process - Three Phases

In order to create a structure in terms of which literature can be more coherently discussed, the process whereby a child comes into contact with a welfare agency like CWS, is assessed, and if necessary becomes the focus of some intervention, will be schematically presented. This will divide the whole management process into three phases, which will then each be briefly discussed in turn.

Figure 1.1 Phases in The Management of Referred Children



As may be seen from Figure 1.1, in what is thought of as Phase 1, a child and his family are brought to the attention of CWS by any one of a number of referring agents, some of which are indicated.

The importance of this phase is that it determines which persons from the general population will be selected for CWS intervention. Clearly the policy of assessing agencies will also effect this selection process. An agency which provides services on demand is essentially leaving the selecting of clients very much up to the referring agent listed in Figure 1.1 above (pg. 26) Some consequences of this policy will be explored in section 1.6.1 (pg.

Phase 2, the assessment phase, depicts the agency investigating a referral by collecting information both from professional sources and from the family itself. In this way a full picture of what will be called the presenting problem is developed. A major aspect of the assessment phase is the decision as to what form of intervention to recommend. This decision is made by the assessing agency, in this study, CWS. Since placements are not made once and for all, the process of assessment and placement may continue for many years.

In the management phase, Phase 3, the child and his family are either assisted within the terms of the Act, in which case a placement is considered to have been made, or they may be helped on a non-statutory basis usually by CWS itself. It will be recalled that this study is concerned only with those children in whose management a placement was considered necessary, that is, children who have come under the provisions of the Act, as a consequence of CWS's decision that that would secure the most appropriate resource for the child. In section 1.6.3 (pg. 34) some issues pertaining to the management phase are discussed.

Focus of Study Undertaken

As will be recalled, an indication was given in the general introduction above (section 1.1 pg. 2) that not the whole management process as presented in Figure 1.1.(pg. 26) would be investigated. While this study is felt to have implications for Phases 1 and 3, it does not investigate them directly. Nor indeed does it investigate the whole of Phase 2. Rather it focusses upon what might be thought of as the later stage of Phase 2. At this stage recommendations are made as to which management resource would be most appropriate for a particular child. Some recent research indicating difficulties in this aspect of an assessing agency's work will be presented in section 1.6.2 below (pg. 31).

1.6.1 Phase 1 (Referral)

In general terms, the point to be made here is that there are a number of factors determining between them which persons are referred. It is incorrect to assume that the only, or indeed the most important, criterion, is the condition or behaviour of the child or adult himself. As Kessel (1963) has shown, the processes by which people obtain treatment are devious and often arbitrary. Many studies have suggested a variety of factors as partial determinants of referral. Among adults such factors are age and duration of illness (Shepherd et al 1966a), abnormalities of conduct (Mowbray et al 1961), pressure from relatives (Rawnsley & Loudon 1962), accessibility of resources (Hare 1965) and the outcome of previous interventions (Richards 1960).

Factors increasing the likelihood of the referral of a child have also been studied. Eisenberg (1961) concludes, in a paper directed at preserving scarce psychiatric resources for the most

needy, that at least where milder degrees of disturbance are involved, "the difference between a child who appears at the clinic and the one who does not, may lie less in the child than in the threshold for discomfort or the diagnostic perception of his parent or teacher." (pg.240)

Many studies stress the importance of the child's caretaker and their characteristics, as factors implicated in referral. For example Wolff and Acton (1968) compared the mothers of two groups of children, and found that the mothers of referred youngsters, when compared with the mothers of non-referred youngsters made more use of medical services generally, had more physical and psychiatric illnesses, and were more likely to show greater degrees of personality disorder. Gath (1968) investigating factors influencing general practitioners to refer children to psychiatric resources, stresses the highly significant role played by instability and disruption in the child's family. He identifies in particular the factors of inappropriate parental reaction to the child, parental psychiatric abnormality and a poor marital relationship. His conclusion puts the case against the parents and family in a rather extreme form - "In the majority of cases, factors in the child appeared to exert less influence than family factors in determining referral. In particular the diagnoses and estimated severity of the index (child's) conditions were not important criteria for selection (for referral to psychiatric units)!"(pg.226)

A more typical finding is that the child does indeed play a major role, that his distress or difficult behaviour is a significant part of the reason for referral. Wolff (1967) in a companion study to that quoted above, found the two groups of children also to differ, in that, compared to non-referred children, those referred were more anti-social,

more frequently encopretic or enuretic, were more discontented, unhappy, anxious and solitary. Shephard et al (1966b) conclude after comparing matched children half of whom were referred and the other half of whom were dealt with by their parents, who had not considered seeking professional help, that the tolerance of disturbed behaviour takes its place alongside the nature of that behaviour as key factors in deciding for or against referral.

Before concluding this section, some demographic evidence will be considered. Eisenberg (1961) in the same study quoted above (pg.28) arrives at a figure of 10% \pm 2% as the proportion of disturbed school-children. His figures for an American population are comparable to British data. The Underwood Report (1955) and Rutter and Graham (1966) give figures for the incidence of disturbance amongst school-going children, which vary between 1.3% and 13%, depending on criteria employed. In the only study of its kind known to the author, Douglas & Mulligan (1961) report that less than 1% of all children in their national survey had been in receipt of therapeutic services. Clearly, in some manner, youngsters are selected for referral from the population of disturbed children, in that not all disturbed children receive professional attention. The precise manner of selection remains largely unknown, although many factors have been shown to be involved.

This section has been concerned with discussing some of the issues raised by the establishment of a management process which provides services for an essentially self-selecting population of clients. As has been shown, many factors influence both which

adults and which children will, on this basis, be selected from the general population, for management. While it is not argued that clients present themselves or are recommended to do so by referring agents, on a random basis, and indeed evidence has been quoted to show this is not the case, nevertheless the important issue remains that there is no simple guarantee that these people who at present receive assistance from the management process described in Figure 1.1 (pg. 26) are those most in need of it. In this light, the CWS policy mentioned in section 1.3 above (pg. 12) of supplying existing needs and the understandable concern not to create them unnecessarily, has, like all policies, its weaknesses as well as its strengths.

1.6.2 Phase 2 (Assessment and Placement)

The issue that will be focussed upon in this section is that of the degree to which assessment agencies have been shown in the literature to be able to place children in the most suitable facility on the basis of some evaluation of their needs. Evidence presented in section 1.6.1 (pg.28) indicates that it is not always the needs of the index client which are the issue when a referral or placement is made, and that there is no available evidence suggesting that different placement types are consistently seen as meeting specifiably different needs. A further likely problem is that it is unknown whether different assessment agencies look for similar things to the same placement resource or not. In view of this alone, highly coherent placement policies are unlikely, to say the least.

Tizard (1974) is uncompromising in his summation of the situation in England. ". . . the same deprived, handicapped or maladjusted child might well stay in his own home, with or without what is believed to be appropriate treatment, or go to a children's home or a special boarding home or to a special day school or a residential school, to an approved school or even to a hospital unit. The actual placement of individual children thought to be in need of special care . . . is highly irrational and idiosyncratic." (pg. 162)

The only explanation which both Packman (1968) and Tizard (1974) can suggest, is historical precedent, which they both note, makes change very hard to achieve. In the light of sections 1.2 and 1.3 above (pgs. 6 & 11) both policies and historical evolution can be seen to underlie some of the anomalies pointed to throughout this Chapter.

One study of the workings of assessment agencies which paints a rather depressing picture is that by Byles (1980). He studied the interventions of community agencies who aimed to control or modify the behaviour or environment of the youngsters sampled. Byles concluded that "the type of first placement was not related to the nature or extent of the (child's) family problems or to the (child's) behaviour prior to the placement." (pg. 267) Not only was first placement unpredictable, but so too were subsequent ones. "As with the first placement, no relationships were found between the (child's) behavioural or familial problems with the second or successive placements, nor was any pattern evident in the sequence of placement by type." (pg. 267) This suggests, he argues, that placements were made "more on the basis of expediency (availability and accessibility) than on assessment of the (child's) problems." (pg. 267)

Factors predicting whether a child would respond favourably to placement were difficult to discover, he reports, and the only one which was associated with overall time spent in any placement, with the number of different placements employed, and with the likelihood of being committed to a 'Training School' was that of age at first placement. Byles' sample were on average 14 years old at first placement and youngsters admitted to a placement prior to that age tended to do worse. Other important findings were that children eventually referred to a psychiatric facility differed from all others only in that their behaviour subsequent to first placement had deteriorated markedly, and that there was an alarmingly high rate of placement breakdowns overall. Byles asks two questions - ". . . whether the initial placement is selected on the basis of any assessment of the girl's particular needs or purely on the basis of expediency. The 'failure' rate of first placements suggests that most are unable to meet the unique needs of these (children). The second question is why the deviant behaviour of so many continues to get worse following the first placement. Does persistent deviant behaviour lead to failure of the placement - or does inadequate (or inappropriate) placement lead to increased deviance?" (pg. 277)

The picture, in brief, is of assessment agencies either unable to assess, or unable appropriately to place youngsters who have been referred to them.

Whalley et al (1978) on the other hand, show that a Scottish Children's Panel was able to distinguish children who needed a particular type of management from all those presented to it by the

Reporter to the Hearings. (These two bodies function somewhat like our Commissioner of Child Welfare, and CWS, respectively, except that both Reporter and Panel members are specially trained for their work of recommending placements.) He reports differences in sex, age, sibship size, parental psychopathology and the presenting problem of the child. It would appear therefore that it is possible for trained persons to recommend a particular placement for a given child with particular needs.

One possible reason for the discrepancy in findings reported, apart from the fact that the studies were undertaken in different countries, and that Byles' sample was of teenage girls while Whalley's was of predominantly younger boys, might be a phenomenon remarked on in many studies, (Jarrett 1959, Packman 1965) which is that while patterns emerge in the work of one case officer (or social worker) or in the work of a small group, the more assessment agencies that are involved, the less clear becomes the pattern. The lack of pattern in reasons for placement in Byles' (1980) study might therefore be due to more assessment agencies having been involved.

In any event, the question as to the reliability with which children having certain needs are referred to a management resource having the corresponding facilities, remains an open one, particularly in the case of local services.

1.6.3 Phase 3 (Management)

No attempt will be made here to do justice to the complex argument as to which form of treatment is most suitable for whom. Instead, three rather limited issues will be raised, each of which has relevance to the present study.

The first issue is that of organisation, co-ordination and complementarity, or more accurately perhaps, the lack of it in the field of child care. The complexity of the statutory apparatus in this country has been briefly discussed in section 1.2 above (pg.6) where some of the implications of this were mentioned and graphically illustrated by some recent statistics (Section 1.5 pg. 19) showing marked variation in provision of services both within and between ethnic groups. Even in countries without South Africa's complex ideological aspirations, the situation is little better, as Packman (1968) and Moss (1974) have shown in England. Tizard (1974) in summarising these findings describes the origins of the 620 organisations, excluding boarding-schools for normal children, which provide child care facilities in Britain and concludes that "most of these bodies, even the major ones, seem to plan on an ad-hoc basis and give little thought to what other departments even in a single local authority are doing: the result is an extraordinary patchwork of provision in different parts of the country." (pg. 163) South Africa, having fewer resources, is in some respects better placed in terms of co-ordinating activities among them and for the same reason has a more urgent need to do so.

The question of complementarity is one raised by Whittaker (1978) in a paper in which he presents a case for child care services to be co-ordinated so that a 'continuity of care' is provided. As he puts it, "Our goal should be to develop an integrated continuum of care that provides a full range of home-based and residential options and that is characterized by an easily activated set of linkages between the various programme elements and the other major systems in which

the child participates: family, peer group, school and community."(pg.23)
One local example of this need, something which many Children's Homes could benefit from, but none can individually fully utilise or afford, is an adequate re-entry facility for older children. Due to difficulties in organising co-operative ventures, such a facility does not exist.

The second area of concern within the general field of management is that of social accountability and cost-effectiveness. Potgieter(1973pg.411) assessed the cost of social welfare services to be in the region of R140 million annually. While in South Africa there is as yet little pressure for this expenditure to be justified, as the cost of services rises, so does competition for scarce Government funds, and if child care is not in a position to present a coherent case for itself, it may well be partly responsible for its own stultification. Quite apart from these semi-political considerations, there is the moral obligation referred to in the introductory section above (pg. 2) to show that what management is offered is as effective and comprehensive as possible. Both of these issues can to some degree be met by studies of the outcome of placements. The author knows of no study undertaken in South Africa which comparatively evaluates the four management options contained in the Act. As Whittaker (1978) points out, the position in America now is not "whether to evaluate, but whom do we want doing the evaluation . . .?" (pg. 30) The work of Rubenstein et al (1978) and Tizard et al (1974) comparing residential and fostering placements in terms of cost versus gain to the child, may be seen as a typical response to this question, and presages the

sort of investigation needed locally. Both politically and ethically it is important that sympathetic workers evaluate and guide child care before the field's undoubted imperfections become the target of caustic investigation.

The means to undertake such research are available, despite methodological complications. (Reid & Epstein 1977, Hersen & Barlow 1976) One of the preliminaries to such research is that those offering different forms of intervention have to specify what they aim at, and how they intend to achieve it. They have to specify the position from which they start, and that which they reach. This individualised, practical and task-oriented form of assessment is a skill inadequately developed locally and it is one which for many reasons needs to be encouraged.

The third issue arises from those just discussed. Given the assumption made in this study, that children are recommended to one placement rather than another for good reason, the question arises as to what degree management agencies are aware of the fact that they have been selected to deal with a particular type of child. To what degree are the child caretakers aware of this? Further, to what degree do different assessment agencies have similar expectations of the various management resources? There are several studies of the type of child found in need of care (Stricklin 1972) and placed at Children's Homes (Brown 1948, Hanekom 1950) but none which assess differences between children in different local management resources. It would be important to know the answers to these questions when designing and staffing facilities, and particularly when preparing

those who are to work with the children and families concerned. Further, some knowledge of the type of child likely to be admitted, would enable a starting-point to be found for the form of assessment and goal-setting described above.

Summary of Literature Review

The above review is a brief and partial one, and no attempt has been made at exhaustiveness. Rather, the intention throughout has been to indicate some factors which might impede the improvement of services offered. In each phase of the management process these factors have been identified and some of their consequences explored. The field is a highly complex and emotionally-charged one. There are no simple answers or finally correct solutions. There is evidence to suggest that the functioning of local assessment agencies needs to be evaluated.

In the final section of this Chapter, the sources of the factors used to rate those children studied in the present investigation will be given, as this will facilitate presentation and be most convenient for the reader.

1.7 Sources of Factors on Which Children Were Rated

All children in the sample studied were rated by the researcher on 30 factors or variables. One of these was the dependent variable defined above in section 1.4 (pg. 17) leaving 29 independent factors. Although presented in Chapter 2 under headings of 'Presenting problem', 'Agency Intervention' and 'Most Recent Placement and Current Functioning' so that results obtained may be discussed in terms of

first measures, interventions, and more recent measures, these factors will here be grouped under headings of 'Characteristics of the Child', 'Characteristics of his Family', and 'Characteristics of Interventions', since this facilitates references to relevant literature. All factors will be individually and fully defined in sections 2.4 to 2.4.2.3 below (pgs.50 to 71).

1.7.1 Characteristics of The Child

Five characteristics of the child were measured. These were his age, sex, behaviour, intellectual functioning, and living circumstances.

Age was measured three times - at first contact with CWS, at the time of first placement, and in the present. This was planned to yield demographic information, and data comparable to that supplied by, for example Wolkind & Rutter (1965), Gath (1968) and Hardy-Brown (1979) on typical ages at which children are taken into care and first placed. Current age was felt to be one index of present needs, a possible determinant of placement type, and information useful in future planning of services.

Sex-linked differences are well-established (Rutter 1970) as is the tendency for boys to dominate in residential care facilities (Moss 1974). Of interest was the question of whether other placement types would show differences between numbers of children admitted in terms of gender.

The child's behaviour was rated at first contact, after first placement and at the time of most recent placement. Wolkind & Rutter (1973) provide some demographic information on prevalence of disturbance among

children admitted to care, as do other authors mentioned in section 1.6.1 above (pg. 28). Byles (1980) reported that changes in behaviour subsequent to first placement predicted subsequent management. The third rating of behaviour was intended to serve as an index of present needs, CWS expectations of present placement, and as an indication of outcome of intervention up to that time.

Intellectual capacity has been shown to influence behaviour and effect which form of intervention is most appropriate. (Rutter 1975, Shaffer 1977, Corbett 1977) When presented demographically this information might indicate the degree of need for remedial educational facilities for this population of children. The rating of scholastic achievement relative to intellectual capacity provides further relevant information. Specific learning disabilities could be indicated by a comparison of these two factors, and have been associated with both conduct and emotional disorder in children (Rutter and Yule 1977, Malmquist 1972).

The final measure in this group rates the daily living circumstances of the child, and attempts to assess the probability that he has been exposed to disruption at home with the attendant problems for the child in bonding which this brings. These factors are well known to be of great importance for later development (Ainsworth 1969, Stevens 1975, Quinton & Rutter 1976).

1.7.2 Characteristics of The Family

Families were rated on seven factors which fall into two groups. One group measured the family's attitude towards, and responses to, CWS intervention. The other group assessed the family's capacity to function, to cope with the normal demands of life.

Three factors which indicate attitude to intervention were rated. The first, referral sources, distinguished voluntary from other-initiated referrals, on the grounds that this would indicate a greater or lesser general preparedness to co-operate. Whalley et al (1978) show differences in problem types between children referred by various sources. The second factor in this group rated parental attitude to the child's first placement, a factor shown by many authors to influence the outcome of interventions (Klein 1932, Skynner 1969, Sussenwein 1977). The last factor rates the family's participation in reconstruction services offered by CWS up to the time of the child's most recent placement.

Five factors measure the family's capacity to function. Two made at time of first contact rate presenting problem and socio-economic status. Distinctions made by Byles (1980) and explained in section 2.4.2.1 below (pg. 58) are employed to rate the former. Socioeconomic factors are rated in terms of the Registrar General's Classification(1971). Apart from being a crude measure of success in life, socioeconomic factors are associated with disorder in both adults and children (Rutter et al 1975, Rutter 1977) and influence referral rates (Gath 1968). The two factors rating current functioning compared the problems presented initially by the family with the present situation in the home, and estimated how the relationship between the parents and the index child had changed. These two factors also served as outcome measures. Finally, the number of siblings was rated, as this has been shown to be associated with many other family characteristics including psychiatric disorder (Whalley et al 1978) and admission to care (Wolkind & Rutter 1973, Brown 1948).

1.7.3 Characteristics of Interventions

A total of 11 factors are here of relevance. Six factors measured factual aspects of intervention, and 5 rated the policy behind placement, and the degree to which various placements were felt to meet the needs of the child concerned.

The aspects of intervention recorded were first and most recent placement, the total number of placements experienced by the child, the number of placement types experienced, and the total length of time the child has been in care. The proportion of siblings placed was also recorded. Byles (1980) found no relationship between these factors and the problems to which they were intended as a response. Length of time in care has been shown to have various consequences depending on the nature of the placement (Wolkind & Renton 1979) and higher numbers of placements have also been associated with poor outcome (Wolkind 1978, Byles 1980). This data is also not readily available and would be useful in terms of assessing CWS activity.

The policy behind placements was rated by scoring the intended duration of first and most recent placements and the suitability of these placements, in terms of CWS perception of them. This data was collected primarily to provide information as to expectations made by CWS of different placement types. Some stereotypical expectations of placement types have been shown to be factually incorrect (Fanshel 1976) and this information was felt to be useful in face of shifting trends in placement preference shown by recent data about children in care (section 1.5 pg. 19)

Summary of Factor Sources

This concludes a review of literature sources which informed the general thrust of the investigation here undertaken, and determined the more detailed aspects of the study.

1.8 Chapter Summary

This Chapter has been concerned to locate the present study historically, locally and in terms of published literature. Without these various points of reference, many of the concerns and questions here pursued would make less sense and the investigation would run an increased risk of asking impractical questions or suggesting idealistic changes. In grounding this investigation as thoroughly as possible, the author wishes both to acknowledge the achievements of those already at work in this difficult field and to avoid what Tizard (1974) refers to as the "irresponsibility or non-responsibility of academic behavioural and social scientists for relating their findings to practical affairs." (pg.161)

The following Chapter begins with some general remarks concerning the design of the investigation undertaken.

CHAPTER 2

DESIGN AND METHOD

This Chapter will cover the design of the study reported, and the method in which it was undertaken.

2.1 Design - General Considerations

Youngsters found to be in need of care by a Children's Court can be recommended to one of four placements; Returned to Former Custody, Foster Care, Children's Home or School of Industry. In having four options available, and in recommending one of them for a particular child, an implicit assumption is made that placements differ in what they offer, and that a decision can be made as to which placement type is most suitable for a particular child. This study attempts to explore what factors influence this decision. On what basis are recommendations made, and are they made reliably in terms of any features of the child and his background? In other words, will children in any one placement type share certain features in common? By implication, is that placement seen as offering something to such children which they would be less likely to obtain elsewhere?

As stated, inherent in the local practise of making recommendations for placement, is the assumption that such recommendations have a rational basis. The literature reviewed above in Chapter 1 suggests that in some instances this assumption is invalid. The investigation here reported attempts to discover what the situation locally might be.

In essence, children have been rated by the author on a number of factors. The children have been grouped in terms of their current placement, and the ratings have been analysed to determine whether there are differences between these groups. Any differences discovered point to factors which are argued to have influenced, either implicitly or explicitly, the decision to recommend a particular placement. Where no differences between groups emerge, then the factor in question is assumed not to have differentially influenced placement recommendations.

In designing this investigation, it became important therefore to include a large number of possible factors which might influence placement recommendation, since too narrow a selection of factors would leave grounds for the objection that groups differed along unmeasured dimensions. Clearly, no proof can be offered that all potentially relevant factors have been considered.

This study makes as few assumptions as possible as to which factors differentially influence which placement recommendation. It does argue that in having a variety of placement types available, a claim to make such placements on a rational basis is implicitly being made. It will argue that factors which distinguish between children in different placements have been part of this decision-making process, and will explore the implications of this. It is an exploratory study in that no hypotheses are made at the outset as to which of the factors rated will be associated with which placement type. These factors can be thought of as forming a net, anchored to the four management options, and cast into an uncharted sea in order to assess its contents.

Summary

In this study the researcher has rated children found to be in need of care on a number of factors in order to determine which factors differentially influence the placement recommended for that child. In view of published research in this area, no initial hypotheses were made as to associations between factors rated and placement type recommended.

2.2 Factors rated - Introduction

Each child was rated on 29 factors. One of these was 'Current Placement Type' which will throughout this study be considered the main dependent variable. This factor, and all others used, will be fully defined below.

The other 28 factors considered independent variables were either drawn from relevant literature or were suggested by persons experienced in making placement recommendations for children. They can be considered as falling into three groups. Note that this grouping of factors is not that employed in section 1.7 above (pg.38).

The first 8 factors attempt to describe the situation of the child and his family when contact was first made with CWS. This Society, it will be recalled, has placed all the children investigated here. These factors will be fully defined below. In brief, they rate the age of the child when first known to CWS, his sex, who referred the family, the child's home circumstances, his behaviour and emotional state and intellectual level. These 8 factors can be thought of as describing the presenting problem.

The next 11 factors describe the interventions of CWS and the reactions to them by the child and his family, in the period between first contact, and the date of admission of the child in question, to his current placement. These factors rate such things as age of child at first placement, first placement type, number of placements, reaction of child and family to first placement, the intended duration of placements, their suitability, and the degree to which the family as a whole benefited from these interventions by CWS.

The third group of factors rate the circumstances of the child at the time of most recent placement (which may have been several years ago), and provide several evaluations of the situation as it is most recently reported. The child's behaviour when last placed was rated, as was the intended duration of placement and its suitability. Measures relating to the present include size of family, overall functioning of child and family, and an evaluation of current relationships between parents and child.

No investigation was made in this study into interventions made by the various management agencies, although this is clearly important. This question was felt to constitute a major research area in its own right.

2.3 Types of Factor

There are several types of factor which have been rated. Some, such as the age of a child, number of siblings and number of placements experienced are factual and easy to make provided terms are defined.

Other factors measure psychological or social features, and are more difficult to define precisely. Others again measure degrees of change and are also by their nature imprecise. These difficulties were anticipated and have to some extent been foreseen and allowed for as will be seen from the definition of terms in sections 2.4.1 and 2.4.2 (pgs. 50 & 52) and as a discussion below of rating reliability will make clear (section 2.7 pg. 83).

When each factor is defined in turn in the following section, a rationale for its use will be given, and problems encountered in making ratings will be discussed. In doing this it is sometimes necessary to refer to both the preceding and following Chapters. The reasons for including factors are given in terms of literature reviewed (section 1.7 pg. 38). Difficulties encountered in making ratings necessarily anticipate some of the results of this study. While this is in some way unfortunate, the alternative, of a section devoted to problems encountered in making ratings as part of the Chapter detailing results, was felt to be confusing, indigestible, and requiring frequent and tedious cross-referencing. It will be noticed that some factors have been excluded from the main data analysis. The reasons for this are discussed fully in the section on Rating Reliability below (section 2.7 pg. 83).

Summary

Before turning to a more detailed exposition of the factors rated, the above section can be summarised as follows:-

All children rated by the researcher on 29 factors -

1 Factor , main dependent variable - Current Placement Type

28 Factors, independent variables - 8 measuring Presenting Problem
- 11 measuring CWS intervention
- 9 measuring most recent placement
and current functioning

Factors vary considerably in the ease with which they can be rated,
and some proved too unreliable to be included in the main data analysis.

2.4 Factors Defined

In this section factors rated are defined and scale points given.
A rationale for the inclusion of each factor and problems encountered
in making ratings are briefly discussed.

2.4.1 Dependent Variable - Factor 20 'Current Placement Type'

Under the Children's Act (1960) Section 31(1) a Children's Court
is empowered to order one of the following four placements for
children found to be in need of care. These have been more fully
described above (pg. 17) and are summarised here:-

1. Returned to Former Custody (Section 31(1)a)
2. Placed in custody of foster parents (Section 31(1)b)
3. Sent to a Children's Home (Section 31(1)d)
4. Sent to a School of Industry (Section 31(1)e)

In addition, under Section 31(1)a and Section 31(1)b the Court may order that the child remain under the supervision of an Approved Agency (Section 31(2)). As this ruling is made almost invariably, for the purposes of this study, Section 31(2) has not been considered to define a sub-category of Sections 31(1)a and 31(1)b.

A fifth option, (Section 31(1)c) - that the child be placed under the control of an Approved Agency, such as Child Welfare Society - occurs infrequently and has not been considered as an independent variable in this study.

It is in all cases possible to determine the dependent variable unequivocally, since the placement can only be made by Court Order, and a copy of this is stored in the relevant child's file.

It will be recalled that a rationale for each factor was to be given and that problems encountered in making ratings were to be discussed.

Problems Encountered

Temporary or Emergency Placements

Children may be sent to a Place of Safety (for White children usually Tenterden Place of Safety or for younger children Lady Buxton Home) either pending more permanent placement after further investigation has clarified the situation, or a short period while the parent(s) recover from some crisis. While these placements can be made without a formal Court Enquiry they have been rated in this study as full placements and defined as per Section 31(1)d.

Date of Placement

Frequently children are placed pending canalization of the decision by the Children's Court. In all cases the actual date of placement has been taken, rather than the official date, where these are different.

Private Placements

Parents are free to place their children privately either with relations or at Children's Homes. These arrangements do not constitute placements as defined by this study.

Refused Placements and Absconders

A placement has only been recorded if the child has been physically present at the facility designated by the Court. Even children who abscond within hours are taken as having been placed.

Bearing the above in mind, unequivocal ratings could be made as to current placement type. The following section defines the independent variables in terms of the format here adopted.

2.4.2 Independent Variables - Introduction

All children were rated on 28 factors, considered to be independent variables in this investigation. It will be recalled that these variables fall into three groups and, for convenience, are listed below with brief descriptions.

Table 2.1

Independent Variables on Which all Children Were Rated

<u>Factor No.</u>	<u>Brief Description</u>
	<u>Presenting Problems</u>
1	Age at first contact with CWS
2	Sex of child
3	Referral source
4	Persons with whom child living
5	Presenting problems: child
6	Presenting problems: family
7	Intellectual level: child
8	Socioeconomic status of family
	<u>CWS Intervention</u>
9	Age at first placement
10	First placement type
11	Number of placements
12	Number of types of placement
13	Total years in any placement
14	Proportion of other siblings placed
15	Intended duration of first placement
16	Suitability of first placement
17	Parental attitude to first placement
18	Behaviour of child after first placement
19	Reconstruction participation by family
	<u>Most Recent Placement and Current Functioning</u>
21	Age of child at August 1982
22	Number of siblings at August 1982
23	Suitability of current placement
24	Intended duration of current placement
25	Current relationship of child and parents
26	Current problems: child
27	Scholastic performance: child
28	Current family functioning
29	Degree to which placement at present meets child's needs

These factors will in turn be presented and defined below. The rationale for their inclusion, together with a summary of problems encountered in their application will be given for each.

2.4.2.1 Presenting problems (Factors 1-8)

Factor 1

Age at first contact with CWS.

Scale point a - 0- 2 yrs.

b - 3- 5 yrs.

c - 6-10 yrs.

d - 11-15 yrs.

e - 15+yrs.

Age is defined in years, only full years being counted.

Rationale

Ratings on this factor were expected to show typical ages at which children first became known to CWS. This information would be useful in planning preventive services and in assessing the length of time between first contact and first placement, and how this might be influenced by other factors.

Problems

This factor was not difficult to rate, as the birth dates of all children and the date of first contact is routinely recorded. All children born subsequent to the date of first contact were rated 'a', since the family and hence the child was potentially known to the Agency, even if the case was not active at the time. Numbers of children in age category 0-2 yrs. are therefore likely to be over-estimated, in that contact might not in fact have been made between the family and CWS.

Factor 2

Sex of child

Scale Point a - Male

b - Female

Rationale

Sex-linked differences in reaction to stress within the family and placement preference have been shown to occur, (see section 1.7.1 above pg. 39). This factor permits replication of these findings.

Problems

No difficulties were encountered with the rating of this factor.

Factor 3

Referral Source

Scale point a - nuclear family member

b - extended family member

c - other Agency approached by family

d - other Agency which approached family

Rationale

From a to d, this scale is a measure of the degree to which the immediate family is able to seek assistance in the appropriate place for problems of which they themselves are aware. The attitude of families to intervention and their ability to profit from it, were felt to be factors possibly influencing placement and final outcome and which might be tapped by this rating (see section 1.7.2 above pg. 41).

Problems

Although the rating itself was generally easy to make, it soon became apparent that motivation behind referrals varied considerably across cases. Further, rating 'c' did not discriminate between 'appropriate' agencies such as other Welfare Societies and 'inappropriate agencies' such as hospitals who often refer families about whom they are concerned because of chronic illness or malnourishment in the children, although the families concerned may not see this as a problem.

Factor 4

Persons with whom child living

- Scale point a - residing with nuclear family intact
- b - residing with nuclear family disrupted
- c - residing with extended family member
- d - residing with other (friends, no fixed abode)

Rationale

It was felt that this factor would assess the appropriateness of the child's daily environment and might be a factor influencing placement preference. The effects of factors here rated on the child's later development were briefly mentioned in section 1.7.1 above (pg. 40).

Problems

In cases where initial contact took place several years ago, the child had to be presumed to be living with parent(s) unless otherwise stated. Where a child lived in several places but always with family members, a rating of 'd' was not made. Children placed under the Act

prior to referral to Child Welfare in Cape Town were also scored 'd' which is not entirely satisfactory. There were only few such cases. The distinction between intact and disrupted is not the same as between happy and conflictual, so that this factor should not be interpreted as rating the appropriateness of parental relationships towards the child.

Factor 5

Presenting problems: child

Scale point a - no significant problems

b - reactive problems: child is basically well-adjusted but has shown behavioural or emotional problems of not more than one year's duration, in reaction to some trauma or sudden changes at home.

c - chronic problems: child has history of emotional or behavioural maladjustment to a significant degree of over one year's duration, at time of initial contact. Child is seen as being a problem in his own right.

Rationale

Evidence has been quoted to show that the problems manifested by children are not predictors of whether they receive treatment. This factor will show whether this obtains with the population under study (refer to sections 1.6.1 and 1.7.1 pgs. 28 & 31).

Problems

There was frequently little information recorded in any systematic manner about children at the time of first contact. In the absence of any comment to the contrary a rating of 'a' was made. Frequently some parental crisis preoccupied the available resources, at least during the earlier phase of contact, so that ratings of 'a' may well be over-estimated. It was also difficult in the absence of systematic histories to differentiate between 'b' and 'c' reliably, although ratings of 'c' were generally easy to make.

Factor 6

Presenting problems: family

Scale point a - no significant problems

- b - 'reorganising family' (Byles 1980) -
characterised by reasonable pre-morbid
functioning, reacting to an identifiable
major crisis, and showing evidence of attempts
to regain stability and independence from
Welfare agencies.

- c - 'disorganised family' (Byles 1980) -
characterised by chronic problems such as
alcohol or drug abuse, psychiatric disturbance,
conflict with law, mobility, chronic poverty,
and a tendency to rely on welfare agencies and
repeat maladaptive patterns of behaviour.

Rationale

This factor has been shown to influence referral, and could reasonably be expected to determine, in part, the sort of management recommended for the child (refer to section 1.7.2 pg. 41).

Problems

This scale was generally too indiscriminating between families, the majority of whom were rated 'c', on what was felt to be sufficient evidence. Factors giving more details as to which parent was disturbed and in what manner could have usefully been included.

Factor 7

Intellectual level of child

Scale point a - normal intelligence (IQ 85+, coping reasonably with normal class at school)

b - borderline retardation (IQ 70-84, in Special Class, referred to specifically as dull in school reports).

c - mild mental retardation (IQ 70-, this rating only made in presence of specific information)

Rationale

Low intelligence has been shown to predispose toward behavioural problems, and makes special demands on the family. It may also make certain types of placement less likely (see section 1.7.1 pg. 40).

Problems

While many of the more recent cases have been assessed either at school or at the instigation of CWS (see Appendix 1 pg. 214), in an appreciable number of instances intelligence had to be estimated from school progress, family background, response to life events, and from consultation with the relevant Social Worker. In the absence of any evidence to the contrary a rating of 'a' was given, so that this rating may be over-estimated.

Factor 8

Socioeconomic status of the family

Scale point a - Traditional aristocracy, millionaires, cabinet ministers, chancellors and principals of Universities,

b - Professionals, owners of large firms, students of universities and colleges, prosperous farmers and landowners.

c - Small businessmen, small farmers, clerical workers, white-collar workers, semi-professionals

d - Skilled workers, qualified tradesmen, apprentices

e - Semi-skilled workers.

f - Unskilled workers, permanently unemployed,

Rationale

It was intended that the economic status of families making use of the CWS be assessed. Research on the associations between socio-economic status and the use made of management resources on family organisation and psychopathology has been referred to in section 1.7.2 above (pg. 41) and it was anticipated that this factor might influence dispositions recommended by the Children's Court.

Problems

Classification is made solely on the basis of the father's occupation. In some instances this did not accurately reflect the efforts of hard-working and responsible mothers. When the biological father was not supporting the family or when several reputed fathers were involved the rating was made on the basis of the male chiefly supporting the family at the time of initial referral. A rating of 'f' was made when there was no such male. Non-support by an absent father did not effect ratings, although the family was in this case frequently worse off than the rating suggests. Operational definitions used are included in Appendix 1 (pg. 222).

2.4.2.2 CWS Intervention (Factors 9-19)

Factor 9

Age at first placement under the Children's Act

- | | | | |
|-------------|---|---|-----------|
| Scale point | a | - | 0- 2 yrs |
| | b | - | 3- 5 yrs |
| | c | - | 6-10 yrs |
| | d | - | 11-15 yrs |
| | e | - | 15+yrs |

Rationale

This factor was included to assess whether certain types of placement are in practise felt to be more suitable for children of a particular age, and to permit assessment of the influence the presenting problem on the rapidity with which the child was found to be in need of care.

Problems

No problems were encountered in making this rating that have not been mentioned above in connection with the dependent variable and Factor 1 'Age at first contact with CWS'.

Factor 10

First placement type.

- Scale point a - Former Custody
- b - Foster Care
- c - Children's Homes
- d - School of Industries

Rationale

This factor was included so that the initial management response would be recorded. It would then be possible to relate other characteristics of the initial presenting problem to this response.

Problems

As has been explained in section 2.4.1 (pg. 51) above, a number of initial placements were made to a Place of Safety, which functions as a temporary holding facility. Although here rated a 'c'

it would in retrospect have been advisable to record such placements elsewhere, as they do not constitute a final reasoned management response but are an acknowledged short-term solution to a crisis. Initial referrals to a Children's Home will therefore be over-estimated on this rating scale.

Factor 11

Number of placements

- Scale point a - one placement only
b - two placements only
c - three placements only
d - four and more placements

Rationale

Evidence has been quoted above, to the effect that frequent changes of placements have a deleterious effect upon children. This factor was included to assess whether this is true of the sample here studied. It was also hoped that this factor would help to identify those children whom it was at present difficult to place satisfactorily. (Refer to section 1.7.3 above pg. 42)

Problems

This factor was easily rated. Only placements made through CWS were recorded, so that recorded numbers are, if anything, low. This decision followed on the impossibility of obtaining reliable information from other Agencies within the time limits of this study, as to how many placements they had made for particular children.

Factor 12

Number of types of placement

- Scale point a - 1 of Section 31(1) (a) (b) (d) (e)
b - 2 of Section 31(1) (a) (b) (d) (e)
c - 3 of Section 31(1) (a) (b) (d) (e)
d - 4 of Section 31(1) (a) (b) (d) (e)

Rationale

This factor was intended further to assist in identifying children who were not easily accommodated within the management system as it is presently devised. The assumption was made that a child placed in many types of facility had not benefited from previous placements which, at the time they were made, were expected to help him.

Problems

This factor was easily rated, bearing in mind provisos noted above in connection with factors rating placement type (section 2.4.1 pg. 51).

Factor 13

Total number of years in any placement (As of August 1st 1982)

- Scale point a - up to six months
b - six months to one year
c - up to 4 years and more than one year
d - four years and over

Rationale

This factor was included to identify children who had been in care for long periods, to assist in identifying which placements had been

stable, and which had proved to be unexpectedly brief and to permit comparison of outcome in children who had been in care for varying lengths of time.

Problems

This factor was easily rated. Once again, only placements made through CWS were counted, and in instances where a case was taken over from another agency duration of placement is measured only from date of handover.

Factor 14

Proportion of other siblings placed

- Scale point
- a - child placed is an only child
 - b - child placed is the only sibling placed
 - c - less than $\frac{1}{2}$ sibship is placed
 - d - more than $\frac{1}{2}$ sibship is placed
 - e - all siblings are placed

Rationale

From discussions with those working in CWS and other Agencies, this factor emerged as a possible element in choice of placement.

Problems

Since this proportion varies as children are born, the rating was always made in terms of the total number of children born to one mother as of August 1982. Where both parents re-marry, CWS treats the reconstituted families as one, and this convention was adhered to. Only half-siblings or step-siblings were included.

Factor 15

Intended duration of first placement

- Scale point a - less than six months
b - less than two years
c - indefinite period of time

Rationale

It was hoped that this factor would enable some estimate to be made of the number of placements which ended prematurely, thus allowing some comment on the ability of CWS to forecast appropriate placements. Additionally, length of intended placement might influence type of placement chosen, and be influenced by features of the presenting problem.

Problems

This factor was very difficult to rate, as files most often contained no comment on this issue. This factor proved to be highly unreliable (see section 2.7.1 pg. 85) and was not used in later data analysis.

Factor 16

Agency estimation of suitability of first placement

- Scale point a - unsuitable - but no alternative available
b - inadequate - predominantly determined by factors other than needs of child
c - acceptable - overall balance of negative and positive features

- d - suitable - option of choice giving reasonable expectation that child's needs will be appropriately met.

- e - ideal - placement especially suited to particular child

Rationale

This factor was included to permit some analysis of the adequacy of placement options available to CWS and to determine whether placement outcome was influenced by its initial perceived suitability. Ratings of this factor would also contribute to a picture of what was expected by CWS from various placement types.

Problems

In the great majority of cases, this factor could not be rated on the basis of information available in files. Frequently those recommending the placement no longer worked for CWS. This factor proved unreliable (see section 2.7.1 pg. 85) and was not included in subsequent data analysis.

Factor 17

Parental attitude to first placement

Scale point a - hostile - vigorous and sustained opposition from parent(s)

b - neutral - no sustained attitude, or parents not contactable

c - favourable - encourage and promote placement

Rationale

It was anticipated from discussions with those working in this area that certain placements are more acceptable in general to parents than others, and that this factor might influence placement outcome. Reference is made in section 1.7.2 (pg. 41) to research on this issue.

Problems

As with the previous two factors this item of 'historical' information was too unreliably extracted from files to make it reasonable to include this factor in later data analysis (see section 2.7.1 pg. 85).

Factor 18

Behaviour of child subsequent to first placement

Scale point a - Much More Difficult: sustained and significant increase in problematic behaviour, seen as reaction to placement, although this behaviour may not emerge for up to six months.

b - Slightly More Difficult: A noticeable increase in problem behaviour, but not as marked as in 'a'.

c - Unchanged: Child continues to behave similarly after placement as before, for at least one year.

d - Slightly Improves: Gradual but discernable improvement in adjustment, seen as at least in part, consequence of placement.

- e - Much Improved: Sustained, significant and rapid improvement in adjustment, seen as in part at least, consequence of placement.

Rationale

Evidence from literature has been presented to the effect that children's behaviour subsequent to first placement has a significant effect on their later career within child care. This factor will allow a replication of this finding (refer to section 1.7.1 above pg. 40)

Problems

It had frequently to be assumed in the absence of comment that behaviour had not significantly changed. In more recent cases where interim reports by CWS to Children's Courts have become more detailed precise information was generally available. As a result of the validation study undertaken (section 2.7.2 pg. 87) this scale was collapsed from a 5 to a 3 point scale in order to increase its reliability. As used in later data analysis this scale is as given below.

Scale point a - problems increase, within six months of placement date and placement itself is seen as at least partially causative therein.

b - no marked change in behaviour or affect noted.

c - as a result of placement, at least in part, child's behaviour or affect improves and such improvement is sustained for at least one year.

Factor 19

Reconstruction participation by family

Scale point a - problems worsen - the effect of intervention has been to destabilise further the family, so that contact is effectively lost, or problems emerge on a larger scale than before

b - superficial participation - while the family makes use of CWS to be relieved of difficult children, obtain accommodation and financial support, no lasting change in behaviour is reported

c - within limits of persons concerned, the family benefits from intervention and moves towards resumption of full responsibility for its own functioning.

Rationale

It was felt important to determine how many families benefited from intervention, and, by comparison with factor 6 (pg. 58), what type of families most benefited or were hardest to work with. Comparison with factor 28 'current family functioning' (pg. 76) allows assessment of the effect on the family of the most recent CWS interventions. This factor was used therefore to gauge the effect of intervention up to the time of most recent placement.

In terms of Section 48(2) of Children's Act, Approved Agencies have the duty to "supervise the moral, physical and material welfare" of children declared to be children in need of care and to promote the "social welfare of the family as a whole". The aim of reconstruction work is to return the child to the full care of his parents.

Problems

It was frequently difficult to rate the family as a whole, as the parents often reacted very differently. It was attempted to weigh all factors in rating. In retrospect it would have been more useful, and interesting, to have rated mothers and fathers independently on factors 6 and 19. In cases more recently opened this factor tends to measure much the same area as factor 28 'Current family functioning' (pg. 76).

Factor 20

Current placement type

This factor has been taken as the main dependent variable in this study and has been defined above in section 2.4.1 (pg. 50).

2.4.2.3 Most Recent Placement and Current Functioning (Factors 21-29)

Factor 21

Current age of child (as of August 1st 1982)

- | | | | |
|-------------|---|---|-----------|
| Scale point | a | - | 0- 2 yrs |
| | b | - | 3- 5 yrs |
| | c | - | 6-10 yrs |
| | d | - | 11-15 yrs |
| | e | - | 15+yrs |

Rationale

Apart from helping to define the population of children currently in placements, there existed the possibility that age may be a factor in placement selection.

Problems

No problems were encountered in rating this factor.

Factor 22

Number of siblings in family

- Scale point a - 1 child
b - 2-3 children
c - 4-5 children
d - 6-7 children
e - 7+ children

Rationale

This factor too, would provide demographic information, and may predispose towards certain types of placement.

Problems

As a general rule, no difficulties emerged. As before, beside full siblings only half siblings and step-siblings were included. The number of siblings recorded is the number born before August 1st 1982, which may well have been different at the time the index child was found to be in need of care.

Factor 23

Suitability of current placement

- Scale point a - unsuitable
b - inadequate
c - acceptable
d - suitable
e - ideal

These terms defined as per factor 16 above (pg. 66)

Rationale

It was felt important to make some assessment of the perceived adequacy of the placement options available, so as to begin to identify those children who at present are inadequately catered for, and what expectations CWS has of the various placement types.

Problems

This rating had almost invariably to be made by a process of inference, as direct comment on this issue was seldom made. In the validation study (see section 2.7.1 pg. 85) this factor proved to be highly unreliable and was not used in analysis of results obtained.

Factor 24

Intended duration of current placement

- Scale point a - less than six months
b - less than two years
c - indefinite

Rationale

This factor assesses whether certain placements would by preference be made for children expected to be children in need of care for longer periods of time. It was hoped that comparison with factor 15 'Intended duration of first placement' (pg. 66) would show changes in policy over time, if any.

Problems

Little difficulty was encountered with rating this factor, since more recent recommendations to the Children's Court contain detailed statements of management goals. Unlike factor 15, ratings made on factor 24 proved to be acceptably reliable.

Factor 25

Current relationship between child and parent(s)

Scale point a - deteriorated, relative to condition at
time of first contact

b - unchanged in any significant manner

c - improved, a sustained and significant
increase in mutual understanding and
acceptance.

Rationale

This factor would allow assessment of the effect on primary relationships, of various placements - the end goal of which is to re-unite parent and child whenever possible. The rating refers to the most recently recorded statement in CWS files about this relationship

Problems

As with factor 19, relationships often improved in one way, and deteriorated in another. Again, a global evaluation was attempted. Children who were less problematic tended to have less information recorded about them, so that rating 'b' may be an overestimate.

Factor 26

Problems manifested by child at time of most recent placement

Scale point a - no significant problems

b - reactive problems

c - chronic problems

As previously defined for factor 5 (pg. 57).

Rationale

This factor was included a second time to provide a measure of the degree to which children had benefited from the management they received.

Problems

Little difficulty was experienced in making this rating, since recent placements are fully motivated. The rating was made on the basis of problems manifested at the time of most recent placement.

(see Appendix 1 pg. 219)

Factor 27

Scholastic performance

Scale point a - doing as well as can be expected

b - slight generalised failure to perform at his highest level, or isolated episodes of more marked under-achievement

c - gross and sustained under-achievement

Rationale

This factor was intended as an objective measure of a child's general adjustment. Additionally, it provides a measure of sustained and constructive limit-setting at home, and of parental interest. Finally, the association between learning difficulties and frequent failure and psychiatric problems, is well documented.

(Refer to section 1.7.1 pg. 40)

Problems

For most children there was adequate information available, as schools are regularly contacted. There was a minority for whom, in the absence of contrary information, an assumptive rating of one was made. Pre-school children, when they had not been assessed in developmental terms by the Developmental Clinic at Red Cross Hospital, were also given a rating of one, after consultation with the relevant Social Worker had not produced evidence to the contrary. A developmental delay, in the absence of global retardation, was rated 2 or 3 depending on its severity, an overall delay of more than 25% of chronological age being rated 3.

Factor 28

Current family functioning

Scale point a - deteriorated, relative to state of functioning
at time of most recent placement

b - no significant changes detected

c - improved, relative to level of functioning at
time of most recent placement

Rationale

This rating was intended as a re-evaluation of family functioning previously assessed by factors 6 and 19 (pgs. 58 & 70) which rated family presenting problems and reaction to interventions, respectively.

Problems

This was the one rating for which there was a superabundance of information. This in itself created difficulties in arriving at some global evaluation of families whose composition had often changed drastically over time. Where necessary, due to divorce or separation, that parent most involved with the children was rated.

Factor 29

Degree to which placement meets present needs of child

- Scale point a - insignificantly: most of child's needs, whether physical, moral, material, or social are not met.
- b - partially: the more basic needs are met, but emotional and social requirements are generally unheeded. Specific remedial needs are not met.
- c - adequately: in general all needs are catered for, or at least recognised. Efforts to offer remediation are made.

Rationale

This rating allows a contemporary evaluation of placements, and permits identification of areas which may need supplementary input.

Problems

Little difficulty was experienced in making this rating, apart from the fact that again a global evaluation was required. Unfortunately the reliability of this factor was not assessed, so findings may contain unchecked rater bias.

Summary

All factors rated have been presented and defined. This has been done at length because in many instances decisions as to policy used in making ratings had to be decided by the researcher. In general no over-whelming difficulties were encountered, and it is hoped that no major potentially relevant factor has been excluded. The following sections in this Chapter deal with the method employed in this study.

2.5 Method

The following sections of this Chapter describe the manner in which the investigation here reported was executed.

Selection of Children to be Rated

Within the limits of criteria laid out below, children were selected at random by the relevant Social Worker from her own case-load. In order to be considered for inclusion in this study, it was intended that all children rated should be:-

1. In a placement recommended by CWS, or approved by CWS, and
2. from a family with whom CWS had recent or ongoing contact,
and
3. in a placement prior to June 1982, and
4. have been involved in a change of placement within the past
three years, and
5. from the White population.

These stipulations were made in an attempt to ensure that factor ratings reflected current CWS activity, as the Society, like any organisation, changes over time. Only children from the White population were considered because an investigation of placements made with Coloured children, with whom the CWS also deals in large numbers, would require to be designed differently, as placement options are not as readily available and ethnic groups have varying preferences for placement types, as reflected in some statistics presented in section 1.5 above (pg. 19).

One unfortunate consequence of the above stipulations was that many children now at a School of Industry could not be rated, since comparatively few such placements have been made in the past three years. Rather than exclude this group a smaller number, who satisfied criteria here specified, were rated.

It is not possible to state what proportion of children found in need of care by CWS have been rated in this study, as these statistics are not readily available. The number of families involved with CWS is approximately 300 which would suggest that in the region of 1,000 children are on CWS files. While by no means all these children are in a placement as defined by this study it can be said that the sample investigated is at least 16% of the total population of children in any placement.

Each family known to CWS has one file in which information about all children is recorded. The five Social Workers from whose case-loads the children here investigated were drawn, were asked to select cases at random from their own case-load. All such files were scrutinised by the researcher and any child meeting the criteria specified above, was rated. In this way an adequate sample of children currently in Foster Care or Children's Homes was selected. It was found necessary to select at random further cases with the criterion, in addition to those specified above, that a child be placed either in Former Custody or Schools of Industry in order to complete the sample required. Most difficulty was encountered in finding an acceptable number of children now in Schools of Industry.

The researcher is satisfied that children rated were not selected in terms of any explicit or implicit criteria other than those specified. Table 2.2 below (pg. 81) summarises the numbers of children rated.

TABLE 2.2

Number of Children Rated at Each Placement Type

PLACEMENT TYPE	NUMBER OF CHILDREN
Former Custody	50
Foster Care	50
Children's Homes	50
Schools of Industry	10
TOTAL	160

Summary

160 children who satisfied specified criteria were rated. They were selected by Social Workers at random. All children who met specified criteria were rated.

2.6 Sources of Information

Ratings made by the researcher in this study are based on information taken from files, or gained from the relevant Social Worker.

Files

A selection of material comprising reports, assessments, and comments from a recent, but otherwise typical file is included in Appendix 1 (pg. 211). In general sufficient information was available to make ratings.

Social Workers

In cases where doubt remained as to what rating should be made, the Social Worker most familiar to the case was consulted and her rating was recorded. This was seldom necessary, there being on average about one query per three cases. The factors on which this was a relatively common occurrence were those rating socioeconomic status of the family of origin, source of referral, and estimated adequacy of current placement.

There remained a few instances where doubt could not be settled. When this occurred, the most common rating on that factor was made. These instances would not number more than ten for the whole cohort. The great majority of ratings were made therefore on the basis of what was felt to be adequate information.

It should be added here that a policy of this study has been not to consult outside sources of information. An investigation into the accuracy or adequacy of CWS files would be a major undertaking in its own right and is not what was here attempted. Rather, ratings were made on the basis of the information available to CWS workers and the intention throughout was to reflect the CWS perception of cases. Unless this is done, the study does not address the issue of which factors prompt CWS to recommend placements. The addition of other material would therefore cloud issues as pursued by this investigation.

Summary

All ratings made by the author were based on information available to CWS and attempt to reflect CWS understanding of the case involved. In general adequate information was available.

The final part of this Chapter will report the design and results of a rating reliability assessment carried out by the researcher.

2.7 Assessment of Rating Reliability - Introduction

It will be recalled that all ratings were made by the researcher. Clearly, it is important to have some independent check on the reliability of such ratings, if confidence is to be given to conclusions suggested by the data obtained.

Ratings made in this study were assessed for reliability by asking four Social Workers, from whom the majority of cases were drawn, independently each to rate five children selected at random from those whom the author had also rated. A list of the twelve factors which most required a judgement to be made was compiled and given to the Social Workers with an attached definition of terms and rating sheet. An example of this assessment form is included as Appendix 2 (pg. 223).

In this way four Social Workers each rated five children on twelve factors. It should be stressed that those factors most likely to produce disagreement between raters were selected so that this test of rating reliability is a stringent one. One

factor, 'Current family functioning' which should have been checked for reliability was not, since the decision to rate it was taken after the Social Workers' assessments had been completed. The data from this assessment are given below (pg. 85) Prior to this a Table of all factors independently rated is given for the reader's convenience.

Table 2.3

Factors Rated Independently by Social Workers

FACTOR NUMBER	BRIEF DESCRIPTION
	<u>Presenting Problem</u>
5	Problem presented by child
6	Problem presented by family
	<u>CWS intervention</u>
15	Intended duration
16	Suitability of placement
17	Parental attitude of placement
18	Behaviour of child subsequent to placement
19	Reconstruction participation by parents
	<u>Most recent placement</u>
23	Suitability of placement
24	Intended duration
25	Relationship between child and parents
26	Problems presented by child
29	Degree placement meets child's needs

The Social Workers independently produced 240 ratings (4 Social Workers x 5 children each x 12 ratings on each child). This constitutes a sample of 12.5% of all ratings made by the researcher on these 12 factors.

2.7.1 Results of Assessment - Unreliable Factors

On the basis of this assessment 4 factors were found to be unreliable. Table 2.4 below gives results obtained with these factors. In the analysis which follows, when Social Workers are recorded as having agreed with the rating made by the researcher it is meant that exactly the same rating was made. Any difference in rating is scored as a disagreement. Before giving the results obtained with factors found to be reliable, sources of error and any adjustments made to scales will be discussed.

Table 2.4

Rating Reliability Assessment - Unreliable Factors

FACTOR NUMBER	BRIEF DESCRIPTION	AGREEMENT WITH EACH SOCIAL WORKER				% AGREEMENT
		1.	2	3	4	
		(a)				
15	First placement: duration	1	0	3	4	40
16	First placement: suitability	4	1	3	2	50
17	First placement: parental attitude	1	1	3	0	25
23	Current placement: suitability	2	0	4	4	50
AVERAGE:						41%

(a) Number of times (maximum 5) that Social Worker and researcher agreed on rating.

In attempting to understand the reasons for this poor rate of agreement, a search was made for trends among rating disagreements. These emerged quite clearly. It is generally the case that the author

tended to rate at the extreme of the scales more frequently than did the Social Workers, as Table 2.5 makes clear. This may be due to the fact that not being familiar with the scales involved, or aware in any detail of interpretations likely to be made of their ratings, Social Workers expressed an understandable caution in making extreme ratings.

Table 2.5

Rating Tendencies^(a): Social Workers versus Researcher

SCALE POINT RATED	SOCIAL WORKERS	RESEARCHER	DIFFERENCE
1	30	34	+ 4
2	60	42	-18
3	70	84	+14

(a) Ratings made on the 8 factors from rating reliability assessment which were retained. All ratings were reduced to 3 point scales - see Section 2.4.2 (pg. 69)

This tendency underlies the poor concordance achieved on factors 16, 17, and 23, three of the four discarded factors. On factors 16 and 23, which both measure 'Suitability of Placement', 80% of disagreements can be explained by this tendency. On factor 17, rating 'Parent attitude to placement' 86% of disagreements can similarly be explained. In both cases the interpretation of differences is clear - the researcher tended to rate placements as more suitable than did Social Workers and parents as more favourably disposed to placements than did Social Workers.

The poor agreement rate achieved on factor 15 measuring 'Intended duration of first placement' is more difficult to explain. Of 11 disagreements, 8 (72%) can be accounted for by the fact that Social Workers rated '3' (indefinite period) while the author rated '1' or '2' (maximum of 2 years). While in some instances it is demonstrable that Social Workers have overlooked brief initial placements often made several years ago, it is also likely that the intentions of past case officers just cannot be accurately assessed in the majority of cases.

The clear implication of tendencies for Social Workers and the researcher to rate differently in respect of factors 16, 17 and 23 means that while these factors will not be used in the main analysis of data, findings in relation to them will be discussed, as important attitudes underlie these systematic disagreements. The primary reason for these factors being discussed separately is therefore not that they have produced meaningless data, but that scores made on them by the researcher do not reflect the CWS view of the case in question.

2.7.2 Reliable Factors

Before considering results obtained with factors found to be reliable, it must be mentioned that factor 18 'Behaviour of Child subsequent to first placement' was changed from a 5 to a 3 point scale as this improved the reliability of ratings to the point where the factor could be retained for use in the main body of data analysis. The details of this change have been given in section 2.4.2 above (pg. 69).

Table 2.6 presents the rates of agreement between the four Social Workers taken together, and the researcher. Again, the individual scores denoting number of times identical ratings were made between each Social Worker and the author is also given.

Table 2.6

Rating Reliability Assessment - Reliable Factors

FACTOR NUMBER	BRIEF DESCRIPTION	AGREEMENT WITH EACH SOCIAL WORKER				% AGREEMENT
		1	2	3	4	
	<u>Presenting Problem</u>					
5	Problem: Child	4	4	2	5	75
6	Problem: Adult	4	5	1	2	60
	<u>CWS Intervention</u>					
18	Child's behaviour	4	2	4	3	65
19	Reconstruction	3	4	3	3	65
	<u>Most Recent Placement</u>					
24	Intended duration	5	3	3	5	80
25	Relationship parent/child	2	5	2	4	65
26	Problem: child	4	4	3	2	65
29	Degree child's needs met	4	4	4	5	85
RATE OF AGREEMENT						75% 77% 55% 73%
						AVERAGE 70%

As can be seen from Table 2.6 an average rate of agreement of 70% was achieved between the four Social Workers and the researcher on ratings made. It will be recalled that these ratings are those most likely to lead to disagreements, so that the rate of agreement for all

factors would in probability be higher than 70%. All factors with the exception of those given in Table 2.4 (pg. 85) will be therefore retained and considered reliable.

There are certain trends perceptible in the disagreements in ratings made on retained factors. On factor 5 rating 'Presenting problems shown by child' the researcher tended to rate children more disturbed than did Social Workers, while on factor 6 'Presenting problems manifested by family' Social Workers tended to rate family as more disturbed than did the researcher. This tendency accounts for over 60% of disagreements. One possible explanation of this effect is that Social Workers have more contact in general with families than with children, once they are placed, and may be more aware of the difficulties encountered with families. On factor 26 'Problems shown by child at time of most recent placement', of the 7 disagreements in rating, 5 occur because of a tendency for the author to rate '3' (chronic disturbance) and for the Social Workers to rate '2' (reactive disturbance). In discussing these differences afterwards, it became clear that '3' meant 'severely disturbed' to Social Workers while the author rather intended 'chronically disturbed' by a similar rating.

2.7.3 Concluding Remarks

Reference to Appendix 2 will show that Social Workers were asked to record whether they needed to consult the files when making ratings. It was hoped that this would assist in determining whether concordance varied with the Social Workers ready knowledge of the case. In the event this data was not reported in the way requested and was not used.

It can be seen from Table 2.6 that the overall rate of agreement would be higher if Social Worker 3 were excluded from the results. This implies that Social Worker 3 and the researcher tend to view matters rather differently and raises the question of how similarly the same case would be seen by a number of Social Workers. That, however, will not be pursued here.

In summary it may be said that a 12.5% sample of independent ratings on 12 factors used in this study has led to the exclusion of 4 factors from consideration in the main body of this study, and a rate of agreement on the remaining 8 factors of 70%. The factors on which independent ratings were collected were those most involving judgement, so that it can be assumed that the obtained 70% concordance between the ratings of the researcher and that of Social Workers involved with the children and their families here investigated, is a minimal value for the 24 remaining factors considered as a whole.

2.8 Chapter Summary

This Chapter has given the rationale for the design of the investigation undertaken, has specified terms used, the manner in which the sample of children were selected, how ratings were made, and finally presented evidence for the reliability of ratings given by the researcher. The following Chapter presents the results of this investigation.

CHAPTER 3

PRESENTATION OF DATA

3.1 Overview - Structure of Chapter 3

This Chapter will present the data which has been collected. It will be remembered that the researcher rated 160 children in terms of 29 factors. The results of these ratings constitute the bulk of this Chapter.

Factor 20, 'current placement type' has been selected as the main dependent variable, as was explained in Section 1.4 (pg.18) above. All ratings made on factors felt to be reliable will be presented in tables showing frequency distributions determined by the interaction between factor 20 and each other factor in turn.

Following this, the data will be re-presented, this time as similarly-computed frequency distributions, but calculated over the children investigated, as a whole, in order to highlight demographic characteristics.

It is not intended in this Chapter to do more than present the data obtained, and state what inferences can be drawn from each combination of factors. The synthesis and interpretation of results will be left to the final Chapter.

Independent variables which yield non-significant differences between groups defined by factor 20 will be included in this Chapter rather than placed in an appendix, since important consequences sometimes flow from such 'negative' results and because they therefore form an integral part of the whole picture which will be developed from a summation of results.

Factors found to be unreliable (see section 2.7.1 (pg. 85)) will also be commented upon in the final Chapter, since although their inclusion cannot be justified here because they do not reflect the situation as seen by CWS, the systematic nature of disagreement in rating is felt to be meaningful.

3.1.1 Aims of Study Reviewed

It may assist the reader to approach the following section with a brief restatement of the aims of this study in mind.

It will be recalled that the Children's Act (1960) specifies four options for a Children's Court when placing a child found to be in need of care. This study attempts to determine what factors in the child, his past history, and his family background, reliably influence which option is chosen.

For this reason, all data is initially presented around the factor rating most recent management option choice for each child. This is Factor 20, 'current placement type'. Patterns discovered by this strategy will have bearing on the decision-making process whereby children are differentially recommended to placements. These patterns will show which types of child and family are most commonly found in each management agency.

Having found these patterns, these typical children, (if indeed any such thing exists) the final aim of this study is to explore the implications of this both for CWS and for the management agencies themselves.

The presentation of data is preceded by some preliminary remarks, aimed at simplifying the exposition itself.

3.2 Presentation of Data in Terms of the Dependent Variable
(Factor 20) - Preliminary Remarks

In what follows, a series of figures show the distribution of children within categories defined by the interaction of factor 20 - 'current placement type' and one other specified factor. In order to simplify presentation, features common to all figures will be specified, so that this information does not have to be repeated in each figure.

In all cases, unless otherwise specified:-

1. Data will be presented in the form of histograms; and
2. The exact number of children in each sub-group is typed above the relevant column; and
3. The vertical axis measures 'number of children' and in all figures the scale is identical, and the same for all groups; and
4. The horizontal axis measures factor 20 - 'current placement type' further categorized into divisions specified by the relevant independent variable.

For factor 20 -

- 1 = Returned to Former Custody (Group 1)
- 2 = Placed in Foster Care (Group 2)
- 3 = Placed at a Children's Home (Group 3)
- 4 = Placed at a School of Industry (Group 4)

The independent variable will be given for each figure in turn; and

5. A χ^2 statistic (2 tailed) has been computed, the implications of which will be commented upon after each figure; and

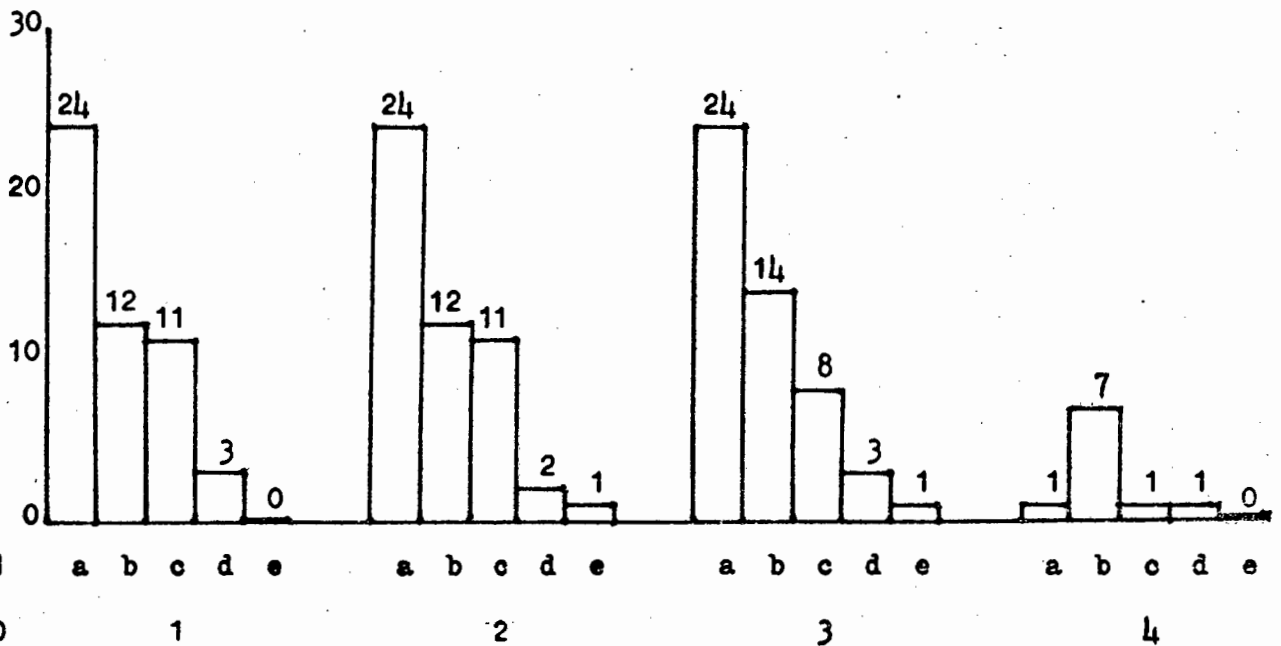
6. In groups 1, 2, and 3 $n = 50$, while in group 4 $n = 10$.

It will be recalled that in this Chapter the data will be presented and analysed. Interpretation and synthesis of findings is left to the next and final Chapter.

3.2.1 Presenting Problems -(Factors 1-8)

Figure 3.1

Factor 20 x Factor 1 (Age at first contact with CWS)



Factor 1: a = 0-2yrs, b = 3-5yrs, c = 6-10yrs, d = 11-15yrs, e = 15+yrs

$\chi^2 = 12.73$ non-significant

($p < .05$ requires $\chi^2 = 21.02$)

d.f. = 12

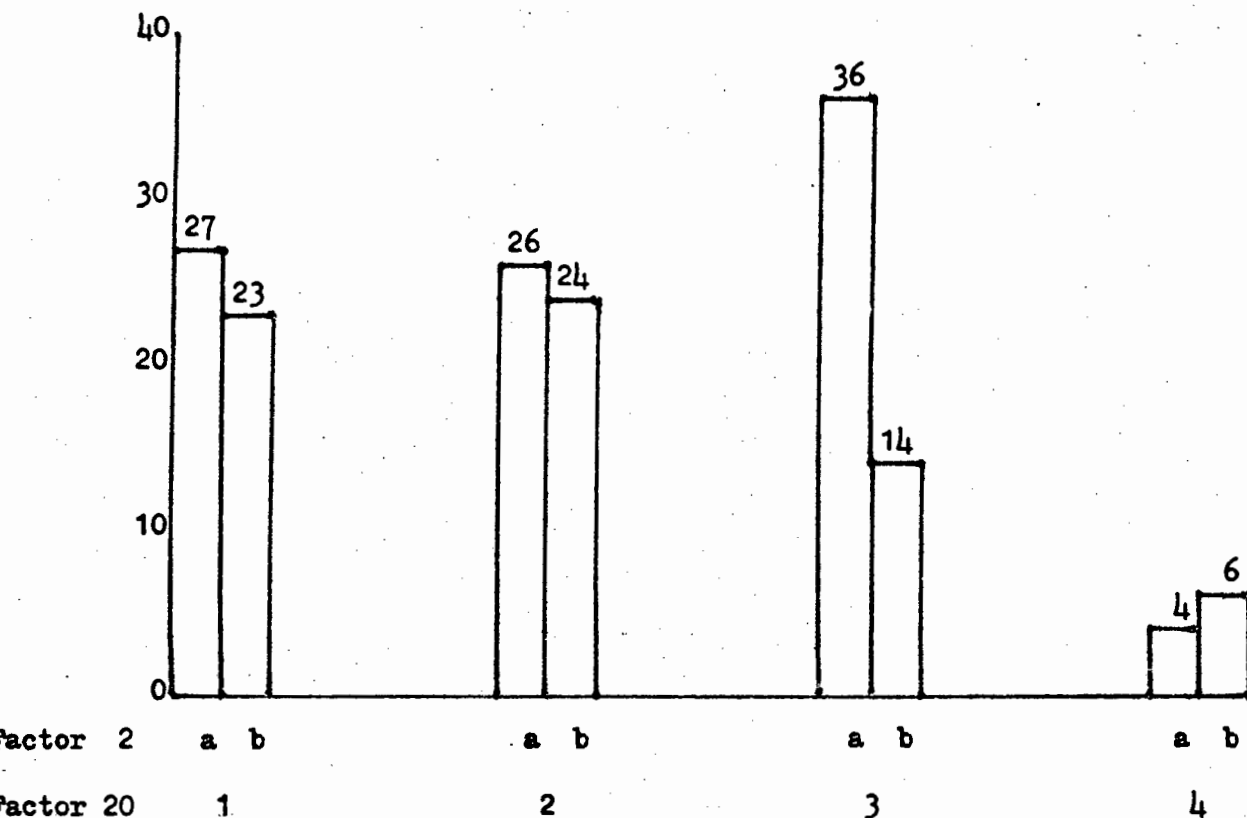
Comment

Differences between groups do not reach statistical significance. That there is any difference at all, must be largely due to group 4, since groups 1, 2 and 3 are virtually identical. In these latter groups half of all children (48%) are known to CWS before aged 2, whereas in group 4 the preponderance of children (70%) are first seen when aged 3-5 years.

While age at first contact with CWS does not vary in association with factor 20 to a statistically significant degree, there is evidence of a trend for children now at a School of Industry to have their first contact with CWS somewhat later than children now in any other placement type.

Figure 3.2

Factor 20 x Factor 2 (Sex of child)



Factor 2: a = male, b = female

$\chi^2 = 6.42$ non-significant

($p < .05$ requires $\chi^2 = 7.81$)

d.f. = 3

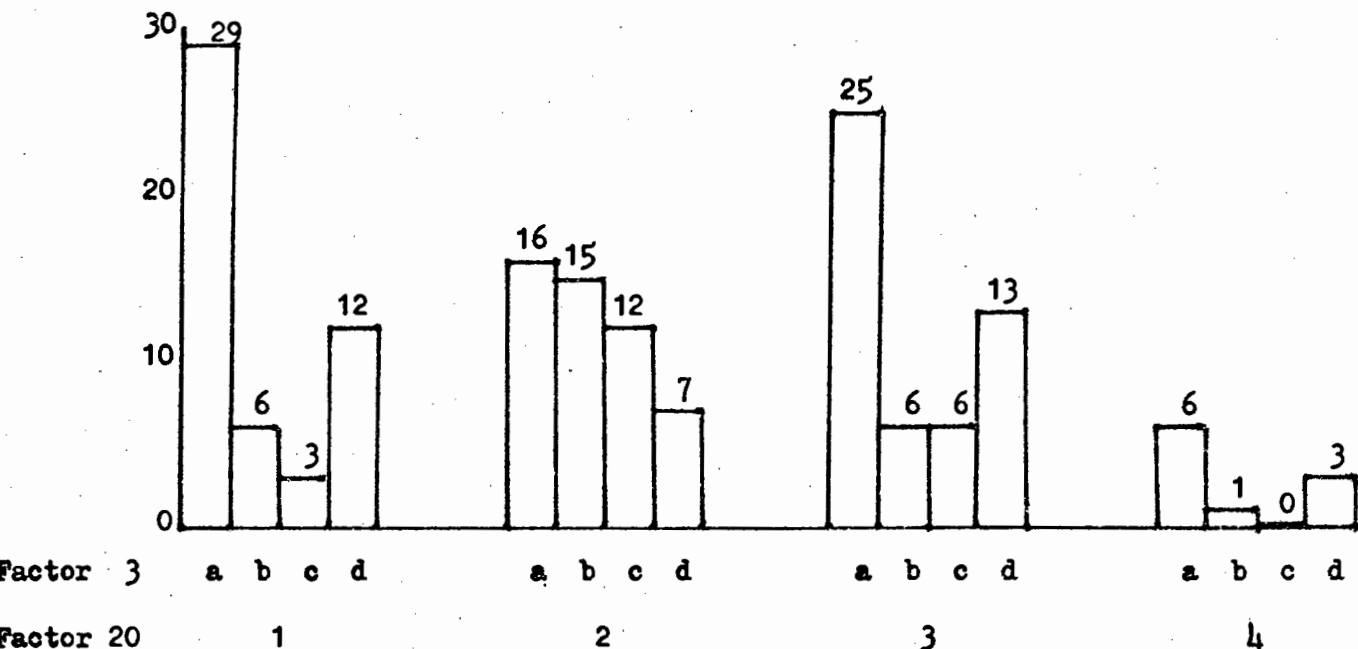
Comment

The non-significant χ^2 implies that the gender of children does not vary systematically with current placement. Inspection of figure 3.2 will show however that in group 3 there are considerably more boys than girls (72% vs 28%) which suggests that CWS places more males than females at Children's Homes.

In the cohort of all children in the families surveyed there were slightly more male than female children (107 : 94). This difference is greater among those children now in any placement (93 : 67).

Figure 3.3

Factor 20 x Factor 3 (Referral source)



Factor 3: a = nuclear family, b = extended family,

c = approached other Agency, d = other Agency which approached

$\chi^2 = 20.61$ $p < 0.05$

($p < .01$ requires $\chi^2 = 21.66$)

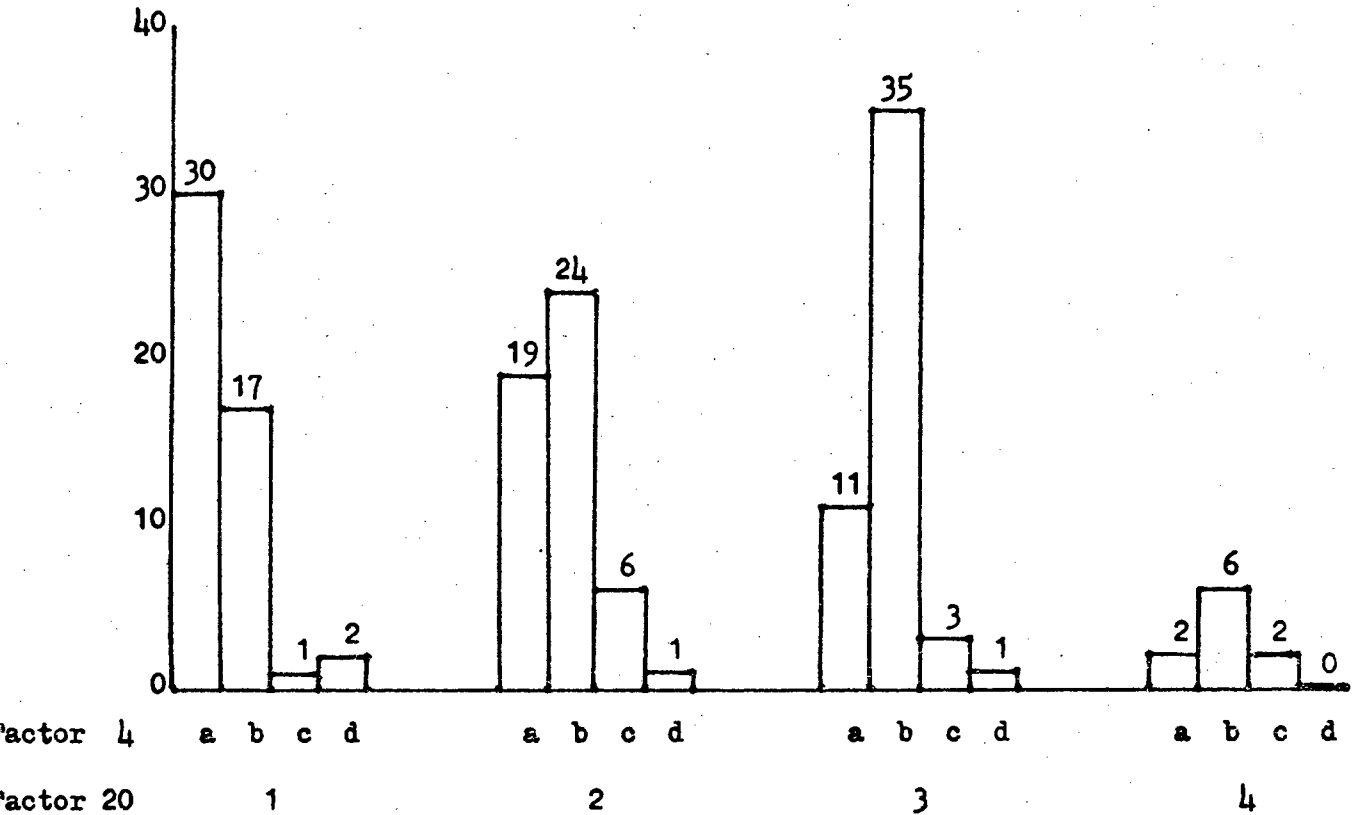
d.f. = 9

Comment

Referral source varies significantly between groups. Inspection of figure 3.3 suggests that groups 1, 3 and 4 show a similar pattern, while group 2 presents differently. In the former 3 groups referral tends to be initiated either by the family itself, or by another agency which referred an essentially passive family. Children now in Foster Care, by contrast, tend comparatively more often to be referred by extended family members, or other agencies which were contacted by the family.

Figure 3.4

Factor 20 x Factor 4 (Child living with, at time of first referral)



Factor 4: a = nuclear family intact, b = nuclear family disrupted
 c = extended family member, d = other

$\chi^2 = 48.16$ $p < .01$ ($p < .01$ requires $\chi^2 = 21.66$)

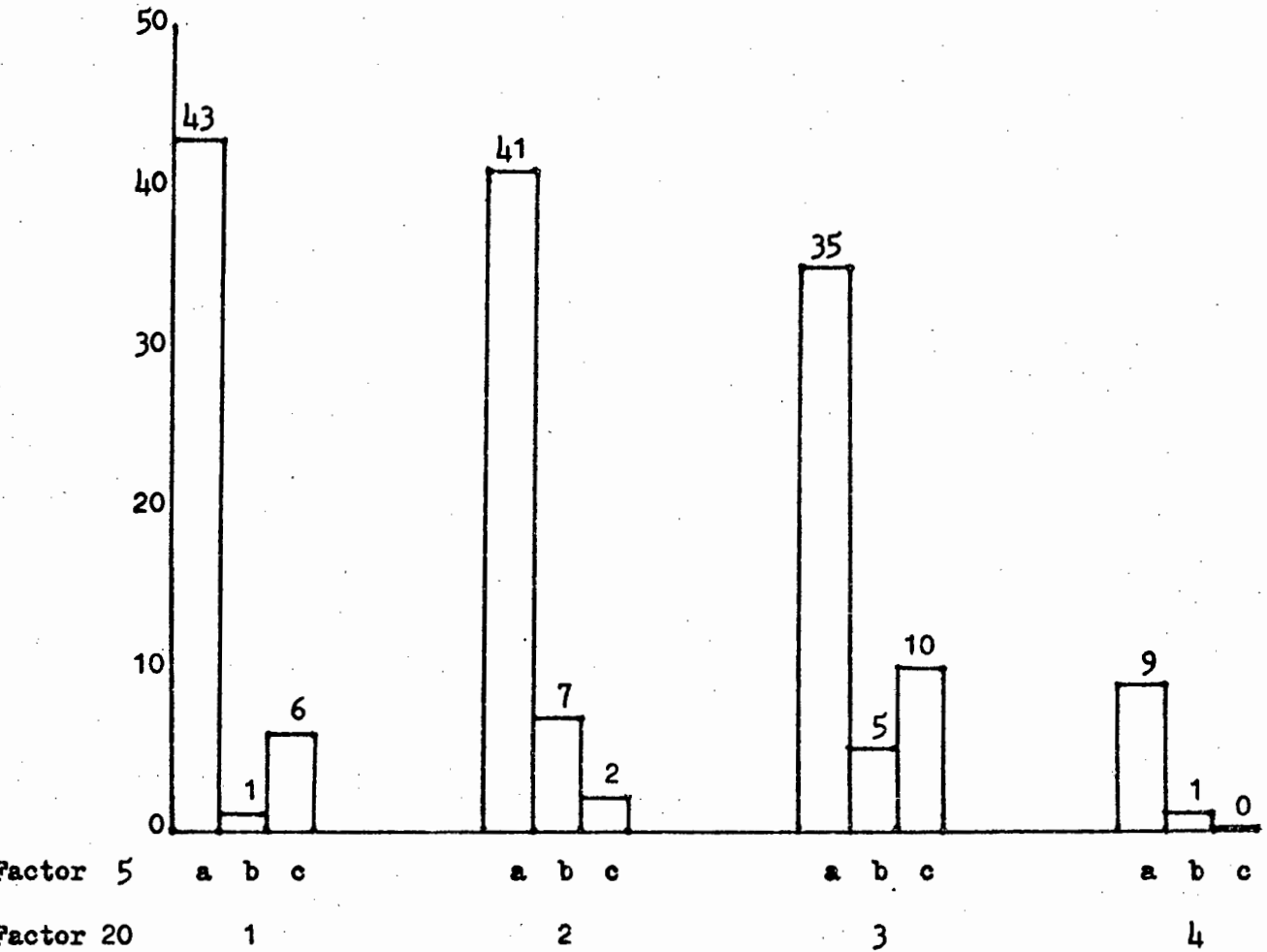
d.f. = 9

Comment

The persons caring for the child at time of first contact systematically vary with current placement type. Children in Former Custody most often were with an intact nuclear family. Children in either of the institutional placements (groups 3 and 4) are much more likely to have come from disrupted families. Those in Foster Care occupy a middle ground, and in this group extended family involvement in daily care is at its highest.

Figure 3.5

Factor 20 x Factor 5 (Presenting problems: child)



Factor 5: a = none, b = reactive problems, c = chronic problems

$\chi^2 = 12.17$ non-significant (p < .05 requires $\chi^2 = 12.59$)

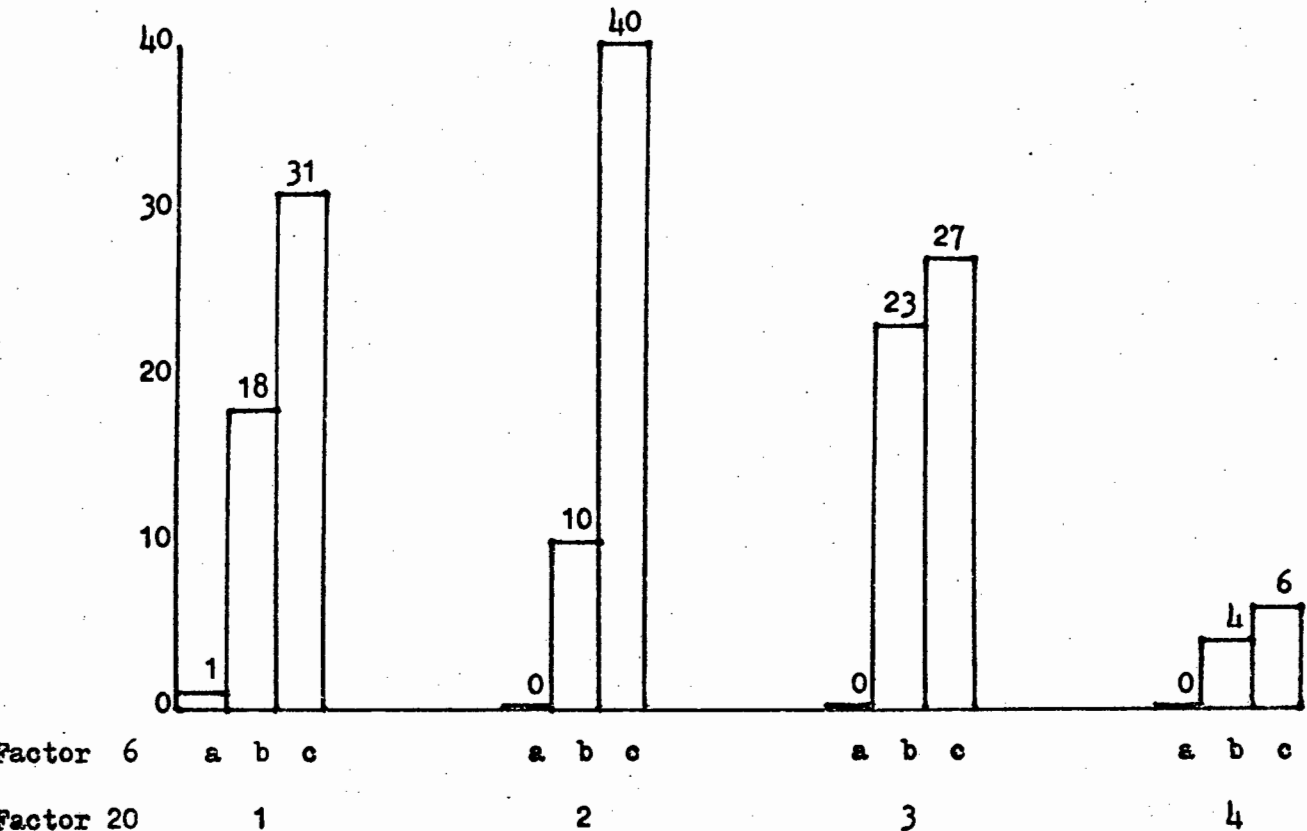
d.f. = 6

Comment

The presenting problem shown initially by the child does not vary significantly between current placements. The approximation of the value to significance permits a cautious indication of trends. Clearly, the preponderance of children were not seen as disturbed. However, those that were, are now least likely to be in former custody and most likely to be in Children's Homes. Children initially chronically disturbed are now least likely to be in Foster Care. Of the children now in Schools of Industry none was felt at first contact to be chronically disturbed.

Figure 3.6

Factor 20 x Factor 6 (Presenting problems: family)



Factor 6: a = none, b = reorganizing, c = disorganized

$\chi^2 = 10.07$ non-significant (p < .05 requires $\chi^2 = 12.59$)

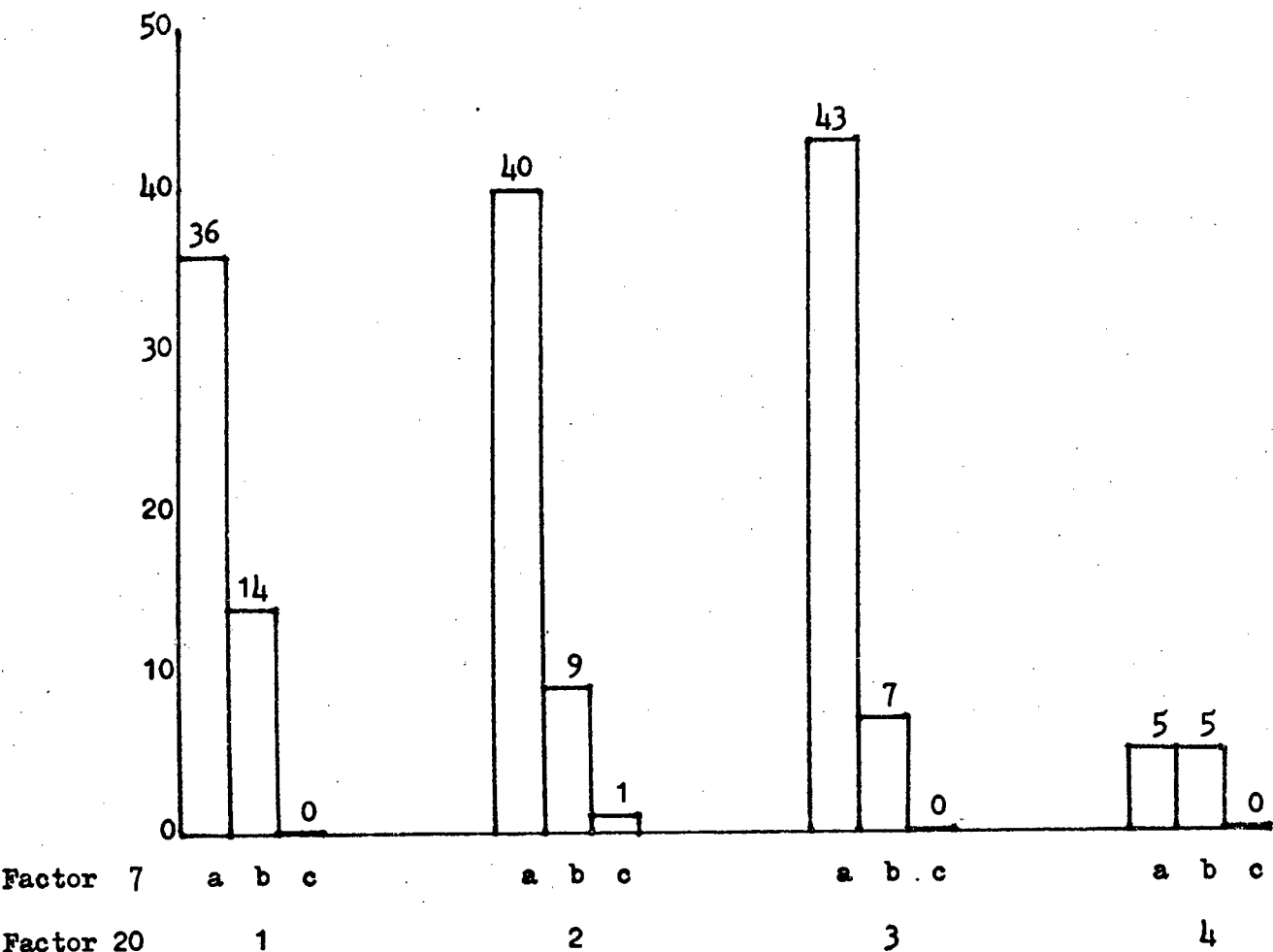
d.f. = 6

Comment

Problems manifested by family at first contact is not associated reliably with current placement. Looking at figure 3.6 suggests that children in Foster Care were much more likely to come from disorganized families, while those now in Children's Homes came from reorganizing and disorganized families in nearly equal numbers. There is no statistical evidence that group 1 families were any less disturbed than families to whom children have not now been returned. With the exception of the negative finding just stated, the above trends should be stated tentatively.

Figure 3.7

Factor 20 x Factor 7 (Intellectual level of child)



Factor 7: a = normal intelligence (IQ 85+),
 b = borderline retardation (IQ 71-84)
 c = mild or more severe retardation (IQ 70-)

$\chi^2 = 10.12$ non-significant (p < .05 requires $\chi^2 = 12.59$)

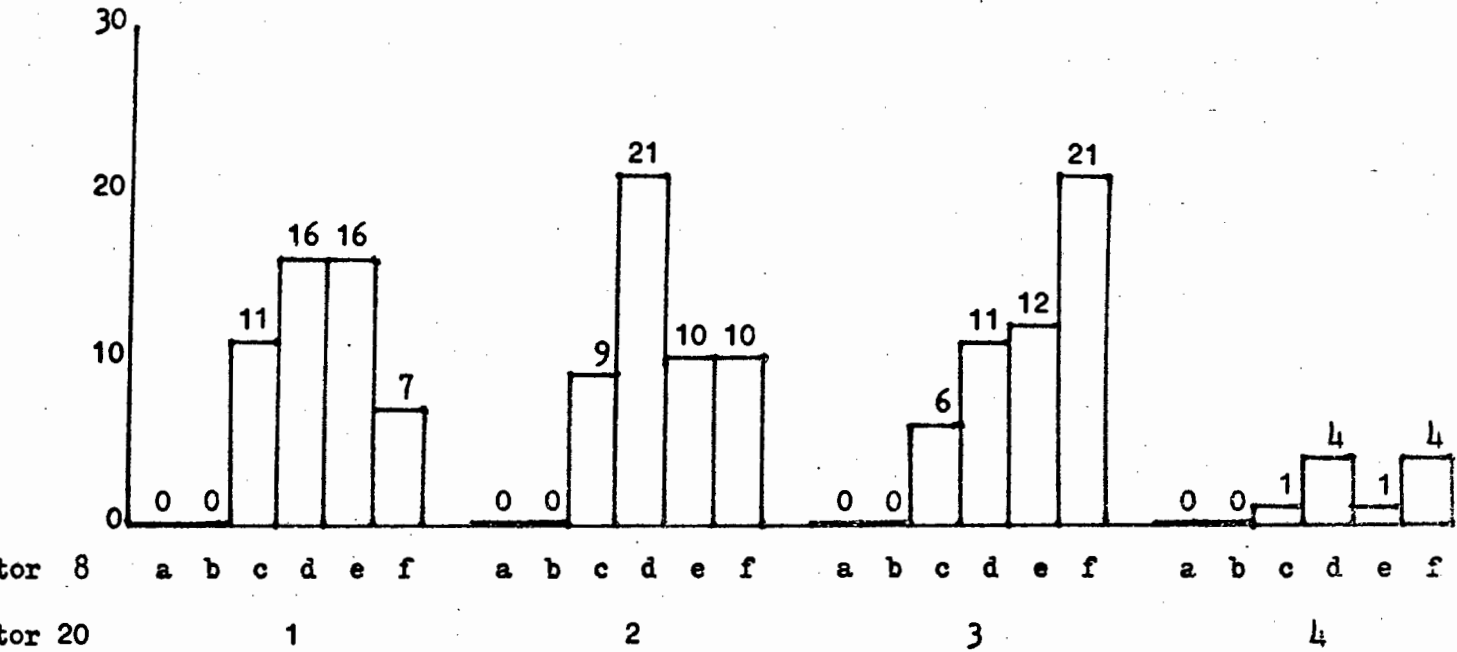
d.f. = 6

Comment

Intellectual level of the child has not been found to effect placement differentially. Of interest is the finding that equal numbers of children now in Schools of Industry are of normal intelligence and borderline retardation. In all other groups the majority of children are normally intelligent. A weak tendency for dull children to be returned to Former Custody can be discerned.

Figure 3.8

Factor 20 x Factor 8 (Socio-economic status of family)



Factor 8: a = Class 1, b = Class 2, c = Class 3, d = Class 4
 e = Class 5, f = Class 6 (Registrar General Classification 1971)

$\chi^2 = 16.62$ non-significant (p < .05 requires $\chi^2 = 24.99$)

d.f. = 15

Comment

While socio-economic status does not vary between current placement types, it may be noted that only in Children's Homes do the majority of children come from Classes 5 and 6. This tendency must be stated without statistical justification.

3.2.1 Summary

Of the 8 factors which rate aspects of the presenting problem, two produced statistically significant differences between children at present in the various management agencies. These factors were -

Factor 3 - rating referral source

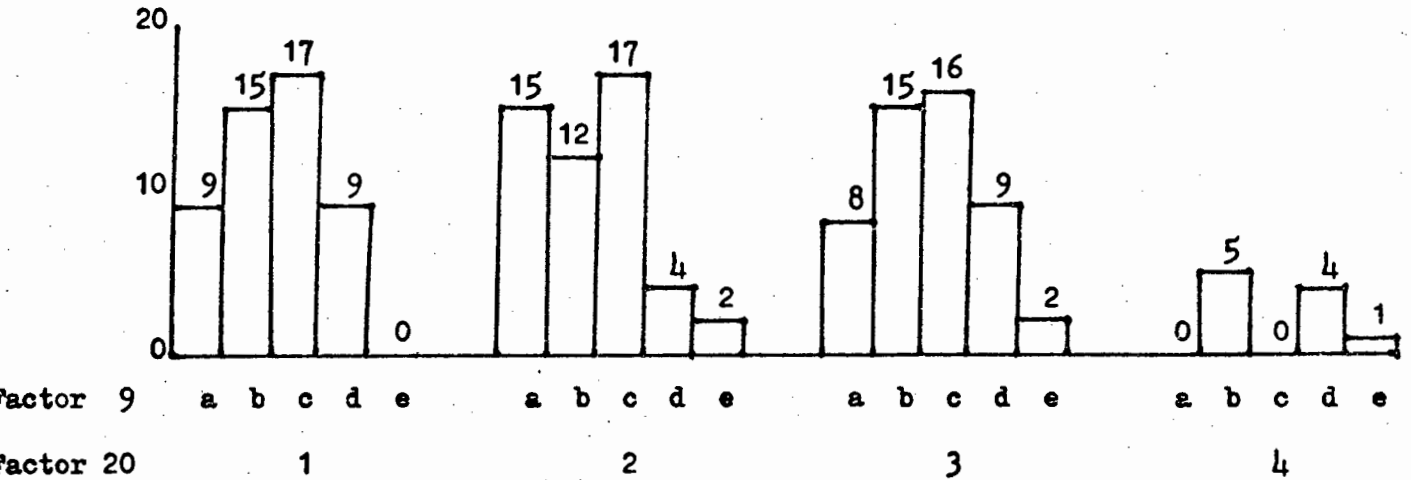
Factor 4 - rating persons with whom child was living
at the time of referral

From all other factors rated, however, information has also been extracted, although attention was drawn to the necessity to make comparative statements with caution, as they cannot be statistically substantiated. The overall impression remains that this group of factors do not reliably differentiate between groups of children at present in the various management agencies.

3.2.2 Characteristics of CWS Intervention (Factors 9-19)

Figure 3.9

Factor 20 x Factor 9 (Age at first placement)



Factor 9: a = 0-2yrs, b = 3-5yrs, c = 6-10yrs, d = 11-15yrs, e = 15+yrs

$\chi^2 = 32.59$ $p < .01$ (p < .01 requires $\chi^2 = 26.21$)

d.f. = 12

Comment

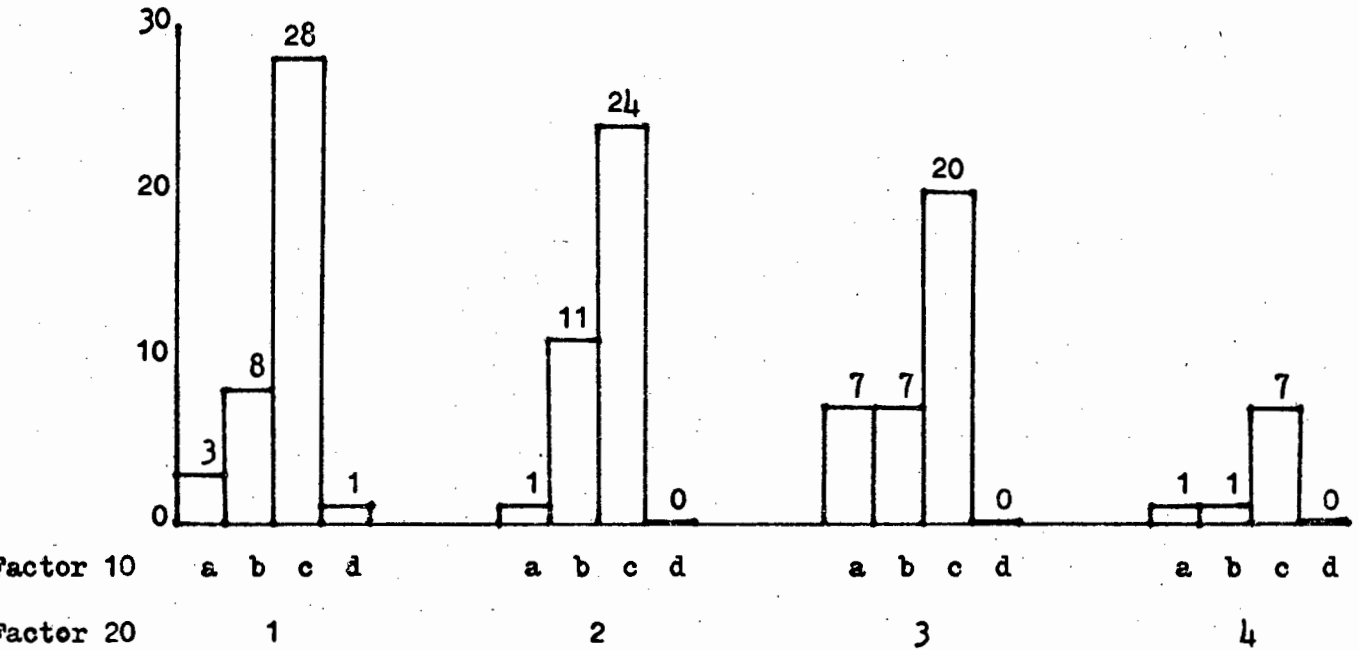
Age of first placement is significantly different between children now in the various types of management agencies. Children are in general first placed between the ages of 6-10years with the exception of children now at Schools of Industry who were most commonly first placed either earlier (3-5years) or later (11-15 years). Only children now in Foster Care are relatively commonly first placed prior to age 2 years. Any child first placed after 11 years of age is unlikely to be in Foster Care.

Age of first placement exerts considerable influence on the type of placement currently experienced by children.

Figure 3.10

Factor 20 x Factor 10 (First placement type)

N.B. Only children who have been placed more than once are considered below (n = 119)



Factor 10: a = Former Custody, b = Foster Care, c = Children's Home
d = Schools of Industry

$\chi^2 = 10.17$ non-significant

($p < .05$ requires $\chi^2 = 16.91$)

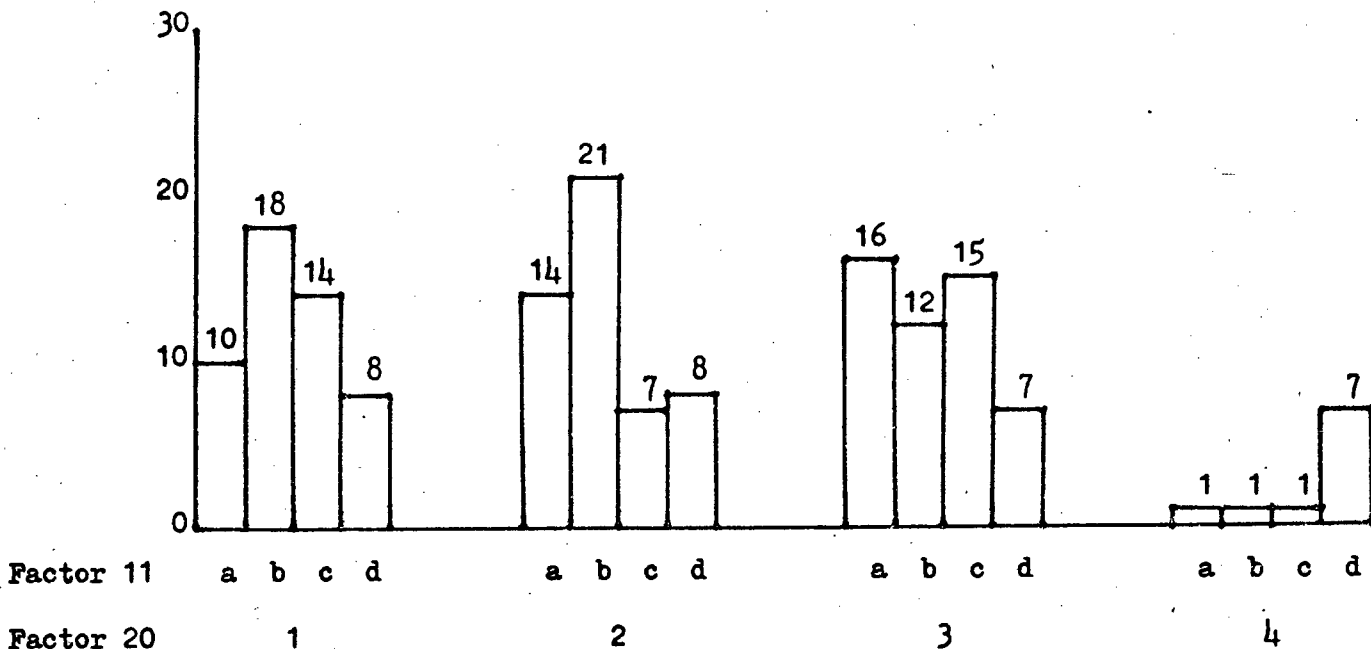
d.f. = 9

Comment

The 41 children (29%) of those rated, who have only been placed once, were excluded from this table, which is concerned with eliciting patterns over more than one placement. The lack of statistical significance of difference between the groups remaining, can be interpreted to mean that first placement type (most generally to a Children's Home) is not associated with any particular current placement type. Overall, 34 children (29%) of those placed more than once, are now in a different placement, but one of the same type as that to which they were initially referred, implying no tendency for placement types to be repeated.

Figure 3.11

Factor 20 x Factor 11 (Number of placements)



Factor 11: a = 1 placement, b = 2 placements, c = 3 placements

d = 4+ placements

$$\chi^2 = 25.15 \quad p < .01$$

$$(p < .01 \text{ requires } \chi^2 = 21.66)$$

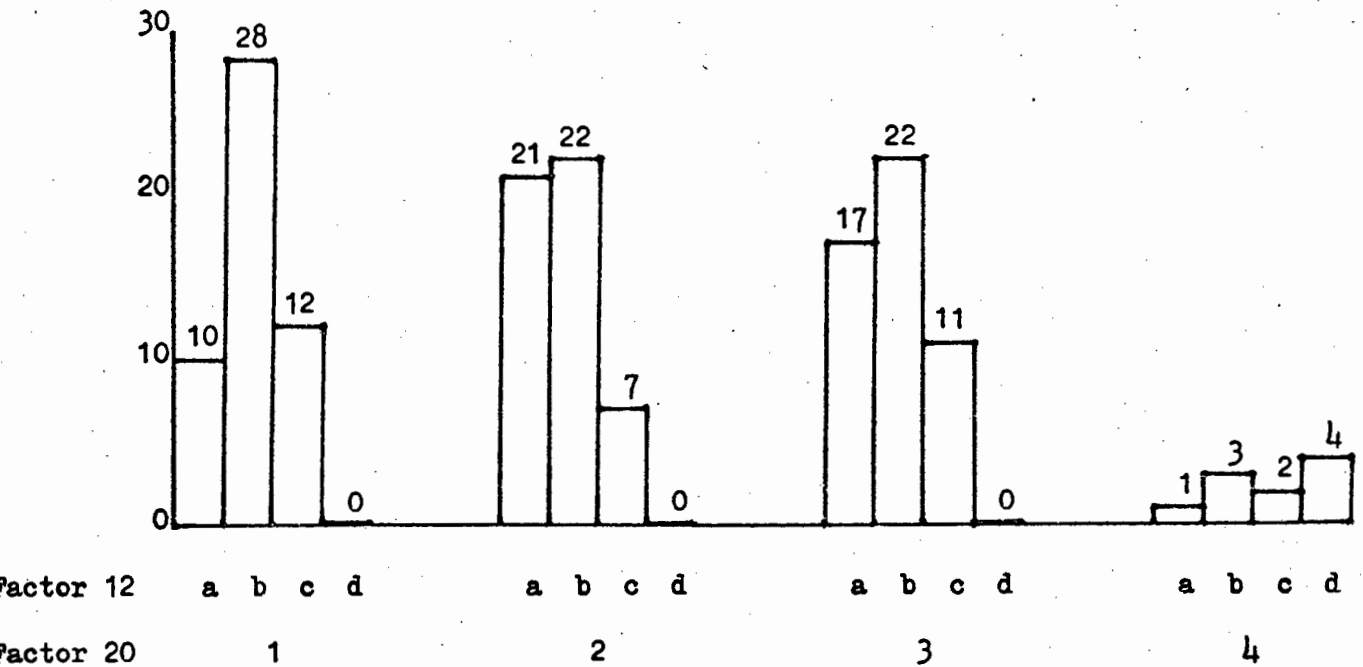
d.f. = 9

Comment

Children now at various management agencies have been exposed to different numbers of previous placements. Those in their first placement are most likely to be in Foster Care or Children's Homes. Those in their second placement are most likely to be in Foster Care or Former Custody. Four or more placements are relatively rare, except among children now at Schools of Industry, where this is the most common pattern. In summary, up to and including the third placement, all forms of management agency are considered for children, but, thereafter, Schools of Industry becomes almost a routine placement.

Figure 3.12

Factor 20 x Factor 12 (Number of types of placement)



Factor 12: a = 1 type of placement, b = 2 types of placement

c = 3 types of placement, d = 4+ types of placement

$$\chi^2 = 68.60 \quad p < .01 \quad (p < .01 \text{ requires } \chi^2 = 21.66)$$

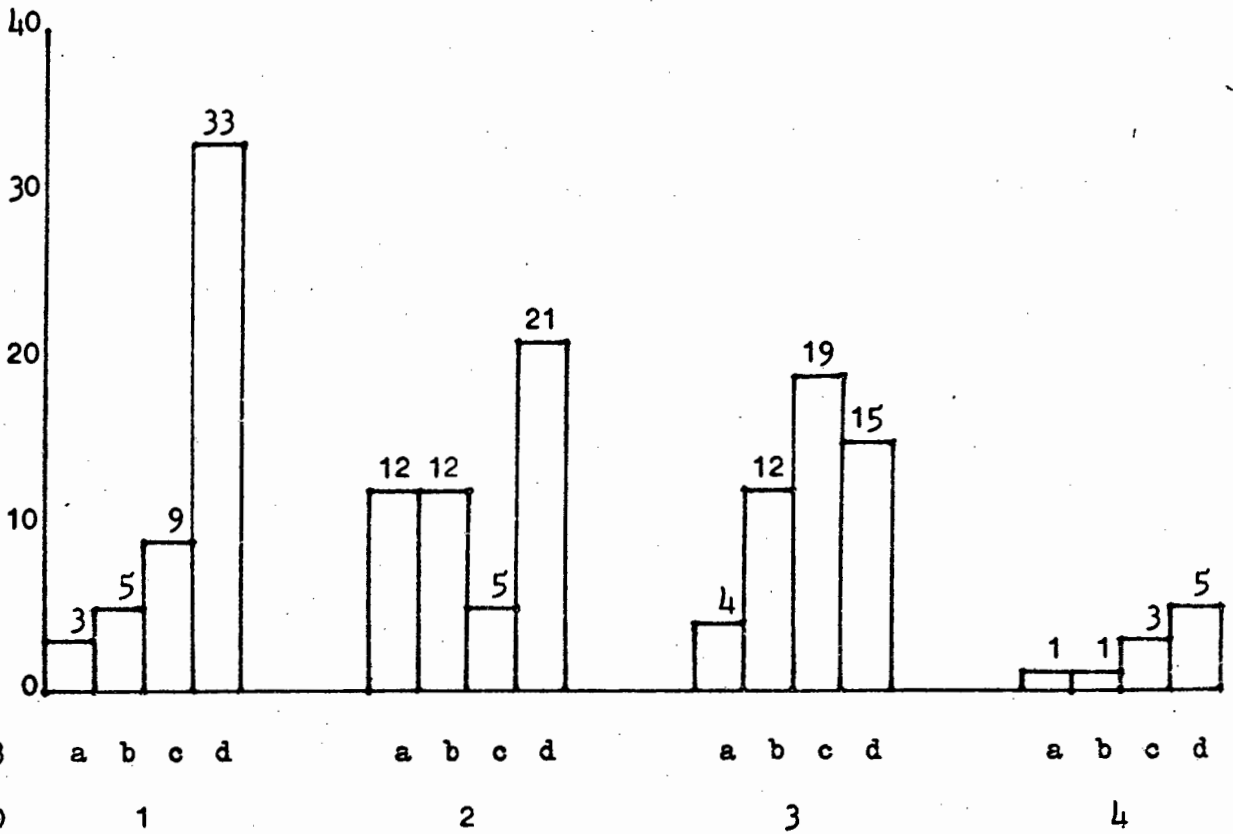
d.f. = 9

Comment

Number of types of placement experienced by a child is strongly associated with current placement type. In all groups the most common pattern is for children to have experienced two types of placement, although only among those now in Former Custody are such children an overall majority. Children now in Schools of Industry differ from this pattern in that most commonly they have been exposed to all four placement types. Children only exposed to one placement type are most likely to be in Foster Care, or Children's Homes.

Figure 3.13

Factor 20 x Factor 13 (Total number of years in any placement)



Factor 13: a = 0-6 months, b = 6 months - one year

c = up to 4 years, d = more than 4 years

$$\chi^2 = 28.57 \quad p < .01$$

$$(p < .01 \text{ requires } \chi^2 = 21.66)$$

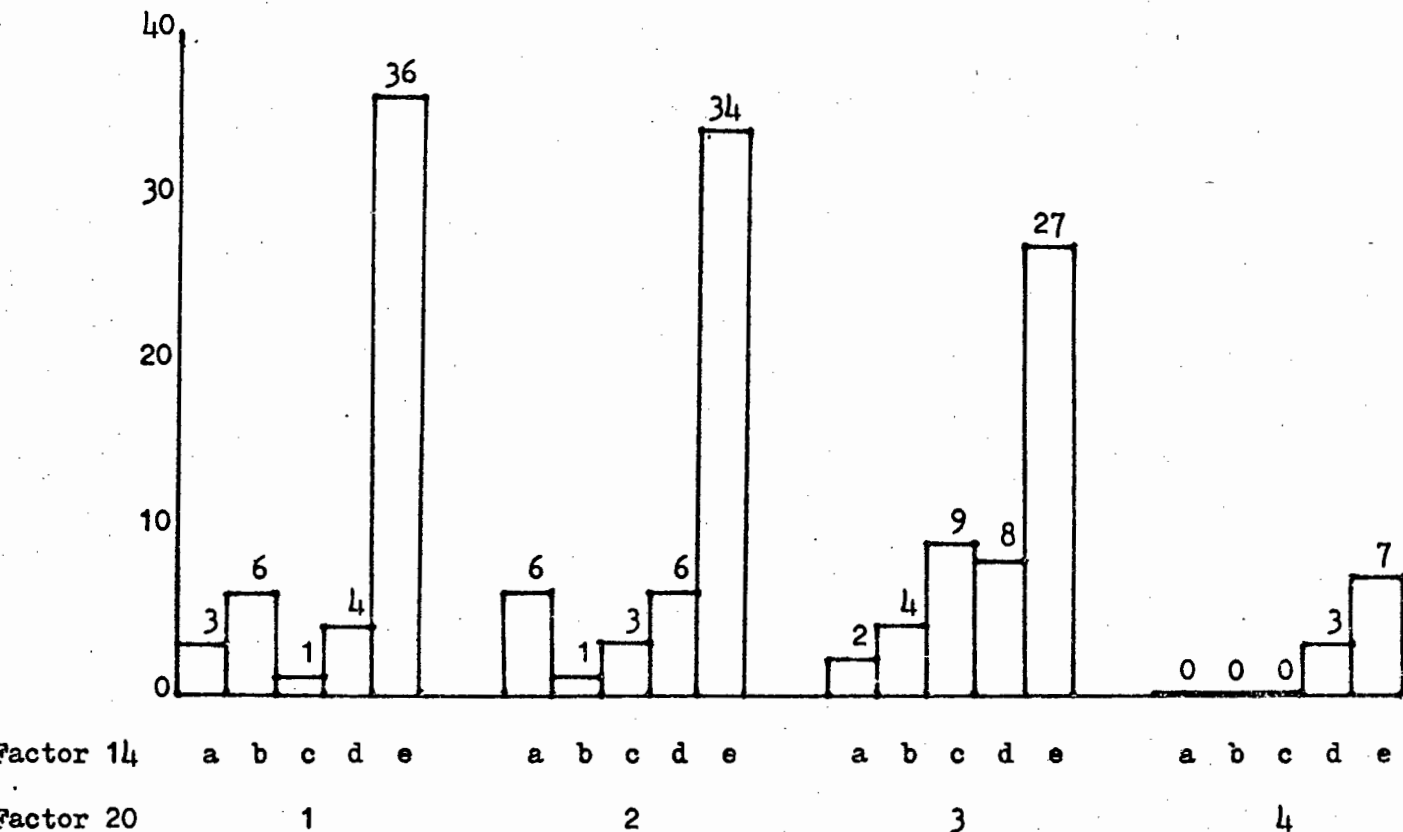
d.f. = 9

Comment

The length of time for which children have been in any placement varies significantly across groups. While 74 (46%) of all children have been placed for more than four years the proportion of such children decreases from Former Custody (66%) to Schools of Industry (50%) to Foster Care (42%). Only in Children's Homes are such children not the most populous sub-group. Of all recent placements ('a' and 'b') the same number of children have been placed in Foster Care, as in all other types of placement taken together (24 : 26).

Figure 3.14

Factor 20 x Factor 14 (Proportion of siblings placed)



Factor 14: a = only child, b = only sibling placed, c = $\frac{1}{2}$ siblings placed
 d = $\frac{1}{2}$ siblings placed, e = all siblings placed

$\chi^2 = 22.03 \quad p < .05 \quad (p < .01 \text{ requires } \chi^2 = 26.21)$

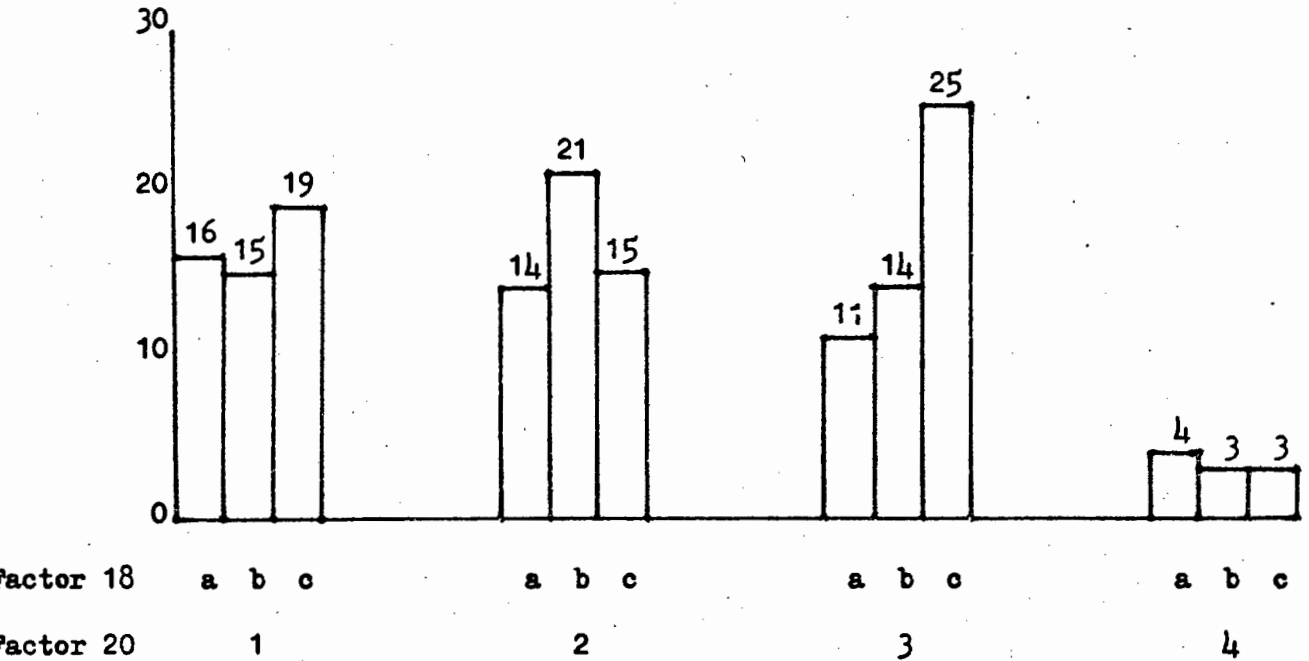
d.f. = 12

Comment

The proportion of siblings placed under the Children's Act (1960) varies with present placement type. Overall, 104 (65%) children come from families where all siblings have been placed. Children of whom this is true are least likely to be in Children's Homes. Of the 11 only-children in the cohort studied, 6 (55%) were placed in Foster Care. When only one child is found to be in need of care he tends to be placed in Former Custody or Children's Homes, but is unlikely to be placed in Foster Care. The highest placement rate among siblings is found amongst those returned to Former Custody (72%) and those now at Schools of Industry (70%).

Figure 3.15

Factor 20 x Factor 18 (Behaviour of child subsequent to first placement)



Factor 18: a = problems increase, b = no marked changes
c = problems decrease

$\chi^2 = 6.02$ non-significant

($p < .05$ requires $\chi^2 = 12.59$)

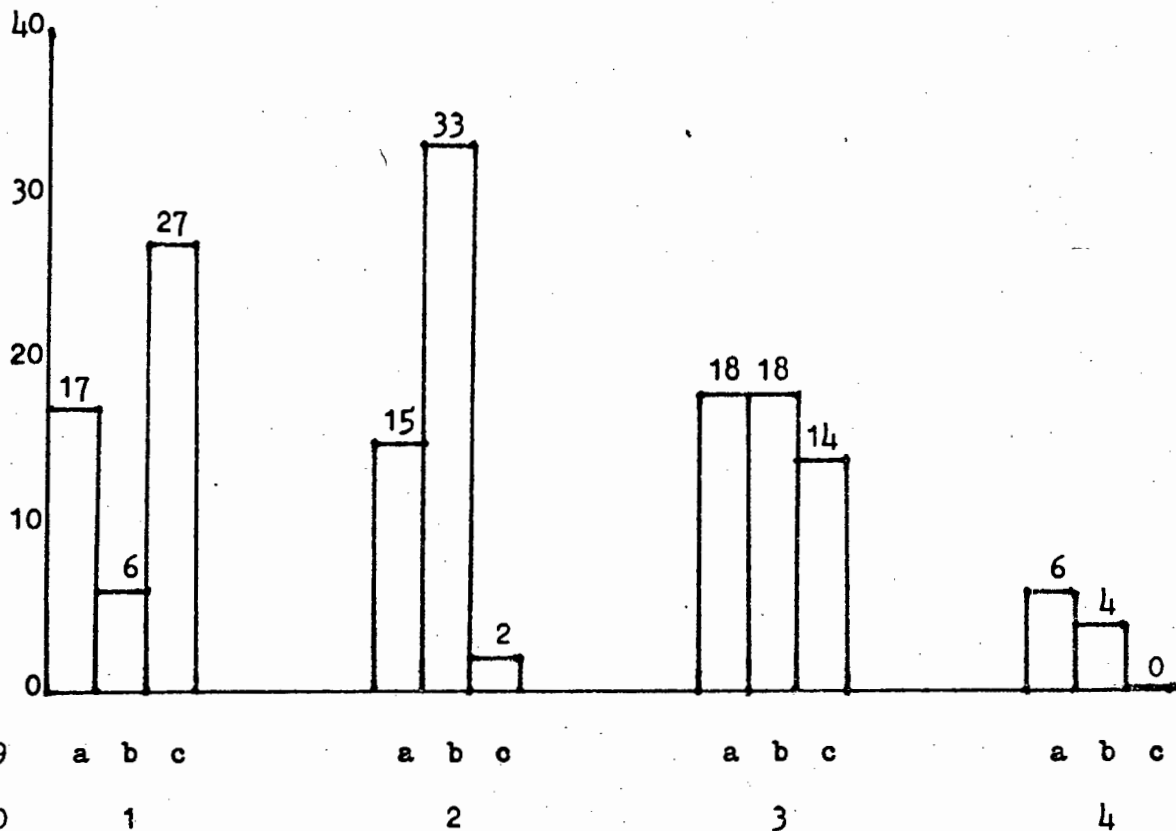
d.f. = 6

Comment

There are no statistically significant differences between groups. Of interest is the relative efficacy of Children's Homes, which have the best rate of effecting a decrease in problem behaviour or emotional disturbance and the relatively high proportion of children (40%) now in Schools of Industry, who responded poorly to their first placement. These differences are not statistically justifiable and should be taken as suggested rather than demonstrated. Overall, 45 children (28%) responded to their first placement with an increase in problem behaviour, 59 (37%) show improvement and the remaining 35% do not change.

Figure 3.16

Factor 20 x Factor 19 (Reconstruction participation by parents)



Factor 19: a = problems worsen, b = no significant change,
c = problems decrease

$\chi^2 = 47.68$ $p < .01$ (p < .01 requires $\chi^2 = 16.81$)

d.f. = 6

Comment

The degree to which parents have benefited from reconstruction services varies in association with the present placement of their child. Almost equal numbers of families in each group deteriorate, the number being 56 (35%) overall. In 66% of those cases in which a family now has their child placed in Foster Care they have made no significant changes in their behaviour, whereas this is true of only 12% of families to whom the child has been eventually returned. Conversely, 54% of families to whom children have been returned after a Court Enquiry, have made gains, whilst this is true for only 4% whose child is now in Foster Care.

3.2.2 Summary

Of the 8 factors rating aspects of CWS intervention 6 produced statistically significant differences between groups as defined by factor 20. These factors were:-

- Factor 9 - Age at first placement
- Factor 11 - Number of placements
- Factor 12 - Number of types of placement
- Factor 13 - Total number of years in any placement
- Factor 14 - Proportion of siblings placed
- Factor 19 - Reconstruction participation by parents

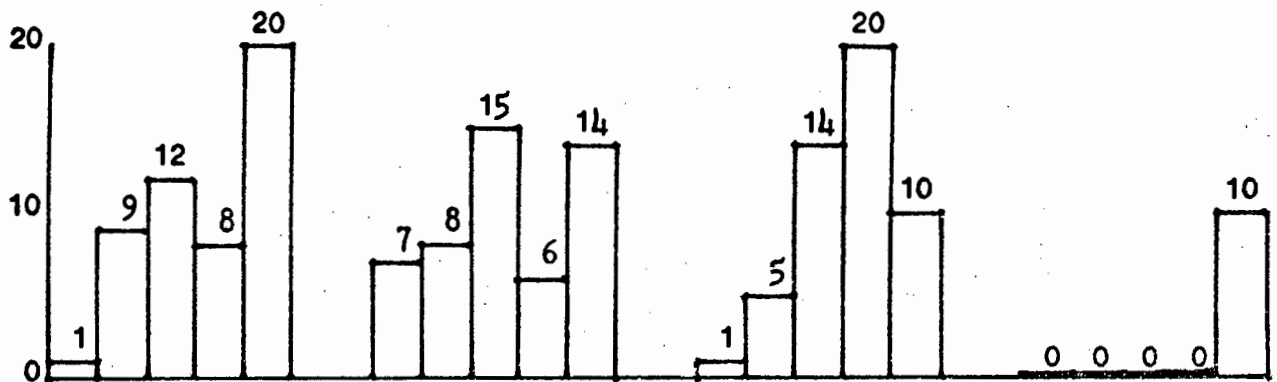
The implications of these differences will be explored in the final Chapter in more detail. It is sufficient for the present to note that it appears that once they have been placed differences between children more reliably emerge. In other words, that being placed implies various consequences, which differ between management agencies.

3.2.3 Most Recent Placement and Current Functioning (Factors 21-29)

Figure 3.17

Factor 20 x Factor 21 (Current age of child)

(N.B. χ^2 calculated only over groups 1 - 3, since the Children's Act (1960) restricts the age at which a child may be placed at Schools of Industry.)



Factor 21 a b c d e a b c d e a b c d e a b c d e
 Factor 20 1 2 3 4

Factor 21: a = 0-2yrs, b = 3-5yrs, c = 6-10yrs, d = 11-15yrs, e = 15+yrs

$\chi^2 = 23.10$ $p < .01$ ($p < .01$ requires $\chi^2 = 20.09$)

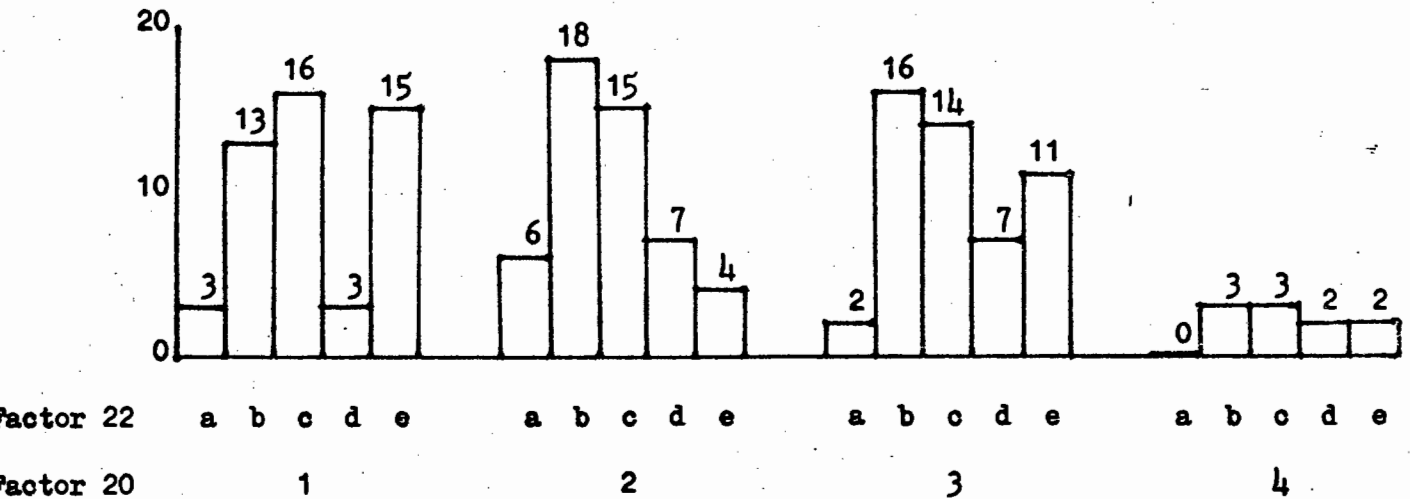
d.f. = 8

Comment

The distribution of children by age varies across groups 1 - 3, to a significant degree. Children aged 0-2 years are most commonly in Foster Care. Between the ages of 3-5 years a child is least likely to be in a Children's Home. Those children aged 6-10 years are evenly distributed between groups. The most common placement for children aged 11-15 years is in a Children's Home. 44% of children are over the age of 15 years, and are only slightly less commonly in Foster Care than in either of the other two placements here considered. All children now in Schools of Industry are over the age of 15 years.

Figure 3.18

Factor 20 x Factor 22 (Number of siblings in family)



Factor 22: a = 1 sibling, b = 2-3 siblings, c = 4-5 siblings,
d = 6-7 siblings, e = 7+ siblings

$\chi^2 = 12.79$ non-significant (p < .05 requires $\chi^2 = 21.06$)

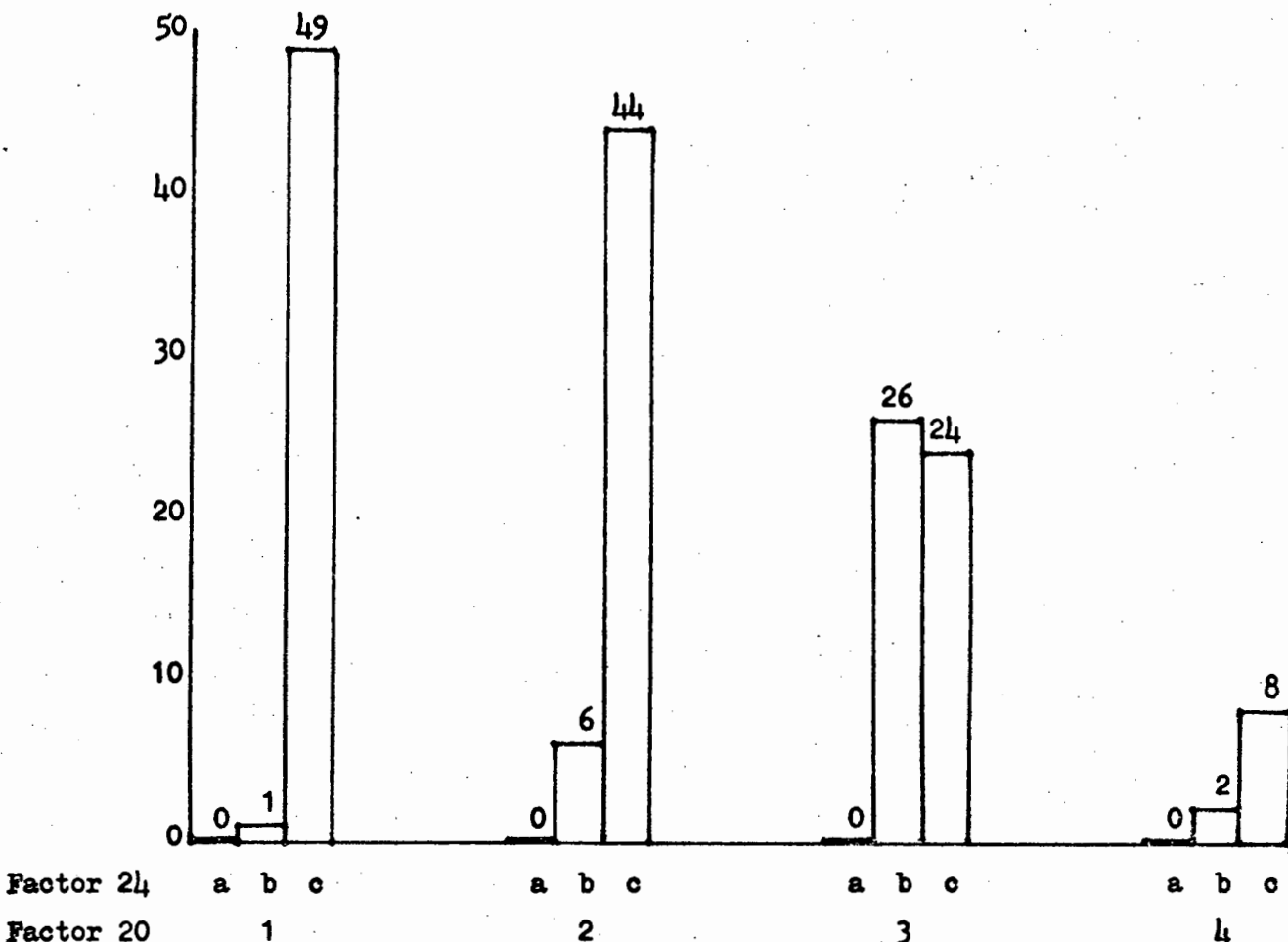
d.f. = 12

Comment

Differences between groups are not significant, so that the number of siblings in a family has not been found to vary systematically with present placement. There would appear to be a tendency for children from large families to be less likely to be in Foster Care, since in this group 48% of children come from families of at most 3 children. This statement must be treated with caution.

Figure 3.19

Factor 20 x Factor 24 (Intended duration of current placement)



Factor 24: a = less than 6 months, b = less than 2 years, c = indefinite

$$\chi^2 = 41.02 \quad p < .01 \quad (p < .01 \text{ requires } \chi^2 = 16.81)$$

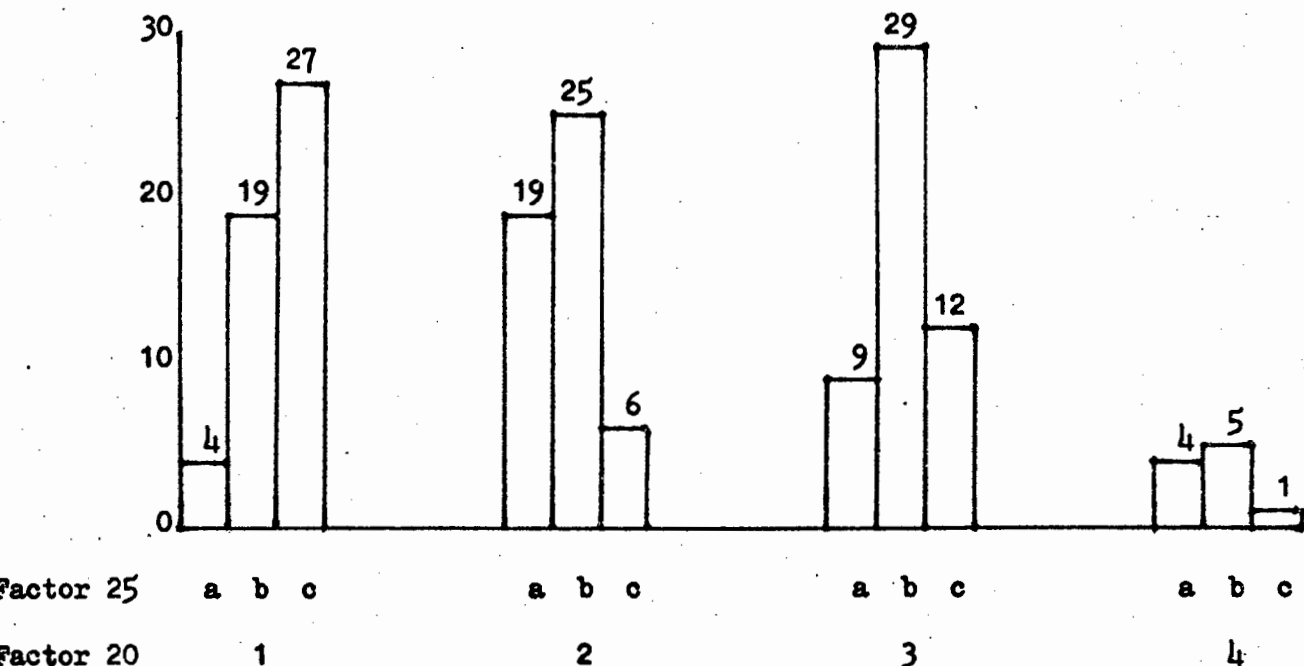
d.f. = 6

Comment

The intended duration of present placement varies reliably between groups. Only in group 3 were the majority of children anticipated to remain for less than two years in their placement. The expectation, at the time the placement was made, for all other groups is that the child will not be placed elsewhere prior to discharge from the Children's Act (1960). For the sample of children as a whole, this is the expectation in 78% of cases, and is most true of children in Former Custody.

Figure 3.20

Factor 20 x Factor 25 (Current relationship between child and parent(s))



Factor 20: a = deteriorated, b = unchanged, c = improved

$$\chi^2 = 31.48 \quad p < .01$$

$$(p < .01 \text{ requires } \chi^2 = 16.81)$$

d.f. = 6

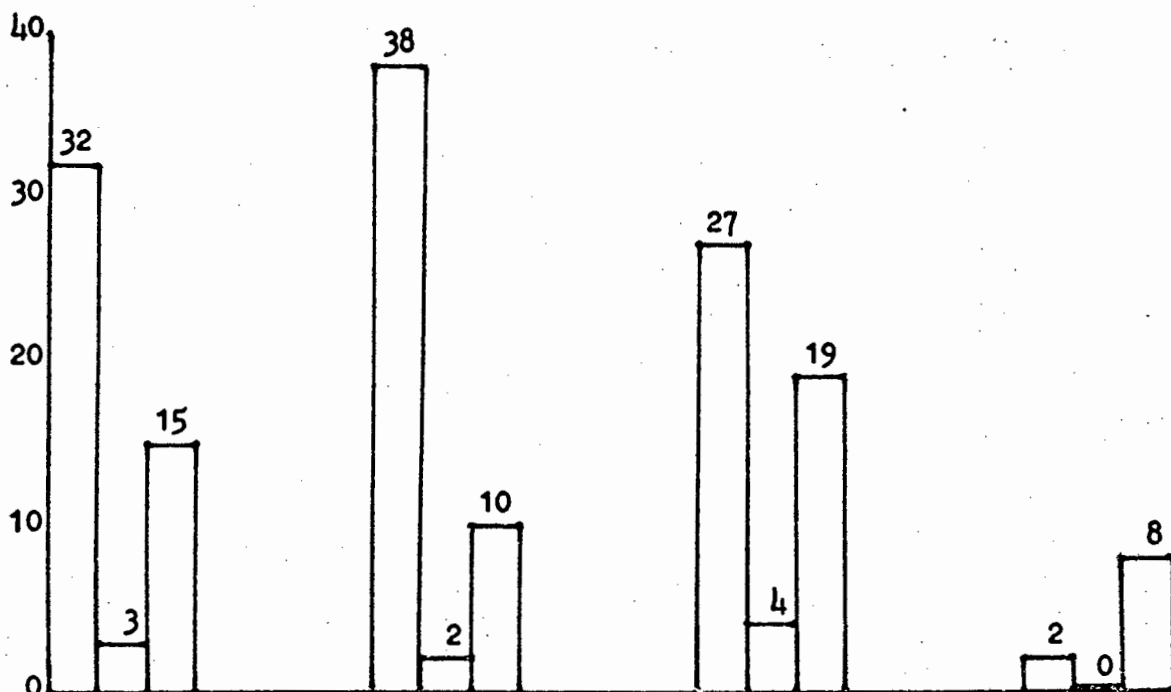
Comment

The present relationship between child and parent varies in terms of current placement. Most commonly, placement in Former Custody is associated with improved relationships, placement at a Children's Home is associated with no change in relationship and placement in Foster Care is associated with a deterioration in parent-child relationship. Placement at a School of Industry is very infrequently associated with improved relationships.

This factor rates relationships as most recently reported (see section 2.4.2.3 pg. 74), making the inference permissible, that current placement is one factor effecting the manner in which parent and child relate, rather than the obverse. Causal relationships are not here derived from any statistical analysis.

Figure 3.21

Factor 20 x Factor 26 (Problems manifested by child at time of most recent placement)



Factor 26 a b c a b c a b c a b c
 Factor 20 1 2 3 4

Factor 26: a = none, b = reactive, c = chronic

$\chi^2 = 16.29$ $p < .05$

($p < .01$ requires $\chi^2 = 16.81$)

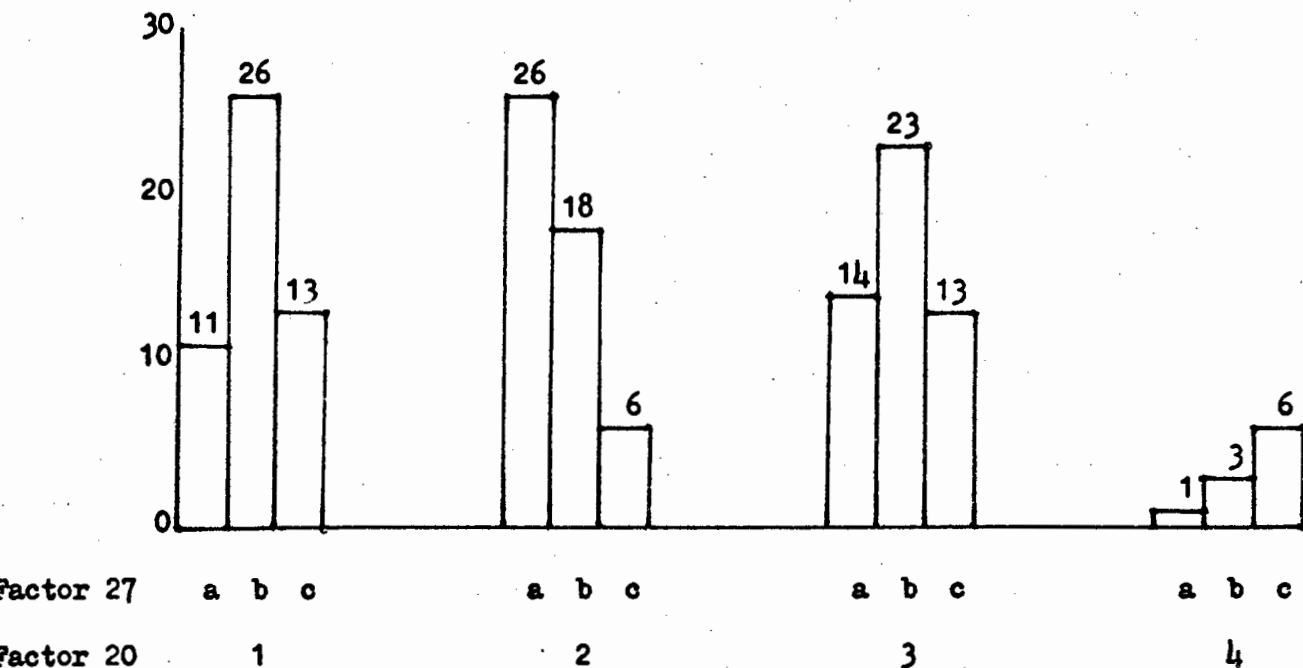
d.f. = 6

Comment

Degree of disturbance shown by child varies significantly across types of placement, when the measurement is made at the time of most recent placement. Children felt to be normal, are most likely to be placed in Foster Care, while disturbed children are more likely to be placed in care at an institution. Overall, 99 children (62%) were seen as not being disturbed, while 52 (32%) are seen as chronically disturbed. It should be noted that 15 disturbed children have been returned to Former Custody, while two children seen as normal, have been placed at a School of Industry.

Figure 3.22

Factor 20 x Factor 27 (Scholastic performance)



Factor 27: a = achieving normally, b = episodic under-achievement
 c = chronic under-achievement

$\chi^2 = 20.00$ $p < .01$ (p < .01 requires $\chi^2 = 16.81$)

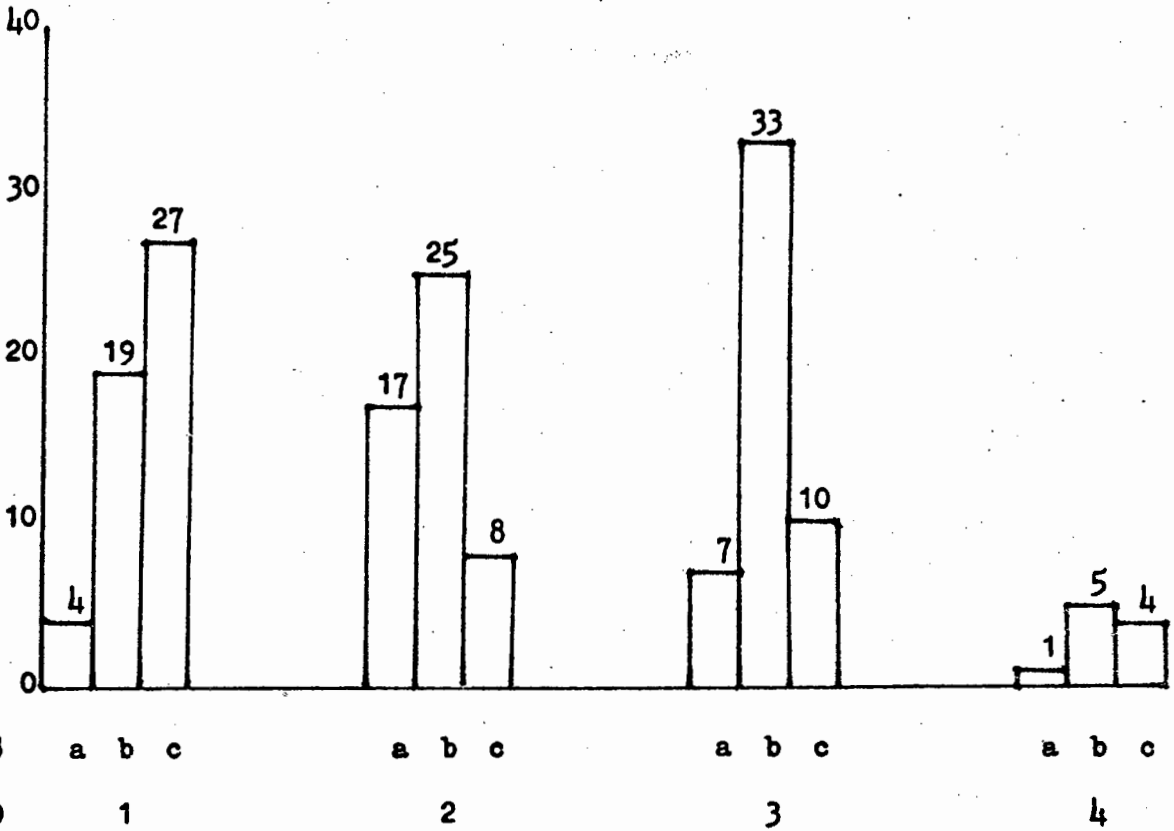
d.f. = 6

Comment

Scholastic performances varies differentially across placement type. Children in Foster Care are most likely to achieve normally. Those in Schools of Industry most commonly under-achieve. Those in Children's Homes and in Former Custody show similar patterns, with approximately one quarter of children doing well, one quarter doing poorly and the rest fluctuating, but generally not working at their potential.

Figure 3.23

Factor 20 x Factor 28 (Current family functioning)



Factor 28: a = deteriorated, b = unchanged, c = improved

$$\chi^2 = 29.02 \quad p < .01$$

$$(p < .01 \text{ requires } \chi^2 = 16.81)$$

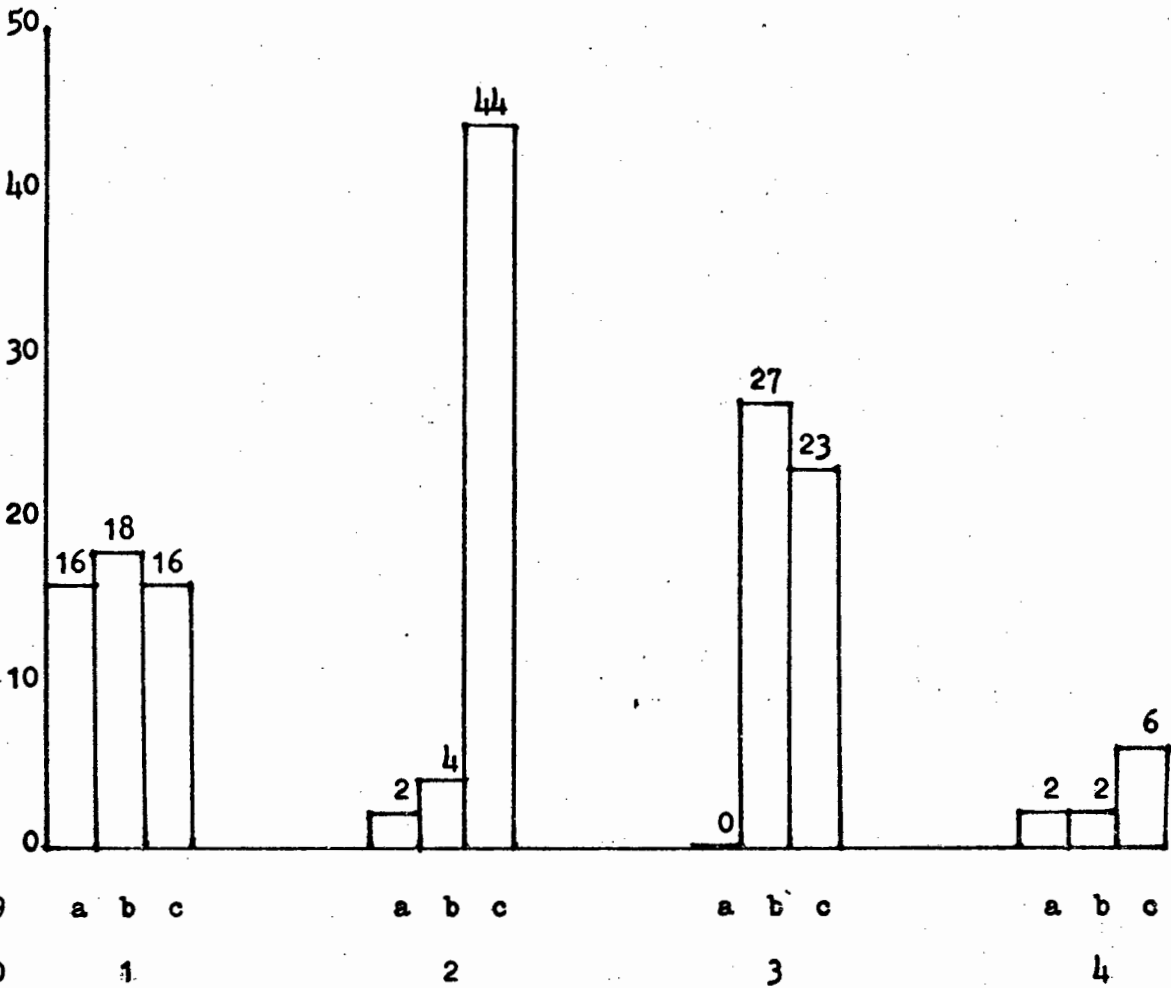
d.f. = 6

Comment

Overall family functioning varies with placement type. Most improvement is seen in families where children have been returned to Former Custody, or placed at a School of Industry. Deterioration is most commonly seen in families from which children have been placed in Foster Care. The most common association between placement of youngsters in a Children's Home and family functioning is that there is no significant change.

Figure 3.24

Factor 20 x Factor 29 (Degree to which placement meets present needs of child)



Factor 29: a = insignificantly, b = partially, c = adequately

$$\chi^2 = 57.44 \quad p < .01$$

$$(p < .01 \text{ requires } \chi^2 = 21.66)$$

d.f. = 6

Comment

Placements vary in the degree to which they are seen as meeting the children's needs. Foster Care is considered generally to meet children's needs best. Children's Homes are considered partially to meet needs in more than half the cases sampled. There is most ambivalence about Former Custody, the placement being considered inadequate in over 30% of cases. Schools of Industry are generally felt to supply what children referred to them need. In 89 cases of those children sampled (56%), placement is felt to be adequate.

3.2.3 Summary

Of the 8 factors rating most recent placement and current functioning, all but one produced significant differences between groups. The implication of this is that children were not placed at random, but on the basis of differences which will be detailed later. Further, placement type varies in association with current functioning of both the child and his family. These effects too, will be discussed in Chapter 4 below.

3.2.4 Summary of Above Presentation of Factors

This concludes the presentation of data in terms of the dependent variable, current placement type. As has been briefly shown in sectional summaries above this analysis allows statements to be made about typical presenting problems, aspects of CWS intervention, and about the more or less recent consequences to the child and his family of the child's being found to be in need of care and placed within one or other of the management agencies. The results described above will be summarised in Table 4.1 below (pg. 153).

The next part of this Chapter consists of the presentation of demographic data.

3.3. Demographic Features of Children Sampled; Preliminary Remarks

In what follows, a series of figures show the distribution of all the children sampled within categories defined by the independent variables used in this study.

In order to simplify presentation, features common to all figures will be specified so that this information does not have to be repeated in each figure.

In all cases, unless otherwise specified:-

1. Data will be presented in the form of histograms.
2. Each column represents the proportion of children found within its specified limits.
3. The exact percentage is typed above each column.
4. The vertical axis records 'percentage of children'; in all figures this scale is identical.
5. The horizontal axis records the sub-divisions of each independent factor used in this study, which are briefly re-stated for each figure.

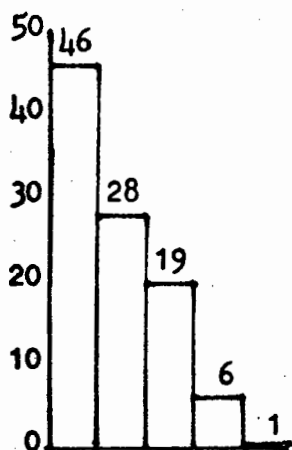
In presenting this data, it is hoped that the emerging features of the 'typical' child at present placed through CWS will serve two aims. The one is the outlining of a typical child in care, which may be of use in identifying children at risk in the general population. The other aim is the demarcation of what most commonly occurs with children in care and the consequences thereof. This information will be used to comment on current strengths, weaknesses, and trends in CWS intervention. Implications for future planning and service provision will be explored.

The following sections (3.3.1 - 3.3.3 pgs. 124 - 140) present this data.

3.3.1 Presenting Problems - Factors 1 - 8

Figure 3.25

Factor 1 - Age at first contact with CWS



Factor 1: a = 0-2 yrs
b = 3-5 yrs
c = 6-10yrs
d = 11-15yrs
e = 15+yrs

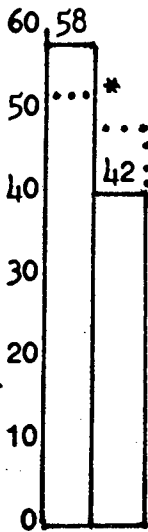
Factor 1 a b c d e

Comment

Allowance must be made for the fact that age range 0-2 years is over-estimated in that some children were born after first contact with CWS, in which case they were rated as known to CWS before age two years. Others were born at a time when the family file was inactive so that in fact they were perhaps not known to CWS. Nevertheless, nearly half (46%) of all children are at least potentially known of by age 5 years.

Figure 3.26

Factor 2 - Sex of child



Factor 2: a = male

b = female

* Percentage of male (53%)/female(47%) children among all siblings whether placed or not.
(n = 201)

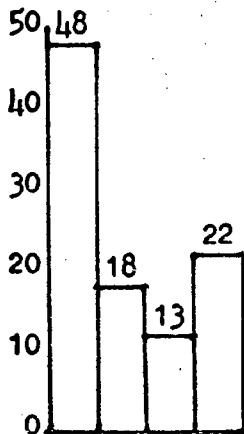
Factor 2 a b

Comment

There were 6% more male than female children among all siblings in families sampled. There is a slightly greater tendency for males to be placed, in that there is a 16% difference between number of boys and girls actually placed, in favour of males.

Figure 3.27

Factor 3 - Referral Source



Factor 2:

a = nuclear family

b = extended family

c = other Agency approached by family

d = other Agency which approached family

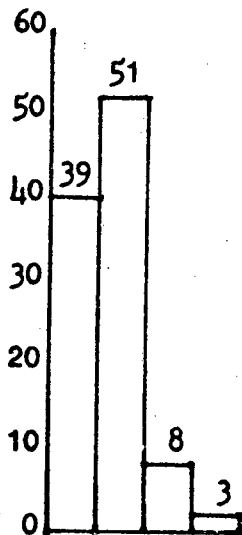
Factor 3 a b c d

Comment

Referrals are most frequently made by the family itself. One referral in five is not self-motivated (column d)

Figure 3.28

Factor 4 - Child living with, at time of first referral



Factor 4:

- a = nuclear family intact
- b = nuclear family disrupted
- c = extended family member
- d = other

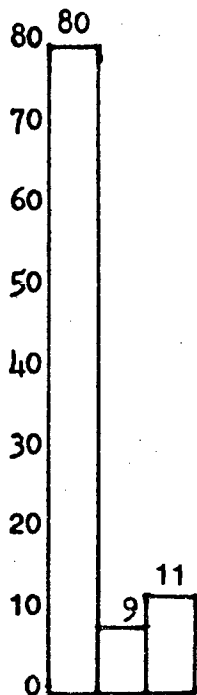
Factor 4 a b c d

Comment

Over half of all children placed live in disrupted nuclear families. The 8% living with extended family members is likely to be an underestimate, as it reflects only long-standing arrangements.

Figure 3.29

Factor 5 - Presenting problems: child



Factor 5: a = none

- b = reactive problems
- c = chronic problems

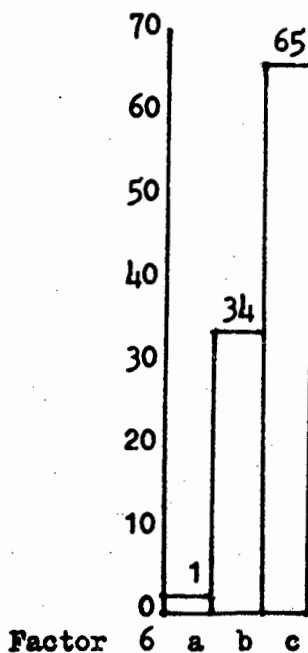
Factor 5 a b c

Comment

80% of all children are not felt to be disturbed when first seen by CWS. Equal numbers of children are seen as reactively and chronically disturbed.

Figure 3.30

Factor 6 - Presenting problems: family



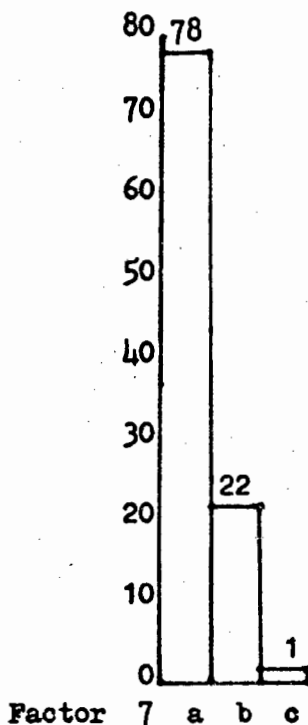
Factor 6: a = none
b = reorganising
c = disorganised

Comment

Virtually all families are considered disturbed. Nearly twice as many are seen as disorganised as are felt to be reorganising.

Figure 3.31

Factor 7 - Intellectual level of child



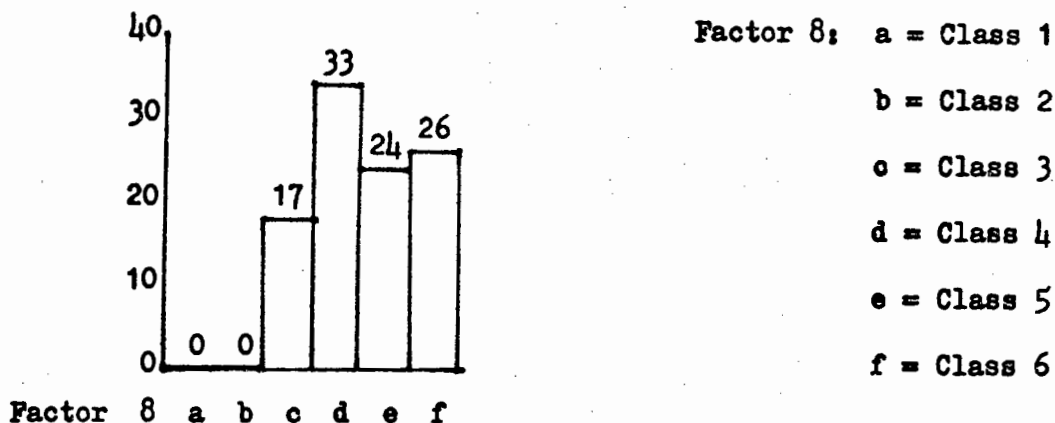
Factor 7:
a = normal intelligence (IQ 85+)
b = borderline retardation (IQ 71-84)
c = mild or more severe retardation (IQ 70-)

Comment

Slightly more than one child in five is considered to be of borderline mental retardation or lower IQ.

Figure 3.32

Factor 8 - Socio-economic status of family



Comment

There are no families from social class 1 or 2 who had children placed through CWS. The most common social class is Class 4, but Classes 5 and 6 are only slightly less frequently represented. Social Class 3 is the least common of the social classes represented. Overall, though, the distribution is relatively even over the 4 lower social class ratings.

Summary

Some important findings on the 8 factors measuring presenting problems are the following:-

- Factor 1 - Nearly half of all children are potentially known to CWS before two years of age.
- Factor 2 - There is a tendency for more male children to be placed.
- Factor 3 - Referrals are most often initiated by the family themselves.
- Factor 4 - Half of all children live in disrupted families.

Factor 5 - The great majority of children are not initially felt to be disturbed.

Factor 6 - Typically, families are disorganised.

Factor 7 - One child in five is intellectually at the level of borderline mental retardation.

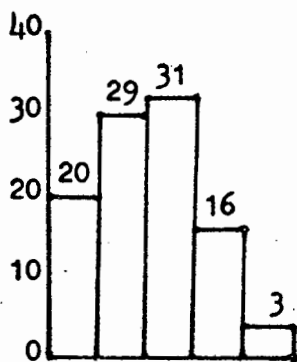
Factor 8 - Most commonly, children come from families of Social Class 4.

The implications of these, and further findings, will be discussed in the final Chapter.

3.3.2 Characteristics of CWS Intervention (Factors 9-19)

Figure 3.33

Factor 9 - Age at first placement



Factor 9: a = 0- 2yrs
b = 3- 5yrs
c = 6-10yrs
d = 11-15yrs
e = 15+yrs

Factor 9 a b c d e

Comment

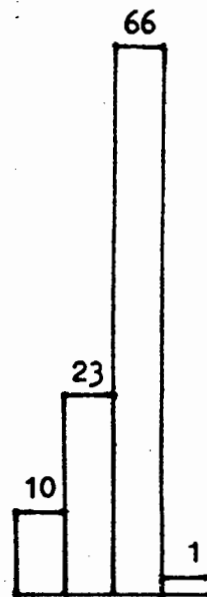
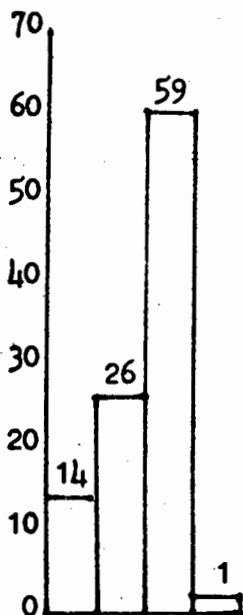
Most children are first placed between the ages of 3-10 years. Approximately one in five is placed either before two years or between 11 and 15 years of age. Placements after age 15 are very unlikely to be a first committal.

Figure 3.34

Factor 10 - First placement type

A) All Children rated (N=160)

B) Children placed more than once(N=119)



Factor 10 a b c d

a b c d

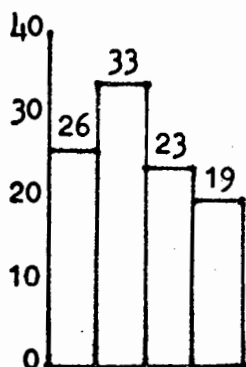
Factor 10: a = Former Custody, b = Foster Care, c = Children's Home
d = Schools of Industry

Comment

From Figure 3.33A it can be seen that for all children a Children's Home is the most usual first placement, followed by Foster Care and Former Custody. Schools of Industry is a very unusual first placement. Figure 3.33B provides the information that there is a very slight tendency for children who are placed more than once to be even more likely first to go to a Children's Home and less likely to first be placed in Foster Care or Former Custody. These differences are minimal, and it is probably true to say that the pattern of first placement is the same, whether or not a child is placed once only or more than once.

Figure 3.35

Factor 11 - Number of placements



Factor 11: a = 1 placement
b = 2 placements
c = 3 placements
d = 4+ placements

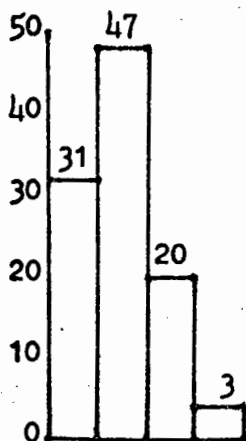
Factor 11 a b c d

Comment

Children most commonly experience two placements. One in four is only placed once, approximately one in five experiences either three or four or more placements.

Figure 3.36

Factor 12 - Number of types of placement



Factor 12: a = 1 type of placement
b = 2 types of placement
c = 3 types of placement
d = 4+ types of placement

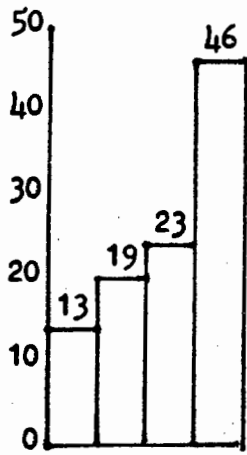
Factor 12 a b c d

Comment

Most commonly children experience at most two types of placement. One in five is placed at three or more types of management agency.

Figure 3.37

Factor 13 - Total number of years in any placement



Factor 13: a = 0-6 months
b = 6 months - 1 year
c = up to 4 years
d = more than 4 years

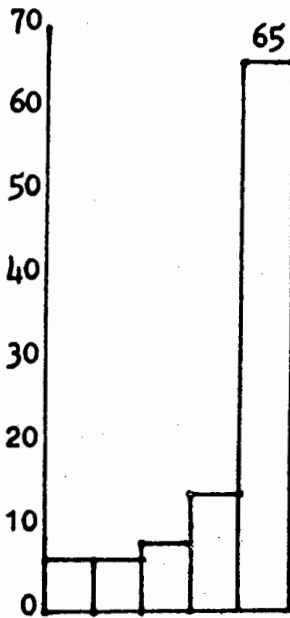
Factor 13 a b c d

Comment

Data from this factor should be treated with caution since cases to be rated were selected on the basis that there had been a change in placement within the past three years (section 2.5 pg. 79) and this may have led to an over-selection of recent cases, and certainly ruled out some cases with placements of long-standing. Therefore, the 46% of children placed for four years or more is likely to be an under-estimate in terms of the whole population of children in placements, and the 32% placed within the past year, an over-estimate.

Figure 3.38

Factor 14 - Proportion of siblings placed



Factor 14:

- a = only child
- b = only sibling placed
- c = $\frac{1}{2}$ siblings placed
- d = $\frac{1}{2}$ siblings placed
- e = all siblings placed

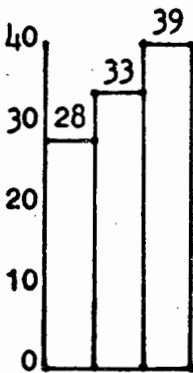
Factor 14 a b c d e

Comment

In the great majority of cases, all siblings of a family are, at one time or another, found in need of care.

Figure 3.39

Factor 18 - Behaviour of child subsequent to first placement



Factor 18:

- a = problems increase
- b = no marked changes
- c = problems decrease

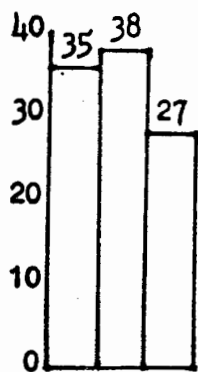
Factor 18 a b c

Comment

There is a tendency for children to benefit from placement, rather than to remain unchanged or show deterioration in functioning. There remains however one child in four who does show sustained increase in problematic behaviour after his first placement.

Figure 3.40

Factor 19 - Reconstruction participation by parents



Factor 19: a = problems worsen
b = no significant change
c = problems decrease

Factor 19 a b c

Comment

The most common outcome of intervention is no significant change. More parents show deterioration over time than show sustained improvement. This factor relates to the period between first contact with CWS and date of most recent placement of the child.

Summary

The following points summarise important findings on the 8 factors relating to CWS interventions.

Factor 9 - Most common age for first placement is between 3 and 10 years.

Factor 10 - Children are most often first placed in an Institution.

Factor 11 - Two children in five experience three or more placements.

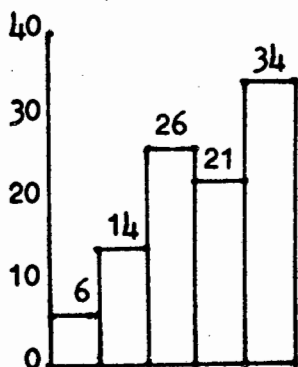
- Factor 12 - 50% of children are placed in two types of management agency.
- Factor 13 - Nearly half of all children have been in care for over four years.
- Factor 14 - In most families all children are found in need of care.
- Factor 18 - One child in four shows sustained increase in problematic behaviour after first placement.
- Factor 19 - Most commonly, families have not changed between first contact and time of most recent placement.

This brief presentation will be expanded and commented upon in the final Chapter.

3.3.3 Most Recent Placement and Current Functioning (Factors 21-29)

Figure 3.41

Factor 21 - Current age of child



Factor 21: a = 0- 2 yrs
b = 3- 5 yrs
c = 6-10 yrs
d = 11-15 yrs
e = 15+ yrs

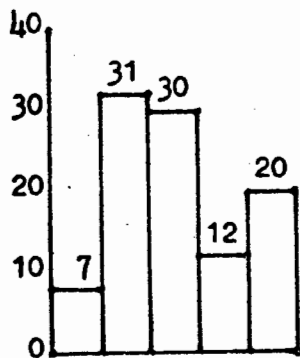
Factor 21 a b c d e

Comment

This data should also be treated with caution since a tendency to have more recent cases in the sample of children rated might effect age distribution (see Figure 3.36 above pg.132). Of most significance is that one third of children are over 15 years of age.

Figure 3.42

Factor 22 - Number of siblings in family



Factor 22: a = 1 sibling
b = 2-3 siblings
c = 4-5 siblings
d = 6-7 siblings
e = 7+siblings

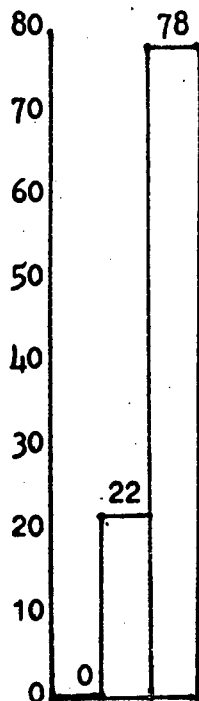
Factor 22 a b c d e

Comment

One third of children come from families of six or more children. The most common family sizes are between two and five children.

Figure 3.43

Factor 24 - Intended duration of current placement



Factor 24: a = less than 6 months

b = less than 2 years

c = indefinite

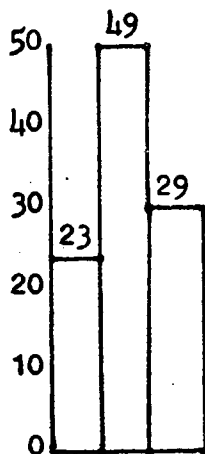
Factor 24 a b c

Comment

One placement in five is intended to last less than two years - the great majority have no specified time-limit from the outset.

Figure 3.44

Factor 25 - Current relationship between child and parent(s)



Factor 25: a = deteriorated

b = unchanged

c = improved

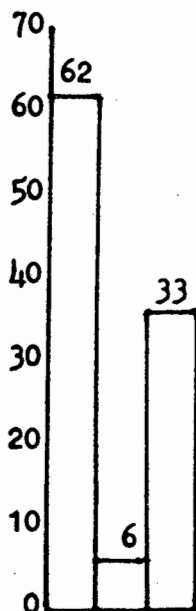
Factor 25 a b c

Comment

The most common outcome is that no significant change occurs. Slightly more relationships improve than deteriorate, although those that do, represent nearly one child in four.

Figure 3.45

Factor 26 - Problems manifested by child at time of most recent placement



Factor 26: a = none

b = reactive

c = chronic

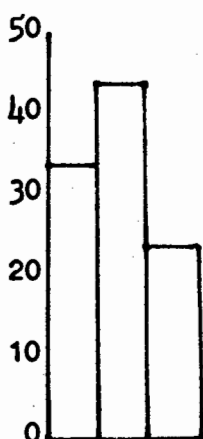
Factor 26 a b c

Comment

Children tend to be seen as either normal, or chronically disturbed. One third of all children are felt to be disturbed, while two-thirds were seen as functioning adequately.

Figure 3.46

Factor 27 - Scholastic performance



Factor 27: a = achieving normally

b = episodic under-achievement

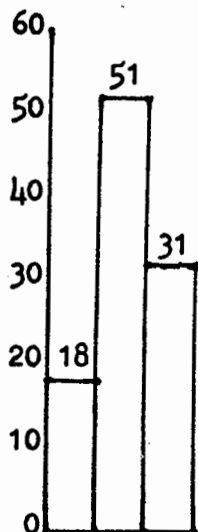
c = chronic under-achievement

Factor 27 a b c

Comment

One-third of children are working to their full potential. One in four is under-achieving seriously, relative to their intellectual capacity. The most common finding is that children are coping, but not producing their best.

Factor 28 - Current family functioning



Factor 28: a = deteriorated

b = unchanged

c = improved

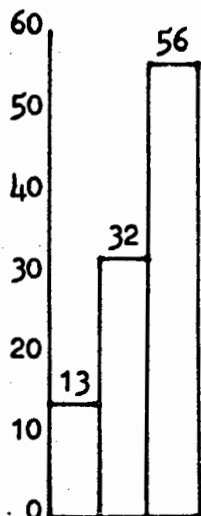
Factor 28 a b c

Comment

This measure of present functioning indicated that in half the cases rated the outcome of all interventions to date is no significant change. Nearly one family in three shows sustained improvement, however. Less than one in five deteriorate.

Figure 3.48

Factor 29 - Degree to which placement meets current needs of child



Factor 29: a = insignificantly

b = partially

c = adequately

Factor 29 a b c

Comment

The majority of placements were rated as adequate. Nearly one in three leaves certain needs of the child unmet and slightly more than one placement in ten was felt to be of little benefit to the child.

Summary

As before, the most significant findings on each factor will be briefly presented.

Factor 21 - The most common age of children now placed is 15 years and over.

Factor 22 - Most families consist of between two and five children.

Factor 24 - One placement in five is planned to last less than two years.

Factor 25 - Most commonly parent-child relationships have not changed.

Factor 26 - One child in three seen as chronically disturbed.

Factor 27 - One child in three achieving to their potential at school.

Factor 28 - Family functioning has most typically not changed significantly.

Factor 29 - Just over half of all placements are considered adequately to meet the needs of the child.

These findings will be further discussed in the final Chapter.

3.4 Chapter Summary

This Chapter has presented the results of the investigation described in Chapter 2. An attempt has been made throughout to present findings factually and interpretation has been kept to a minimum.

It is acknowledged that the data obtained could be further analysed in many ways, in that factors could be combined in a multitude of permutations. It is felt, however, that sufficient information is made available by the initial analysis provided in this Chapter for the aims of this study to be achieved.

The final Chapter summarises and interprets the findings here presented, and explores their implications.

CHAPTER 4

SYNTHESIS, INTERPRETATION, AND

DISCUSSION OF RESULTS

4.1 Preliminary Remarks - Structure of Chapter 4

In this Chapter the results presented in Chapter 3 will be organised in various ways, synthesised and their implications discussed. The Chapter will consist of four major sub-divisions.

The first (section 4.2 pg. 144) presents the empirical findings obtained which bear on differences between groups of children as defined by placement type. Following this, the degree to which such differences as were found reflect CWS policy concerning which child should ideally be at each placement type will be discussed. Finally, some further data analysis is reported, the purpose of which was to illustrate other ways of presenting the data obtained in the present investigation.

The second major section (section 4.3 pg.166) discusses these results with reference to the literature sources quoted in Chapter 1. This discussion will be organised around common characteristics of the children and families in care, and typical features of interventions.

The third part of this Chapter (section 4.4. pg. 177) consists of a presentation of some of the demographic findings reported above (section 3.3 pg. 122) and includes at each stage some proposals about the way in which current management practice may be changed so as to become better co-ordinated and more effective.

The final part of this Chapter (section 4.5 pg. 196) briefly summarises findings and proposals, and locates them in terms of

previous discussions of CWS activities and the historical development of welfare service provision in South Africa. A role for clinical psychologists in this field and some possibilities for future research are outlined.

The following section presents findings which highlight differences and similarities between children now at each of the four management agencies.

4.2 Empirical Findings: Group Differences - Children in Each Placement Type

In the following four sections (sections 4.2.1 - 4.2.4 pgs. 144 - 154) a picture of the typical child, his family and his management to date will be derived from the results presented in Chapter 3. In each case findings will be ordered chronologically, as far as this is possible, so that ultimately a 'natural history' associated with each placement type can be arrived at. To facilitate this, findings will be presented in terms of 'Presenting Problems', 'CWS Interventions' and 'Most Recent Placement and Current Functioning'.

4.2.1 Children in Former Custody

Presenting Problems

In 48% of cases, children are known to CWS before the age of two. Referral is most commonly made by the family itself, which is usually intact, disorganised and large. Economically, families tend to be better off than the average for all groups. In over 80% of cases the child is not felt to be disturbed when first seen, although the rate of intellectual dullness (28%) is higher than for any group except those children placed in Schools of Industry.

CWS Interventions

The child has been most commonly first placed in an institution, between the ages of three and ten. There is a high placement rate amongst siblings (74%). The child has tended to respond strongly to first placement, this group showing second highest rate of both favourable (38%) and unfavourable (32%) responses.

Current placement is most often the child's second (36%) or third (28%). Most children have been in two types of placement and of all groups, are most likely to have been placed for over four years (66%). Equal numbers of both sexes are found in this group. Children are often older, 40% being over 15 years of age. Almost invariably (98%) this placement is intended to provide for the needs of this child until he is discharged from the Children's Act.

Most Recent Placement and Current Functioning

Parents show the highest rate in any group of benefiting from reconstruction services (54%) and the same proportion currently show sustained improvement in overall functioning. Despite 32% of these placements being rated unsatisfactory in terms of the family's ability to meet particularly the emotional needs of these children, the relationship between the children so placed and parents shows the highest rate of improvement (54%) and the lowest rate of deterioration (8%).

On the other hand 34% of families deteriorate in functioning during the time reconstruction is offered, and 30% of children in this placement show evidence of chronic maladjustment with little

chance of receiving daily the skilled management they require. Scholastically, half the children in this group fluctuate in their performance, only 25% doing as well as they are capable of.

This placement appears to lead to one of two outcomes. One, generally positive, in which both child and family respond well to interventions and make sustained gains, perhaps partly as a result of resuming responsibility for themselves. The other outcome is less favourable, occurs perhaps when families and children are neither able to cope with this responsibility, nor benefit further from the therapeutic resources available, but repeat entrenched maladaptive patterns.

4.2.2 Children in Foster Care

Presenting Problems

Half of these children are known to CWS before the age of two. An extended family member more frequently (30%) initiates contact in this group than in any other group, and is involved more often in caring for the child prior to referral (12%). There is a relatively high rate of reactive disturbance in these children (14%) and 80% of them come from disorganised families, which are comparatively small in size (48% three siblings or less) and financially well off. Over half of all only children are found in this group.

CWS Intervention

This is most typically the child's second placement (42%), the exposure to three or more placements for these children being

relatively rare. While 40% of these children have been in a placement for over four years, 48% of all CWS recommended placements over the past year have been to Foster Care. 30% of children are under six years old, which is not typical of other groups. Placement rate amongst siblings is 68%.

Most Recent Placement and Current Functioning

The most striking feature is that families of children placed in Foster Care respond rather poorly. These families show the highest rate for any group of making only superficial use of reconstruction services (66%), the highest rate of deterioration in family functioning (34%) and the highest rate of deterioration in parent-child relationships (38%).

In marked contrast to this, the child does well, showing the lowest rate of current disturbance (20%), the highest rate of achievement to capacity at school (52%), and enjoying a placement most consistently felt to be adequate (88%). In 12% of cases return to family of origin was anticipated within two years of placement date.

Typically the pattern in this placement type is of a young child, from a small, disturbed, and relatively well off family, who presents with reactive problems, is removed early in life and placed with a well-selected management agency for relatively long periods of time. From the outset there have been alternative caretakers for the child who prospers, while the parents in comparison, respond poorly to intervention, often lose contact

with their child and in the great majority of cases, either deteriorate in functioning, or remain as they were.

The difficulties in returning these children to their families of origin are apparent. Of the 27 children sampled, who have been placed more than once, and who were first placed in Foster Care, 8 have been returned to Former Custody, 11 are still in Foster Care, 7 are in Children's Homes and one is in a School of Industry.

4.2.3 Children at Children's Homes

Presenting Problems

In 48% of cases children are known to CWS before the age of two and come from self-referred families, which are commonly (70%) disrupted and impoverished, although about half are seen as of the re-organising type. This group of children has the highest rate (30%) of disturbance at initial contact.

CWS Intervention

The child is most usually first placed in a Children's Home, between ages of three and ten years. 50% of children show an improvement in emotional state and/or behaviour after admission.

This placement has a disproportionate number of males (72%), most commonly between the ages of 6 and 15 years, an age range under-represented in other placement types. It is also alone in catering for families from whom approximately half the children are removed. It is the only placement in which the majority (70%) of children have been in care for under four years and are expected

to leave within two years of admission. A Children's Home is most typically a first (32%) or third (30%) placement. For 40% of children this is a second placement at a Children's Home.

Most Recent Placement and Current Functioning

The families of children placed in Children's Homes generally do less well than families of children returned to Former Custody, but better than families of children placed in Foster Care. While 28% of families benefit from reconstruction services, 72% do not, and 66% are functioning currently as they were prior to the placement. Equally, there is most often little change in parent-child relationships, although these less frequently deteriorate (18% vs 38%) than is the case with children in Foster Care.

Children in Homes show the highest rate of disturbance (44%) and an equal proportion are not achieving to capacity at school. The majority (54%) of placements are seen as partially meeting the needs of children, while no Children's Home is seen as frankly unsuitable.

The general image is of a child known early to CWS, from a self-referred family, who is often disturbed and typically from a disrupted and impoverished background. The family is as often of the reorganising as of the disorganised type. The child has generally first been placed in a Children's Home between the ages of three and ten and has reacted favourably.

This appears to be the placement of choice for males aged 6 - 15 years, particularly for disturbed children, when only half the sibship is placed, and when placement is planned to last under

two years. The effect of this intervention on the family is in the majority of cases slight, and while fewer gains are made, deterioration in family functioning and parent-child relationships is also less commonly the case than occurs in other placement types. Children's Homes in general are felt to meet the needs of children less adequately than do Foster placements, but more reliably than do families of children returned to Former Custody.

4.2.4 Children at Schools of Industry

Presenting Problems

In view of the low numbers of children in this group the following must be taken with caution.

Unlike all others, children at present at a School of Industry first became known to CWS between ages of three and five years. Most referrals are initiated by the family itself. Most frequently children come from disrupted, disorganised families and there is no tendency towards larger or more impoverished families. In this, these children are very like those currently placed in Children's Homes. Of the ten children, only one was considered disturbed at first contact.

CWS Intervention

These children tended to be placed very soon after first contact with CWS, half of them being placed by the age of five years. Also atypically, four of the remaining five were first placed between the ages of 11 and 15 (40% vs 14% average for all other groups at this age).

First placement was usually a Children's Home. Again unusually, nearly half of these children reacted to their first placement with an increase in problem behaviour.

For seven of the ten children this is at least their fourth placement (vs two, average of all other groups). Six of them have been in at least three types of placement (true for only one child in ten in all other groups). These children are all over 15 years old, and have all been in care for over four years. There is a very high placement rate amongst siblings. For eight of the children this placement is planned to continue until discharged from the Children's Act.

Most Recent Placement and Current Functioning

When placed, eight children showed evidence of chronic maladjustment and half of them had been assessed as being of below average intelligence. Both of these rates exceed all other group average rates (29% and 20% respectively). The majority had been chronically underachieving at school, even relative to their intellectual capacity.

The families, not obviously atypical at first contact except in their tendency to be disrupted, showed an unusual pattern in that while none of them benefited from reconstruction services, nearly half have improved in overall functioning since the child has been placed at Schools of Industry. In only one case has the relationship between parent and child improved.

In brief, what emerges is that while initially unremarkable, except in that first contact occurs somewhat later, these children tend to be placed either earlier or later than most other children, and tend to respond more negatively to their first placement. In general these children have been in more placements and more types of placements than other children. They show a higher proportion of disturbance and intellectual dullness, and seldom achieve at school to their limit.

A striking feature of the relevant families, again initially not obviously different, is their inability to gain from intervention while the child is a part of their daily lives. Relationships between child and parents typically deteriorates over time.

While it is clear that these children and their families have reacted atypically and been treated unusually, the reasons for this remain uncertain.

The above has been a portrayal of the most common features of each placement type. To facilitate inter-group comparisons the main results are drawn together in the table below.

Factor 20 x 1-29

Some Differences Between Children in Various Placement Types

FACTOR NUMBER	χ^2 VALUE	FEATURE OF NOTE	CURRENT PLACEMENT TYPE (FACTOR 20)			
			1	2	3	4
PRESENTING PROBLEMS						
1	n.s.	% known to CWS before aged 2	48	48	48	10
2	n.s.	% males	54	52	72	40
3	*	% families self-referred	58	32	50	60
4	**	% disrupted families	40	48	70	90
5	n.s.	% disturbed children	14	18	30	10
6	n.s.	% disorganised families	62	80	54	60
7	n.s.	% average intelligence	72	80	86	50
8	n.s.	% social class 4	32	42	22	40
CWS INTERVENTIONS						
9	**	% placed before aged 2	18	30	16	0
10	n.s.	% first placed at C. H.	64	67	59	78
11	**	% placed 4+ times	16	16	14	70
12	**	% placed in 3+ types	24	14	22	60
13	**	% in care 4+ years	66	42	30	50
14	*	% all siblings placed	72	68	54	70
18	n.s.	% children improved	38	30	50	30
19	**	% families benefit	54	4	28	0
MOST RECENT PLACEMENT AND CURRENT FUNCTIONING						
21	**	% aged 15+ years	40	28	20	100
22	n.s.	% 7+ siblings	30	8	22	20
24	**	% Intended duration 2+ yrs.	98	88	48	80
25	**	% relationship improves	54	12	24	10
26	*	% disturbed children	36	24	46	80
27	**	% achieve to capacity	22	52	28	10
28	**	% families improved	54	16	20	40
29	**	% placements satisfactory	32	88	46	60

n.s. = non-significant

* = $p < .05$

** = $p < .01$

From the above Table (Table 4.1 pg. 153) it may be seen that 15 factors were associated with a statistically significant departure of observed distribution of children among placement types from the distribution to be expected if the factors concerned were not involved with choice of placement. This entails that there will be certain typical characteristics of children associated with each placement type. These features have been described above in sections 4.2.1 - 4.2.4 (pgs. 144 - 154).

4.2.5 Further Analysis of Findings

The following section will compare this typical child in fact placed at each of the four types of management agency, with the perceptions of CWS workers as to what sort of child should be found in each placement type. In this way, the degree to which children in fact attain the 'treatment of choice', may be assessed.

CWS Policy - Children Ideally Referred to Each Placement Type

Appendix 3 (pg. 233) describes the manner in which it was hoped to collect this data. All Social Workers involved with placing white children were asked to consider each factor (independent variables used in this study) in turn and score it in terms of whether it would influence them (score 1) as to which placement type to recommend, or not (score 0). It was stressed that ratings should be made in terms of an ideal situation in which all placement types were available. Factors rated 1, that is factors felt by that Social Worker to be relevant as to which management agency she would recommend, were then further analysed into which scale point on that factor would most influence them to advise for each placement type (✓) and which scale point would most influence them to advise against each placement type (X).

Many Social Workers found the form difficult to complete, because the exercise of holding all factors except one in abeyance was experienced as too artificial, and concern was expressed that misleading information might result.

The following comments are therefore based on a less satisfactory sample of opinion, gained from group discussions. It is not possible to say how individual Social Workers vary as to the factors which would influence them. What follows should not be taken as official CWS policy, since the author must take responsibility for selecting, ordering and interpreting comments from group discussions. Features which would indicate and contra-indicate each placement type will be given below.

Former Custody

While some Social Workers felt age to be irrelevant others felt that an infant should wherever possible be left with his mother, as should the youngest child of a large family. It was generally agreed that there should be a strong bond between parent(s) and child, that the parent(s) should be able to control the child, and that the family should have shown a capacity to benefit from reconstruction services.

Among contra-indications were the obverse of the above, together with any positive history of physical, sexual, or emotional abuse of the child.

In brief, young children, or those with good relationships with their parents should be returned to families who are not assaultive and who show an ability to benefit from intervention.

This description matches fairly closely those cases described in section 4.2.1 above (pg. 146) as being of generally positive outcome. Older children, disturbed children, and dull children were not spontaneously associated with this placement type. Neither were families who had shown evidence of deterioration over time. This suggests that the cases of less favourable outcome which are found in this placement type are not something of which the Social Workers were aware, or are perhaps something they preferred not to discuss.

Foster Care

There was again debate about which age was most suitable, some feeling that the pre-school period was the strongest indication, while other Social Workers felt that a child of any age could be fostered, provided foster parents were able to make appropriate adjustments. This placement was seen as offering the best opportunities to the child who needed to make or re-make primary attachments, or who had marked emotional needs requiring individual attention. Here too, a child could be offered an alternative family for the rest of his life - other 'institutional' placements being seen as more transitory. This placement was seen by some as that offering most flexibility in terms of intended duration.

Contra-indications included the child who is unable to make primary attachments, or the child who already has strong ties with his family of origin. Difficult, demanding or disruptive parents would militate against this placement, as they were found to tend to intrude into the fostering relationship. Finally, a parent who would not be able to cope with the perceived rejection by their child as he bonded with other 'parents' would amount for some Social Workers, to a contra-indication.

In summary, this placement was seen as ideal for the child who is able to bond, and who needs the attention and care of an alternative family either for the rest of his life, or for some shorter period of time.

This picture corresponds well with that discovered empirically. The child in Foster Care is typically young, shows evidence of ability to relate to caregivers outside of his nuclear family who are frequently unable to care adequately for him, and presents relatively often with a reactive disturbance, indicating a need for personalised attention. The deleterious consequences to the biological family were anticipated by Social Workers, who often under pressure of work tend to spend less time with families of origin than with foster families. There is considerable evidence that return from Foster Care to Former Custody infrequently takes place so that this placement is not in reality a short-term placement.

Children's Homes

This placement was felt to be particularly suited in cases where a number of children from the same family were removed, especially if there were close bonds between children, and between children and parents. The reasonable expectation of returning home shortly would further indicate this placement. Children's Homes are also seen as helping a child destined for Foster Care, to be contained therapeutically while he resolves recent traumas and is slowly introduced to alternate caretakers. Finally, this placement is seen as that of choice for disturbed children who need skilled management.

Contra-indications include essentially those circumstances favouring either Foster Care or Former Custody as placements of choice.

Certain important correspondences can be found between this picture of a child at a Children's Home and that described in section 4.2.3 above (pg. 149). In both theory and practice therefore, Children's Homes are referred youngsters who show evidence of psychological disturbance and who come from families to whom there is a good chance they may return relatively soon. One important discrepancy is pointed to by the finding that families of children in Children's Homes, while showing the most potential for change (highest proportion of reorganising families Figure 3.6 pg. 101) typically do not change and in fact show the second lowest rate of improvement (Figure 3.23 pg. 120).

Schools of Industry

The feeling among CWS Social Workers' is that children referred to Schools of Industry should be those whom other management agencies cannot contain, usually because of conduct disorders, promiscuity, or substance abuse. These are children for whom other placements should have been tried first. They are felt to benefit in the main from the stricter limits set for them.

Apart from a statutory minimum age or scholastic level requirement, and the obverse of other conditions given above, the contraindication to this placement is that the child be felt to be predominantly emotionally disordered.

The research reported here reveals that these children have indeed been in the majority of other placement types and that a high proportion of them were seen as disturbed and unmanageable in any other placement.

Summary

In general it appears that CWS is successful in managing to find the most appropriate placement for children. This can be deduced from the close similarity between the types of child CWS would like to see placed in each management agency, and rated characteristics of children actually with those agencies. There are of course many exceptions, such as the two psychologically normal children now in a School of Industry (Figure 3.21 pg. 118) but a typology without exceptions is neither to be expected nor desired, since as CWS workers were at constant pains to point out, there are always a multitude of factors to be considered. It is heartening to know, however, that CWS can both specify some criteria for selection for each placement type, and generally succeed in placing children where it is felt they will be best cared for.

The following two sections do not follow the theme of this Chapter to this point. The first refers to those factors reported in Chapter 2 as being unreliable, and discussed in more detail in section 2.7.1 (pg.85). It was mentioned there that data from these factors was nevertheless of interest although they would have to be reported separately and treated with due caution. The second section is included here as one example of the many other ways in which the raw data from this investigation may be used to compare groups of children defined by dependent variables

other than current placement type. In this example, children who over time show less disturbance are compared with others who over time show the reverse.

4.2.6 Interpretation of Data Obtained on Factors Found to be Unreliable

Reference is made here to the four factors found to be unreliable in the assessment of rating reliability referred to in section 2.7.1 (pg. 85) and illustrated in Table 2.4 (pg. 85)

There is no simple pattern in differences between raters on factor 15 'Intended duration of first placement' and this factor will not be further discussed. An overall rate of agreement of 41% was achieved. Analysis of rating differences reveals that 83% of disagreements can be explained by the fact that Social Workers rated the suitability of both first and current placement lower and the attitude of parents to the first placement as more oppositional than did the researcher.

This difference was due much more to an unsatisfactory tendency in the researcher to rate placements invariably 'suitable' and parents as 'favourable' towards their child's first placement. This is clearly unrealistic, and the Social Workers' ratings are more varied and in all probability closer to the truth.

Only 8% of placements were rated unsuitable, while 35% were rated acceptable, leaving 57% to be classified as suitable. Unfortunately, no statistical analysis is possible as to how this might vary across placement types, but from discussions with Social Workers, most

reservations were typically expressed in connection with Children's Homes, since with few notable exceptions these placements were seen as inadequately caring for the individual emotional needs of children.

10% of parents were rated by Social Workers as being opposed to the placement of their children, by which is meant a vigorous and sustained refusal to accept this intervention as necessary in the child's best interests. 60% were either ambivalent or disinterested, there being, from discussion, more of the former than the latter. 30% of parents co-operated well and promoted the placement to their children. Once again, no further analysis is possible, interesting as it would be to see the variation of these attitudes with placement type, and their influence on the child's reaction to his placement, which in turn has been shown to have a slight bearing on current placement.

These results need to be treated with caution, but they indicate that Children's Homes in particular are seen as unable to cater sufficiently for the individual child's needs. How much this is due to a fallacious stereotype and to what degree it provides an accurate assessment of the situation remains a matter for most urgent investigation, given the centrality of this referral resource to child care, and particularly in the light of the fact that disturbed children tend to be placed at Children's Homes. It would appear that there is a danger that the most needy children are being placed precisely where they stand least chance of receiving the skilled and individual care they need. It should be noted in this context that some authors (Whittaker et al 1972, Wolkind and Renton 1979) discern a tendency for residential care to be the treatment of choice for increasingly disturbed children.

The finding that 90% of parents were not implacably opposed to their children being removed also raises several questions, the main one being the query as to why such apparently well-motivated or potentially co-operative families do not more often make significant gains from reconstruction services. It would also be instructive to know the expectations of these parents from placements and the manner in which their attitudes change over time.

In summary, from the factors excluded for reasons of unreliability from statistical analysis certain trends can be extracted although caution must be used in their interpretation. In the main, these point to an urgent need for Children's Homes in particular to acquire therapeutic skills, and to a disconcerting lack of benefit by families apparently well-disposed towards interventions.

4.2.7 Children Who Improve vs Those Who Deteriorate

The reader will recall mention being made several times to the fact that a potentially interesting relationship between two or more factors has not been investigated. The aim of this study has been largely exploratory of major trends and influences effecting children in care. The 30 factors rated in this study permit of a very high number of permutations, so that some practical limit had to be set as to which effects would be analysed.

The section below is merely by way of example as to what might be done in order to derive the maximum information from the data collected for this study. The following brief analysis is directed towards providing some clues as to what differentiates those children whose

functioning improves over time from other children who show evidence of deteriorating during their time in care. It has not been done here, but these two groups could be compared with two other groups - children who continue to function well, and others whose disturbed condition shows no signs of remitting.

Consideration of Factors 5 and 26 shows that more children are currently felt to be chronically disturbed than was the case at first contact (33% vs 11%). Children who had developed problems since first contact were compared with children who, being initially disturbed, are now seen as psychologically normal. Since there are more of the former than the latter, children from the first category were selected at random.

These children's scores were than compared on each factor by means of a Mann-Whitney U Test. Nine children were found who had overcome early problems and they were compared with the same number of children of whom the obverse is true. The following results were obtained.

Table 4.2

Factors Discriminating Children Who Improve or Deteriorate Over Time

FACTOR	DESCRIPTION	'U' VALUE	PROBABILITY
4	Persons with whom child living, at time of referral	16.0	< .05
8	Socio-economic status of family	18.5	< .05
11	Number of Placements	17.0	< .05
12	Number of Types of Placement	18.0	< .05
25	Relationship between Child and Parents	13.5	< .01

From these results it may be deduced that children who do poorly are:-

- more likely to be a member of a disrupted family
- more likely to come from impoverished families
- more likely to have been in a greater number of placements
- more likely to have been in a greater variety of types of placement
- more likely to have a deteriorating relationship with their parents.

In sum, a child who, in early childhood and during the course of his management, has not known an adult on whom he can depend, or a structure on which he can rely. One interesting negative result, is that this child is no more likely to be male, than female. By contrast, a disturbed child who improves will have had the advantages of consistency both at home and during his management, and, insofar as factor 25 measures the capacity to relate, will be able to derive support from the people with whom he is in contact.

The implications of this are clear. The sort of child who does poorly and whom the above factors delineate, is in many respects similar to the typical child described in more detail in section 4.2.4 (pg. 152) as one who is now placed at a School of Industry. As half of these children are first placed before five years of age,

the opportunity to prevent the rest of the pattern from developing is currently offered. Children identified as being at risk of behaving in a way likely to result in placement breakdown could be placed at the outset in a facility prepared for their difficult behaviour and which would set a priority on not placing the child elsewhere.

The conclusion to be drawn from disturbed children who improve over time, is that a major factor in their improvement was consistency in management, and that contact has been maintained with the family of origin. In this respect, the positive results obtained with children returned to Former Custody comes to mind, and the deterioration of relationship between children in Foster Care and natural parents suggests itself as a possible major factor in the disturbance of children at this placement, since all factors other than this one, predictive of improvement over time, are satisfied. The implication for management agencies is that children who are less frequently moved between agencies, tend to do better, and that loss of contact with biological parents may be associated with the onset of poor psychosocial adjustment.

4.2.8 Summary of Group Differences

The above sections have presented the bulk of the findings of the present investigation which pertain to differences between groups of children at each of the management agencies. Such differences have been shown to exist and to correspond well to the differential referral criteria now in use by CWS.

4.3 Discussion of Findings With Reference to Literature Sources - Preliminary Remarks

In this part of Chapter 4 the results discussed so far will be compared with those published by other researchers. Literature sources quoted in section 1.7 above (pg. 38) were organised in terms of their reference to the children in care, their families and interventions made. The same format will be adopted here. This discussion will allow some comparisons to be made between local circumstances and those in other countries.

4.3.1 Characteristics of the Child

Characteristics of the child measured were his age, sex, behaviour, intellectual functioning and living circumstances. Results obtained will be briefly discussed with reference to each of these characteristics.

The most commonly reported age for first admission to care is between five and ten years (Wolkind & Rutter 1973, Gath 1968). A similar pattern obtains locally, in that more children were first admitted to care between the ages of six and ten years, than in any other age-range. No study is known which gives age at first contact with the assessing agency, here found to be most commonly before the age of two years, so that it is not possible in this context to comment on the length of time which elapses between this event and the date on which children are first placed. The fact that of all children now in care one in three is over 15 years old suggests that these children will fairly soon be discharged from the Act, and require careful support, if they are not to begin producing the next generation of children requiring to be placed in care.

Moss's (1974) results, that male children dominate residential management resources has been replicated in the sense that CWS refers more males to Children's Homes than to any other placement type. Whether this is a true reflection of the population of children in Children's Homes is not known. Rutter's (1970) findings that girls react less obviously to family stress has not been tested, although the raw data obtained permit this, if the assumption were allowed that an overall rating of disturbance is a sufficiently discriminating measure, something about which the researcher has doubts. Such an investigation would be important, however, particularly in the light of the increasing number of girls who become difficult in their teenage years. Evidence of this is reflected in the small sample of such girls here studied, in that only in Schools of Industry do female referrals outnumber males. One other interesting finding which corroborates that reported by Rutter (1970) is the general tendency for more male than female siblings to be found to be in need of care. This provides some local evidence that boys are more at risk to disturbance generally than are girls.

It is not possible to comment on the prevalence of disturbed children in the community, but some criteria in terms of which such children could be identified may be derived from this study. Byles' (1980) finding that the child's reaction to first placement is associated with his subsequent placement history has not been replicated, although a poor response to first placement occurs in an unusually high proportion of children who after a greater than usual number of placements are referred to a School of Industry. Although this association is not statistically significant, therefore, there is some

evidence of a trend for children who react to their first placement with an increase in disturbed behaviour, to have a subsequently atypical and unsatisfactory placement history.

The number of children found to be disturbed increases from 11% at first contact to 33% at the time of most recent placement. It is uncertain as to whether this reflects a true increase in disturbance, or is a by-product of more careful and skilled assessment. In order to test this, and in order to assess the effect of being found in need of care in terms of the later development of problem behaviour, it is essential that epidemiological studies be undertaken locally. Another great need in this respect is a prospective longitudinal study. Without these reference points, it will not be possible to determine whether the above increase in rate of disturbance over time is higher or lower in children not in care, nor will it be possible clearly to determine what factors are causally associated with an increase or decrease in the degree to which any child becomes disturbed. Some preliminary evidence, although of a retrospective nature, which makes a minor contribution to this most important question is presented in section 4.2.7 above (pg. 162).

Findings in relation to intelligence level were that 23% of the total sample were functioning intellectually at the level of borderline mental retardation, and that in the whole sample there was only one child with a tested I.Q. of below 70. There was a non-significant tendency for dull children to be returned to Former Custody. In Stricklin's (1972) sample of 52 children in care, exactly the same proportion of children (23%) were assessed as having an I.Q. of below 85.

Taken together, these studies suggest this figure is reliable, and indicate an area of major concern. Factor 27, which rates scholastic achievement, showed that in general children living in Former Custody or Foster Care tended to achieve at their potential more frequently than did children in other placement types. The positive association between disorder and institutional placement suggests a further link posited by Rutter & Yule (1977) between under-achievement and conduct disorder in children since both of these features are found more frequently in particular placement types. Symptomatology was very grossly rated in the present study, but the high rates of both disorder and under-achievement in an apparently normally-intelligent group of children now at Children's Homes suggests that this possible connection may most usefully be further investigated.

Finally home circumstances characterised by neglect, dissonance, parental disturbance, inadequate income and high mobility were shown to be associated with placement type only insofar as these factors may underlie the family's relative ability to gain from reconstruction services. Indirect support for the work of, for example Ainsworth (1969) and Stevens (1975) may be deduced from the findings that two groups of children tended to come from the sorts of families described above. The one group, now in Foster Care, have on the whole settled and done well, the other, now in Schools of Industry have not. Examination of factors 1, 3 and 4 will show that features at the time of first contact which were different for these two groups were that children now in Schools of Industry tended to be referred when older and were more often living in disrupted families. Children now in Foster Care were more often referred earlier, placed earlier (Factor 11), lived with intact families

and had the support of an extended family member. In Ainsworth's (1969) terms the latter situation is more likely to result in normal development, while Whalley et al (1978) is only one author from many who show that the former circumstances are associated with conduct disorders and an inability subsequently to relate trustingly, particularly when referral occurs later.

In general it may be said that the findings of this study as they relate to children compare closely with studies conducted elsewhere. The main implications to be drawn from these findings are that children's ability to benefit from being found to be in need of care depends principally upon there being some early intervention in cases where home circumstances are detrimental, that boys appear to be more vulnerable than girls in that they are more frequently disturbed, and that a possible association between disturbance and scholastic under-achievement needs to be investigated further, since a high proportion of children in whom this may be relevant are to be found in Children's Homes, thus providing a needy and localised population.

4.3.2 Characteristics of the Family

As stated in section 1.7.2 above (pg. 40) factors here relevant measured two aspects of families. One was their attitude to, and reaction to intervention by CWS. The other was their capacity to cope with normal life tasks and how this varied over time. These aspects will be considered in turn.

It is known from this investigation that children now in Foster Care tended to be referred somewhat differently from other children, in that they were more likely to be referred by an extended family

member or another child welfare agency. This has been interpreted as implying that such children have had the benefit of either family or professional caretakers in addition to their nuclear families, who tended to be highly disorganised and disrupted. This would suggest either that families of such children are for some reason particularly amenable to intervention whether private or professional, or that they are so out of touch with the child's needs that alternative caretakers are allotted early. The latter is felt to be more likely, but the question needs to be examined more closely. Unfortunately, the factor rating parental attitude to the child's first placement proved to be too unreliable for inclusion in the main body of analysis so the important question of the effect of this on placement outcome cannot be pursued further. The degree to which the family was able to benefit from reconstruction services, however, was related to the child's most recent placement in a highly significant manner. Those families who showed evidence of gains were more likely to have a child returned to them, than were others who continued along old lines, or even deteriorated further. While this finding is reassuring, if not surprising, it does raise the question of how more families could be helped to benefit from reconstruction services. This question is discussed further below (section 4.4.2 pg. 182) where some suggestions are made as to how in particular early interventions might be made more effective.

The state of the typical family from which a child has been removed has been well described by Stricklin (1972). Overall, 65% of families were found to be characterised by chronic problems such as alcohol or drug abuse, psychiatric disturbance, conflict with law, mobility and

chronic poverty. 51% were disrupted, by which is meant that they were either single parent families or one in which one or more reputed fathers and/or mothers were involved. The family portrayed in Appendix 1 (pg. 215) is not atypical. The problems presented by the family are not significantly associated with current placement, a finding similar to that reported by Byles (1980) but the finding reported above, that current placement is associated with the family's response to intervention, appears very reasonable. The prevalence of family disruption compares closely to that found by Byles (1980) who reported that 67% of families were broken prior to the child's first placement. Wolkind and Rutter (1973) report that in the families of children placed in care 76% came from families with poor marital relationships, while 33% came from broken marriages. It would appear therefore that in this respect CWS is dealing with families which compare closely to those referred to in the literature.

Socio-economic status was also found to be typically that reported in the literature. Whalley et al (1978) found most families to come from Social Class IV, as did the present study. Gath's (1968) sample tended to come from Class III, but may have differed partly because the assessing agency in his study was a general practitioner. This suggests that in surprisingly many instances, dire poverty is no longer a major reason for removing a child. It is interesting to note here that one reason suggested to the author for the recent increase in numbers of children returned to Former Custody (73% between 1979 and 1981 - see Table 1.1 pg. 20) may well be an increase in affluence amongst families from which children were removed during the relatively depressed years, in economic terms, prior to 1978.

The present study cannot comment on the relative number of children in families from which children were, or were not, placed in care. In the whole sample studied the most typical sibship size was between 2 and 5 children and it did not vary significantly with placement type although children now in Schools of Industry did tend to come more frequently from the larger families. However, the higher the proportion of children in a family that were found to be in need of care, the more likely such children were to be in Former Custody or Schools of Industry. This suggests that it is proportion of children placed, rather than absolute number of children which effects placement.

In summary it may be said that the high rates of family disruption and disorganisation reported in the literature were also found in the present study. It is not the problems presented by a family, but their response to intervention which varies with current placement type. Similarly, it is not sibship size which varies with placement type but the proportion of children found to be in need of care. Finally, as with studies undertaken overseas, it appears that poverty is infrequently a major factor in the removal of a child. As with the characteristics of children which were rated, those aspects of families which were measured provide data similar to that reported in the literature.

4.3.3 Characteristics of Interventions

Most typically children found to be in need of care by CWS were first placed at a Children's Home. They have been placed twice, once at each of two types of management agency. In 65% of cases, all children have at one time been found to be in need of care. Nearly half the children studied (46%) have been in care for over four years.

It is in many instances difficult to make meaningful comparisons between these results and those reported in the literature, because comparable data is frequently not reported. Further, the difference between available resources in various countries makes direct comparison rather pointless. Two important findings can be reasonably deduced, however. There is considerable evidence to suggest that multiple placements are undesirable (Wolkind 1978). Byles (1980) reported an average of over six placements per child in his study. The average number of placements per child recorded in this investigation is considerably lower, except among those children now in Schools of Industry, the group most comparable to those studied by Byles. In this group, 70% had been placed four or more times. Even here, although the figures are similar, it should be borne in mind that Byles is referring to a two year period, while children in this study have in the majority of cases been in care for over four years. The trend for local children to be in more stable placements receives stronger support from the findings of Ambinder (1965) who reported an average of over four placements for American teenagers in Foster Care. In the sample here studied, 40% of children now in Foster Care are of comparable age, and of all groups, this one has the lowest average number of placements per child (2.2) as may be seen from Table 4.1 (pg. 153). Parker (1966) reports a failure rate of approximately 35% of long-term foster placements within two years. Of all children rated and now in Foster Care 88% are in long-term placements and despite this, failure rate, as measured by number of placements per child, remains low. It appears therefore, that local placements are more stable than those reported in the literature.

Allied to the above finding perhaps, is the other feature to emerge, and that is the tendency for local children to remain in care for relatively long periods of time. Wolkind & Rutter (1973) report, for an admittedly younger population, that only 16% of children remained in care for over six months. Rubenstein et al (1978) with a more comparable population report a mean length of time in care of just over 18 months. In Byles' (1980) sample, slightly over 30% were still 'wards of the state' (pg. 277) after two years. In contrast to this, 46% of the children here rated have been in care for over four years and for many of them there is every indication that they will remain so for several years to come.

Finally, factors rating intended duration of placements and their suitability, will be considered. Reference to Table 2.4 (pg.85) will show that many of these factors were unreliable and so cannot be commented upon here. One factor which does provide useful information is that which rated intended duration of current placement. One fallacy which persists, despite much evidence to the contrary, is that Foster Care is a short-term placement. Fanshel (1976) has shown that 36% of children remain in Foster Care for over five years. Wiltse & Gambrill (1974) report that 66% of children in Foster Care were expected to remain there until maturity, and Fanshel (1975) reports that children in Foster Care are increasingly unlikely to return to Former Custody the longer they stay in Foster Care. In the children here studied 88% were expected to be in Foster Care for more than two years. Of 27 children initially in Foster Care, and now at another placement, only 8 (30%) have been returned to Former Custody. It appears wrong to think of Foster Care as a temporary placement facilitating return to parents at a later stage.

The suitability of the various placement types has been commented upon above (section 4.2.6 pg. 160) where it was argued that Children's Homes in particular are seen as inadequate in view of the expectations made of them. In summary, it would seem that local placements are both more stable and longer term than those reported in the literature. Only those children referred to Children's Homes are expected in the majority of cases to remain there less than two years. Evidence is also presented which argues that Foster Care is neither in fact, nor is it intended to be, a short-term placement, assisting eventual return to Former Custody. Some implications of these findings are discussed below (section 4.4.3 pg.191).

4.3.4 Summary

In general, present findings compare closely with those published in the literature. The importance of early intervention, the need to intervene effectively in the area of scholastic achievement, the primacy of the capacity of the family to respond to interventions as a determinant of placement strategy, the tendency for local placements to be more stable and longer-lasting so that only Children's Homes are in reality used as a short-term placement, were some main findings which derived from the above comparison of local and overseas practises.

The implications of these findings will be further explored in the following part of this Chapter, which discusses the most typical 'natural history' of a child found to be in need of care on the basis of the demographic data presented in Chapter 3. Following from such findings, some proposals will be made which are intended to improve the care children and their families receive at each stage of their management.

4.4 Demographic Findings, and Proposals re Case Management

Introductory Remarks

If primary prevention is to become the priority that it ideally should be, then it is most important that children who are at risk should be detected as early as possible. This is clearly only feasible when there are guidelines as to what should be looked for. By examining what features are typical among the children here investigated, at the time of first contact, some idea of the combination of factors pre-disposing towards eventual placement can be arrived at. The manner in which such children differ from those also referred to CWS, but not placed, awaits other investigations.

The aim of that aspect of CWS intervention here studied is to remove the child from his family, place him at some suitable management resource, and then at the appropriate time return him to his family, who in the interim will ideally have gained from reconstruction services to the point where they can re-assume responsibility for their own lives. Inspection of factors rating CWS interventions will show to what degree this ideal is achieved, as well as the degree to which it is practicable.

Factors rating the present circumstances of children found to be in need of care, and their families, provide some indications as to the most typical results to date of placements and other interventions, and delineate several areas to which attention needs to be drawn.

In the following sections demographic data will be presented around the themes outlined above. Information will be drawn from factors grouped in terms of their relevance to 'presenting problems',

'CWS interventions' and 'most recent placement and current functioning' respectively. In all cases, demographic data should be taken as referring to all the children sampled, considered as one undifferentiated group.

4.4.1 Presenting Problems

A start may be made towards identifying the child at risk of being found in need of care by describing the most typical presenting features of such children. The child who will be declared in need of care is most commonly a boy, less than two years old, whose family have themselves initiated referral. He would be living in a disrupted, disorganised but not impoverished family, would not be seen as himself disturbed to any significant degree and would be of normal intelligence. What this rather dryly describes is a toddler who appears to have every chance of developing quite normally, but who has been born to adults too damaged to provide the security, consistency, and concern which he needs as a pre-requisite to balanced growth.

The incidence of placements amongst the parents of children found to be in need of care is not accurately known. Such evidence of patterns through generations would be important support for the argument that preventive intervention at an earlier stage than is currently the practice, should be seriously considered. Discussions with CWS and management agency staff have given the author the impression that the incidence rates here at issue are in fact quite high. Certainly it was a not uncommon occurrence in the files which the author read for one or both of the parents themselves to have been found in need of care as children.

Why then are children not removed very early from such grossly inadequate parents? One immediate difficulty is the considerable responsibility accompanying the taking of such a drastic action as declaring a child to be in need of care on the grounds of the probable future consequences to him of his family's style of relating and coping. It is understandable that both Children's Courts and assessment agencies show caution in taking such action. Section 1(X) of the Act is broad enough to countenance such an application that a child be found in need of care, but to the author's knowledge, such preventive applications are rare, and infrequently successful.

The issues involved have been seen as reducing to that of where parents' rights end and children's rights begin. As Byles (1980) puts it, "The ultimate question, though, is moral rather than clinical. It concerns the child's rights to adequate care and protection from the moment of birth. Until our society is able to reach some consensus regarding the rights of children further research into the 'management' of (adolescent) behaviour problems may be little more than an academic exercise." (pg. 277) Slater et al (1968) are even more adamant, claiming that the time is 'obviously' coming when the citizen's right to unlimited parenthood will have to be restricted. They argue that, for the health of the succeeding generation, the right of parents to look after their child will have to yield in priority to the child's right to be properly looked after.

This dichotomy between the rights of a parent and the rights of a child is, like all dichotomies, in some respects false, and in posing an improper choice, suggests misleading solutions. While there are

identifiable rights of both parents and children, part of a child's rights is that his parents should receive the best possible support and opportunity to rear him according to their individual standards. This right of a child to live with his parents is fundamental to the Children's Act (1960). Rather perhaps than view the issue as one in which rights of either parent or child or both, are, or are not circumscribed, it might be useful to view families at risk of having a child removed, as being under an obligation to demonstrate that they can accept their mutual responsibilities. This could be achieved by declaring them to be 'at risk' families.

There is provision in the Act for parents to be officially reminded of their responsibilities and warned of the consequences which may follow continued non-fulfillment of them (Sections 71-73). It is suggested that the spirit of these provisions be extended to include those families in which children have not yet been found to be in need of care, but which, in showing the features outlined above, can be identified as families in which this may happen. (The author is not legally trained, and accepts that this may not be possible in law. The suggestion is intended to make psychological sense, and legal repercussions would clearly need to be carefully considered by those competent to do so.) This would provide for the members of such families an opportunity to be informed of the likely consequences of their behaviour toward each other, ensure for them that services to forestall such consequences are adequately provided, and enable agencies such as CWS to have a certain amount of legal access and authority the aim of which, as stated above, would not be the curtailment of rights, but the assurance that responsibilities attendant on such rights were understood and fulfilled.

The child 'at risk' is not seen by the Act as a child in need of care, and quite rightly so. It is argued however that the families involved should be seen as being in need of cautioning, information and support, in short, as being in need of preventive intervention which has legal sanctioning.

To see the problem in terms suggested by Slater et al (1968) is to risk championing the rights of either one familial sub-group or the other - a process likely to lead to excesses, and therefore to the ultimate benefit of nobody. There is also inadequate emphasis on responsibilities in such an approach.

It is not suggested that all families with whom CWS comes into contact would need to be cautioned in this manner. Factors predictive of the eventual removal of a child would need to be determined in a more detailed longitudinal study, which investigates the whole population of referred children whether placed or not, something not undertaken in the present work. As a starting point, families who show evidence of both disorganisation and disruption, and in which there are young children can be said to be in need of such cautioning and support.

There would be several consequences of such a proposal. One would be, as stated earlier, an assurance that preventive services had been offered to a family prior to a child being removed from it. A second consequence would be a reduced propensity on the part of CWS workers to accede to demands from a family that a child be removed at very short notice. This follows from the fundamental principle behind the proposal, that families are made to realise that they retain

responsibility for their behaviour, for the way they treat each other, and that nobody can relieve them of this responsibility with the stroke of a pen. Finally, by the time a child is placed, the family's attitude to reconstructive services and their ability to benefit from them, will be fairly clear, and this information should be a major factor in the argument for removal of a child, as well as a significant determinant of the type of placement recommended, since this in turn should have consequences for the anticipated eventual outcome.

In summary, a change in attitude is proposed. We need to think less in terms of a 'Children's Act' and more in terms of a 'Families Act'. We need to think less in terms of 'children in need of care' and more in terms of 'families who need information, limit-setting, and support' and to distinguish them clearly from 'families who show they no longer wish to live as a unit and be responsible for each each other'.

4.4.2 CWS Interventions

Factors considered here provide information as to what most typically occurs between the time of initial contact, and the time at which the child was most recently placed. The child will most typically have been placed for the first time between one and eight years after initial contact with the family, most usually at an institution. He will have remained in one placement although 42% will have had at least two placements. The consequences of these placements to the child are only slightly more likely to have been beneficial than they are to have been unhelpful. The consequences to the parents of having had a child removed show the obverse pattern - they are slightly more likely to show a sustained deterioration in functioning than they are to have shown an improvement.

Three features are immediately striking. One is that there is considerable delay between the time at which a child is first known and the time at which he is removed from his family. The second is that placements made during the period here under discussion appear to be rather ineffectual, in that only 40% of children and 30% of parents can be shown to have derived some benefit from it. The third is that a considerable proportion of both children (28%) and adults (35%) continue to deteriorate throughout this period. These features will be considered in turn.

It will be recalled that no record was kept of the actual contact between families and CWS over the years, so that it is possible that children eventually placed were known to CWS more in theory than in fact during the time of their early childhood. In this sense the time-span of up to eight years between first contact and first placement mentioned above may be an over-estimate, and it would be closer to the truth to say that in some cases a child was born to parents during a phase of minimal contact with CWS, who only became aware of him several years later. Nevertheless it remains true that such children were potentially known from birth and that their placement up to eight years later signifies so many years during which intervention proved ineffective, if it took place at all. This period of time appears an inordinately long one in which to decide whether or not a family shows sufficient responsibility to justify retaining control over a child. The step advocated in the previous section of declaring a family to be in need of preventive services could forestall the delaying of such a vital decision for many years by ensuring more reliable contact with 'at risk' families and by setting a time limit for the achievement of certain clearly specified goals.

The second feature mentioned, that placements appear rather infrequently to be followed by significant improvement in the functioning of either the child or his family may in some respects follow from the first. The longer an intervention is delayed, the more established are the patterns which said intervention is presumably aimed at changing. While no formal measurement was made of the degree of disturbance shown by children at the time of their first admission, the impression gained from files was that more children showed evidence of disturbance at that time, than had done so when first contact was established. In any event, the justification of the removal of a child from his family involves a clear statement of the prior harmful effects to him of having been with his family (see Appendix 1 pg. 219). It may be assumed therefore that even children going into care for the first time have been considerably traumatised, something Stricklin's (1972) study makes plain. The effectiveness of the interventions at our disposal may well be enhanced if they could be offered to younger, less damaged children and to couples still negotiating their marital relationships.

The final feature that will be discussed here raises the most controversial issues. It will be recalled that 35% of families not only show no evidence of benefiting from reconstruction services, but in fact continue to manifest signs of increasing disturbance. When discussing the reasons for the overall ineffectiveness of CWS interventions with senior staff members, the author gained the impression that it was felt that if those families who were unable to benefit from services offered by CWS could be identified, then

resources available to CWS could be directed at those most able to profit from them. In this way services would not be diluted to the point where in the great majority of instances, little was achieved. While this may give the impression that some disturbed families would be callously abandoned, the author is of the opinion that good reasons can be given for the adoption of such a policy. Further, the reader will remember that evidence was presented above that such a policy may in fact be forced onto Social Workers by sheer pressure from very large case-loads, particularly when the child is happily placed and families of origin appear unmotivated to change. The deliberate implementation of a policy is felt to offer the best chance that it will remain open to serious and honest scrutiny.

It is understandable that CWS feel an obligation to do their best for each family which approaches them. It has been argued above that families need to be reminded that in asking for help they are not thereby relieved of their responsibilities. To the contrary, the request for the use of scarce resources carries with it an obligation to co-operate and make good use of such resources. Certainly, people in distress have a right to supportive services, but they also have a responsibility to contribute to their own development. They can never be rescued, and should not ever be given the impression that they can be. It may well be a greater service to them in the long-term to be faced sooner rather than later with the consequences of their behaviour.

There is considerable support in the literature for this point of view. Hildebrand (quoted in Malan 1979) for example, developed criteria in terms of which people were excluded from intensive psycho-

therapy on the grounds that the inclusion of unsuitable persons was a disservice both to them and the therapist involved. Similar criteria relevant to the CWS context need to be developed and humanely used to ensure both that scarce resources are most usefully allocated, and to minimise the potentially harmful effects of therapeutic efforts aimed at those unwilling or unable to tolerate the demands inherent in such interventions.

This policy would have the effect of relieving CWS of the intolerable burden, which not all therapeutic agents are prepared to assume, of feeling obliged to help everybody. It would result in an attitude in CWS of being prepared to help those who showed evidence of wanting to help themselves. The effects of this change would be on the one hand to terminate pointless reconstructive efforts which sap CWS resources and discourage its Social Workers, and on the other hand to oblige those considerable numbers of parents who are ambivalent about CWS interventions (section 4.2.6 above pg. 162) to commit themselves one way or the other. In this way CWS would come to make more realistic demands of itself, those families unwilling or unable to benefit from intervention would be spared the potentially disruptive consequences of intolerable demands to change, and committed families could be worked with more effectively.

To this point, then, it has been argued that CWS should intervene earlier, and do so on a contractual basis. By this is meant that families at risk of having a child removed should be the prime focus of attention, rather than children in need of care. Such families should be offered what may be thought of as a 'preventive contract' which lays out the dangers of the family in future being separated, and specifies the part to be played by both CWS and the family if this is to be avoided. Mutual rights and obligations should at all times be recognised, and CWS should be clear in its unwillingness to offer continuing reconstructive services to those who show no evidence of earning or wanting them. These suggestions may go some way toward reducing the delay between contact with families and the initiation of decisive intervention. They may assist CWS to concentrate its resources where they will be of most use. Finally, and importantly, they may help Social Workers to disabuse themselves of the soul-destroying notion that they have an obligation to help everyone.

In the following section, after the presentation of some demographic data, the above argument is taken from this preventive phase into the phase during which children are found in need of care, and removed from their families. This has been thought of as the post-placement phase.

4.4.3 Most Recent Placements and Current Functioning

The most typical findings are that children are over fifteen years of age, have been in care for over four years and are intended to remain in care until discharged from the provisions of the Act. Most are seen as psychologically normal, are satisfactorily placed, but under-achieve at school. Most of the children show no significant change in their relationships with their parents, who in turn are most commonly unchanged in their level of functioning.

On the positive side more families show improvement than show evidence of deterioration (31% vs 18%), slightly more parents and children relate more adequately than they used to, compared to those of whom the opposite is true (29% vs 23%). More children are doing well at school than are chronically under-achieving (33% vs 24%) and one child in five is anticipated to return home in less than two years. Negative aspects include the finding that fully one third of children (33%) were seen as chronically disturbed when their most recent placement was made, in comparison with the initial figure of 11% and that the majority of families appear not to have made significant gains despite years of effort. Finally, nearly half (45%) of all the children rated were felt to be inadequately (32%) or inappropriately (13%) placed. This finding is important in itself, but becomes more so in the light of evidence that over 70% of children are expected to spend many years in these placements.

There are then, some positive achievements, and evidence has been collated in sections 4.2.1 to 4.2.4 (pgs.144 - 154) showing that most recent placement has been made on a selective basis, so that part of this success may reasonably be ascribed to careful and appropriate

assessment and management. The high proportion of disturbed children currently in care may partly reflect more detailed assessment and generally more sophisticated understanding, but it also points to the great need for therapeutic resources if these children are to be helped. The rated inadequacy of many current placements is not intended as a council of perfection, but rather as an indication of the magnitude of the task undertaken when more adequate care is envisaged.

As has been stated above (section 1.6.3 pg. 37) a necessary preliminary stage in planning more comprehensive and effective management is the delimitation of specific tasks for particular management agencies. Just as CWS should limit the expectations made of itself, so should management resources. CWS cannot be all things to all people, and nor can placements. It is suggested that in defining the population it intends to help, both assessing and managing agencies are better placed to organise and co-ordinate their efforts, and so deliver a more effective service. In the light of information presented in this Chapter to this point, certain suggestions can be made with respect to management agencies.

It has been shown that the placement of children in the various types of management resources, at least where CWS is concerned, is not a random matter. The following proposals are intended to formalise current practise, and by so doing to enable each placement type to develop a clearer understanding of the task undertaken by it when accepting a child.

In earlier sections it was recommended that all families who are found to be in need of care should have been offered a preventive contract based on indications that they were at risk of having a child removed. This would constitute the initial phase of management in all cases.

The second proposed phase would depend upon the family's response to their earlier preventive contract. Those responding most favourably would presumably form the group not studied in this investigation - families known to CWS from which no children were removed. Families showing promise for the future, but from which it is still felt necessary to remove a child, would be best assisted by having a child found in need of care, and returned either to Former Custody or placed at a Children's Home. The former placement clearly causes minimal disruption while emphasising the seriousness of the need for the family to alter certain patterns of behaviour, and giving CWS increased powers of intervention. These factors should nevertheless not completely obscure the continuing contractual nature of the interventions, and in part the decision to return a child to Former Custody should depend upon the parents' acceptance of their continuing responsibility to effect certain agreed changes and maintain stipulated standards. The placing of a child at a Children's Home has two advantages. It secures for the child the best possibility of therapeutic management, and of all remaining placements potentially least threatens his parents that they are being replaced by other 'better' parents.

Families which respond poorly to the preventive contract may be taken as indicating an inability or unpreparedness to assume the responsibility of rearing their child. The placement of choice should

then be Foster Care, which explicitly offers the child an alternative family. It has been shown that 88% of children in Foster Care are unlikely to return to their families of origin (Figure 3.19 pg. 116) and provided such children are selected with care, that is, provided families have been given every reasonable chance to prove themselves, there need be no regrets attached to this finding. In doubtful cases, a Children's Home would appear to offer a reasonable compromise placement, until a final decision was reached.

Reference to Figure 3.16 (pg. 112) shows that in fact placements are already made very much on the proposed basis. The manner in which families have responded to reconstruction services varies in association with current placement type. Families in which children have been returned to Former Custody show the highest rate of improvement. Those from which children have been placed in Foster Care show the least improvement. The families of youngsters in Children's Homes show an intermediate pattern, and such a placement may be viewed as extending the period during which the family will prove itself one way or the other. In this way it becomes clear that the aim of statutory intervention is the provision for all children of a family, either their own, or if necessary, an alternative one. Children's Homes would function to assist in making the decision as to which would be more appropriate.

The reaction to preventive intervention of the child should also be a factor in deciding on the second phase of management. From the raw data collected it can be shown that 78% of children presenting with evidence of disturbance were first placed at a Children's Home.

This is reasonable if Children's Homes were aware of and accepted this task. It would also make sense if Children's Homes were staffed by people suitably trained to provide a temporary haven for a disturbed child. In any event, this policy is supported by the author, at least until more is known about the adequacy of foster-parent training and support.

It is proposed that CWS should set itself different tasks with families, depending on the placement made. Most intensive involvement should be reserved for families from which no child was removed, for those under preventive contract, and for those to which a child has been returned under statutory control. In all these cases, the final goal should be the re-integration of the family. It is recommended that the families of children placed in Foster Care should receive less attention after the removal itself has been negotiated, since by definition these families will have shown themselves unwilling or unable to benefit from reconstruction services. It is simply not the case that children are returned to their parents from Foster Care, and in perpetuating the myth that reconstruction is possible a great deal of energy and a high proportion of resources are not put to realistic use.

It is further recommended that Children's Homes take over those aspects of family management which pertain to the decision as to whether or not children placed with them should return home or be offered to Foster Care. This follows from the proposal that the above decision should constitute one of the major functions of Children's Homes, and that in order to make this decision Children's Homes should have both the skill and the authority to enter into management contracts

involving the child and his family. Such a policy would also foster continuing contact between parents and child, and ensure that families whose children had been removed were not relatively ignored by CWS Social Workers under pressure from many other demands. Finally, since the decision will ultimately be taken in terms of the child's best interests, it is appropriate that the agency which knows him best becomes the focal point of management.

The reader will have noted that Schools of Industry have not been mentioned to date. These institutions have commonly been used as a placement of last resort for children who can be distinguished primarily by a history of placements from which neither they nor their families could benefit. It is hoped that the proposals here put forward will go some way towards reducing the numbers of such therapeutic casualties. With particular reference to children who show signs of disturbance, low intelligence, and disorganised family backgrounds, however, one further recommendation may be made. This is that children at risk of reacting negatively to their first placement (something which additionally characterised children now at Schools of Industry) should be particularly carefully placed, and every effort made to prevent a breakdown of their first placement. It is for children such as these that Children's Homes need to develop assessment and management skills, one of which might be the refusal of a child whom they feel unable to contain. Immediate referral of such children to a School of Industry would be a more positive use of this resource, than the unfortunately common occurrence of the referral of a child whose behaviour has not been adequately understood or foreseen.

In this section proposals have been made many of which conform fairly closely to current CWS practice in the selection of management agencies. The intention has been to clarify the criteria employed, to make explicit in general terms what typical goals are aimed for and overall to assist CWS workers in concentrating their energy and skills in areas which are most likely to benefit those selected.

4.4.4 Summary

Table 4.3 summarises some of the proposals made in the sections above dealing with demographic characteristics of children in care. It provides a rough schema in terms of which placements may be selected and suggests which form of post-placement services should most appropriately be offered by CWS.

Table 4.3

Schema For The Differential Management of Children In Care

FEATURE OF MANAGEMENT	PLACEMENT TYPE			
	F. CUS	F. CARE	C. H.	S OF I
<u>Pre-placement</u>				
Family declared 'at risk'	yes	yes	yes	yes
Preventive contract	yes	yes	yes	yes
Response: family	good	poor	mixed	poor
Response: child	good	good	mixed	poor
<u>Post-placement</u>				
Intensive reconstruction by CWS: family	family of origin	alternate family	no	no
Intensive reconstruction by Man. Agency	n/a	n/a	yes	no
Intensive support by CWS: child	yes	yes	no	no
Supportive services: family	yes	yes	yes	yes

The above Table (Table 4.3 pg. 194) presents the proposals made here that CWS limit its investment with families unlikely to respond, and with families from which children have been placed in management agencies which should preferably themselves then become the focus of future interventions and decision-making.

In these sections dealing with demographic features of children in care, the most typical experiences of such children have been used as a basis on which to propose certain changes in current management practice.

It was argued that families need to be made more aware of their responsibilities and that those at risk of having a child removed both can, and should be identified as such and offered what has been termed a preventive contract.

Families and children responding positively to this initial phase in management should be distinguished from those unlikely to gain from further intensive intervention. Placements are, and should continue to be made on the basis of the above responses by families and children, and CWS should reserve its therapeutic resources for those able to benefit from them. In all cases supportive services should continue to be rendered.

The above proposals would ensure that families at risk are identified and offered preventive services early. They allow rational allocation of resources, and the beginnings of role definitions for the various management options open to CWS. They go some way towards

ensuring that CWS workers invest their energies in families most likely to benefit thereby. Finally they provide criteria which can be made more explicit on the basis of experience, for the difficult decision as to which families will in effect be abandoned to their own devices. Such criteria are offered in the hope that in being explicit they can be more carefully monitored and evaluated.

4.5 Thesis Summation: Results and Proposals - Preliminary Remarks

The final part of this Chapter will review the present work as a whole and attempt to synthesise the various vantage points explored, so as to present in brief as full a picture of child welfare as possible, and from this to project a role for psychologists as well as some directions for future research. The focus will gradually be widened from concentrating on the children, to including their families, CWS interventions, and national policy.

4.5.1 The Children In Care

The 160 children here investigated have between them been in care for a minimum total of 468 years. They represent a minute fraction of the total of 67,239 children in care in South Africa to-day. That widespread and sincere attempts are being made to ensure that many deprived, traumatised and bewildered children to grow up in less harmful circumstances than chance has selected for them, is quite beyond doubt. To mean well, however, is not enough, and anybody who takes it upon themselves to intervene in the life of another, at the same time assumes a responsibility to investigate carefully the effects of this action. It is a severe indictment of child care in South Africa that we do not

know what the long-term effects of this effort have been, nor do we know enough about the adequacy or the thoroughness of our interventions. It is surely inappropriate that we can say more about the types of care available than we can say about the children in them. It is time to pause from erecting infrastructures, and time to direct more energy towards getting to know the people they are supposed to serve. From the study here reported some information flows which makes a start towards redressing this imbalance.

It is known that half of the children are known to us before the age of two, that three-quarters of them are of normal intelligence and not initially disturbed psychologically. It is known that up to eight years lapses before these children are felt to be in need of removal from their families. Factors associated with beneficial response to placement and others associated with deterioration in the child's functioning have been indicated. The child whom at present we are unable to help has been partially identified.

It can be shown that certain characteristics of the child are associated with certain placement types, that this in turn has effects on his ability to cope both vocationally and emotionally. Further, this has been shown to be associated with the likelihood of his returning to his family of origin, of his being able to relate to his parents, and of his being able to face adulthood reasonably well-adjusted, or as a social and emotional cripple.

We do not know whether the children in care do any better than those not in care, who come from similar backgrounds, or how they differ from other children also known to Welfare Agencies who are not placed. We do not know that the children in care are the most in need of it. We do not know what happens to children we have tried to care for, or how many of them in turn become the damaged parents of children with whom the whole process is repeated. We do not even know where in the long-term we succeed or why.

4.5.2 The Families In Care

Several local studies (Brown 1948, Hanekom 1950, Stricklin 1972) agree with the findings of the present study that families in care are typically chronically disturbed, frequently disrupted, often poor and large. It has been shown that it is the degree to which such families can accept help and not their degree of disturbance that is associated with the child's current placement. It can also be shown that certain placement types are associated with continued deterioration in family functioning and others with sustained improvement. The causative links in these relationships need urgent explication, as do the consequences of the family's attitude to initial placement.

We know that in the majority of cases interventions directed at the family are at best ineffective, and that, perhaps because of this, the great majority of children are at some time removed from their control. Once separated in this manner, families are unlikely to be re-united. In most instances therefore, interventions amount to removing the child and accepting that the family remain much as it was.

4.5.3 Child Welfare Society, Cape Town

This Society has been viewed from two perspectives. From the historical point of view, it has been shown in section 1.3 above (pg.11) that the aims of CWS and the role played by it have changed over time. The main body of this thesis has been an account of some of the present work undertaken by the Society.

At the time of its inception, CWS was concerned primarily with saving and protecting children, as its then name of Child Life Protection Society makes clear. Within a decade the aims of CWS had changed in that they were more broadly defined and included both the concept of the promotion of family welfare and the significant notion that Societies should undertake the task of demonstrating to local and national authorities the pressing need for more adequate welfare resources. This led to an active political role for CWS and enmeshment in legal work, which at times absorbed a large part of its energies. Having succeeded by 1937 in securing national legislation and support for welfare services, CWS, itself now organised on a nationwide basis, has in the following years embarked on a number of ventures aimed at broadening the welfare services available, and refining its method of working. In this way, for example, the present system of case supervision, of drawing clients from specified urban areas and of employing community workers has evolved. Similarly, clinics, creches, re-entry houses for 'institutionalised' youngsters, and other schemes have been initiated and funded. Currently, CWS and its national co-ordinating Council are involved in promoting more egalitarian and rationalised provision of services to other ethnic groups.

The empirical aspects of the study here reported have shown that CWS does have a policy as to which characteristics of children and their families should influence to which management resource such children are referred. It has also shown that in general children are appropriately placed insofar as they are frequently found in the placement which CWS considers most suitable. The proposals made in this study are based upon both historical and empirical observations and would, if put into practise, involve some changes in CWS policy, and hopefully assist it to work more effectively.

The most basic proposal is in essence a development of the thinking which prompted the National Council for Child Welfare to change its name to the National Council for Child and Family Welfare in 1974, and which underlies the adoption by CWS of its present title in place of Child Life Protection Society in 1978. These changes imply a partial acceptance of the primacy of the role played by the family for the child. These changes also indicate a move away from the idea, prevalent when CWS was founded but still widespread if less baldly stated, that people can be rescued or saved from themselves. Proposals made which emphasise the responsibility of families for themselves, advocate that this idea be very carefully examined, since it may be responsible for a significant proportion of that reconstructive work which continues to be offered to families who show no ability to profit from it, thus diluting CWS resources to the point where they become generally ineffective.

Other proposals made are directed more at management than at policy. If implemented, CWS would concentrate more of its resources on preventive interventions and would more often be removing children from their

families during their pre-school years, rather than between the ages of six and ten years. First removals would have to be managed somewhat differently to subsequent removals, in fairness to families, but criteria should be developed which preclude families from further intensive intervention until such time as resources are more adequately available. The proposals would effect expectations of management agencies too. Children's Homes would need to be consulted about developing into a shorter-term more therapeutically oriented placement, which would work directly with families and be responsible for recommending Former Custody or Foster Care as a long-term placement.

CWS would need to learn more about making assessments of family dynamics and intervening in terms thereof. It would need to develop skills in making and monitoring contracts with clients. The participation of families would need to be assessed, and prognostic features identified, so that effort can be concentrated where most benefit will result. (The author is not in a position to comment on the degree to which these skills are already possessed by CWS workers and the above should not be taken in an evaluatory sense.)

One final issue will be raised before a brief discussion of child care in general is entered into. This is that the author cannot be sure as to the degree to which results here obtained may be generalised. If they are not, then some of the proposals here put forward would become impractical. For example, while several changes are envisaged for Children's Homes these institutions accept children from a number of Agencies and would be in a quandry if expected to function in a different way by each Agency.

In this section the past and present policies of CWS have been reviewed, and some proposals made as to possible directions for future development. The following section discusses present findings in the light of national tendencies and the overall history of child care in South Africa.

4.5.4 Child Care in South Africa

Section 1.2 above (pg. 6) reviewed the development of welfare services in South Africa from the vantage point of the white population. Three phases were identified. The first, up to 1910, was characterised by a large-scale ignorance of the place of welfare services, by a lack of co-ordination at any but a parochial level, and by the efforts of a few small organisations who attempted to relieve the lot of the most impoverished or most neglected by an approach which was largely charitable.

The second phase ending in 1937 saw the beginning of Child Welfare Societies which campaigned for legislation at a provincial and later at a national level, the dual emphasis being on both the provision and the co-ordination of services. By 1937 legislation had been enacted at central government level, a state department had been created to oversee implementation of the Children's Act of that year and the welfare societies had themselves organised on a nationwide basis.

The third phase takes welfare services up to the present. Characteristic of this period has been an attempt by Government to introduce parallel facilities for other ethnic groups, an attempt

which has been unsuccessful to date because of a scarcity of resources, and because of ever-increasing bureaucratic complexities.

An investigation of the size here reported can clearly have little to say on issues and trends of this magnitude. The above research does however ask some questions which are raised by the present Children's Act. It also leaves many more important questions unasked. Tizard (1974) has pointed out that it is impossible to plan adequately in the absence of epidemiological studies, and not sensible to alter provision in the absence of outcome studies. To the author's knowledge neither have been undertaken on even a small scale in South Africa. In view of the cost involved alone, such studies would appear to be worth commissioning.

One point on which some information is provided by this study is that relating to the legal provision of several types of management agency. It has been shown that in the case of CWS a variety of such resources can be used on a rational basis, in that referrals to management agencies were not made on a random basis. Had this not been the case, the creation and funding of a variety of placement types would have been pointless. It is worth reflecting on, that research such as that here reported has not been undertaken in South Africa to date, so that this structure was created and has endured without being assessed. Powers & Witmer (1951) have shown that the feeling of the therapist and the client that interventions have been successful and useful is no guarantee that it will have any long-term effects. This state of affairs is felt to be economically, clinically and morally inappropriate.

From discussions with senior CWS staff, the author has gained the impression that different assessing agencies would place children on the basis of different criteria. It is quite possible that even English and Afrikaans speaking families have different attitudes towards, for example, their child being placed at a Children's Home. These possibilities raise questions as to the advisability of extending the continuum of management agencies found to be appropriate for one ethnic group to other ethnic groups. Assessing, and management agencies need to be aware of the dangers inherent in uncritically applying the same model to different cultures. (Buhrmann, 1977)

This brief historical perspective makes it unarguable that at some levels more adequate welfare services are available now than was formerly the case. It is suggested, though, that at a time when a major concern is the provision of services to ethnic groups other than White people, serious consideration should be given both to the evaluation of current services and to the potential dangers of the use of a model developed in one culture in other different cultures.

Having reviewed the present study and having located it within the context of welfare services in South Africa some suggestions as to the potential role of clinical psychologists will be offered in the following section.

4.5.5 Role For A Clinical Psychologist in Welfare Services Provision

This is a field traditionally dominated by Social Workers. According to Sussenwein (1977) the "special contribution of the social worker lies in understanding how individual responses (whether to personal attributes,

illness, or external stresses) are influenced by the social situation" (pg. 969). Social Workers aim at making a 'social diagnosis' which does not identify psychopathology but is rather "an appraisal of the nature of the problem, the factors which led to its development and those which now lead to its perpetuation, together with an assessment of personal, family, and social resources and the possible means of alleviation of the difficulty." (pg. 969) She says later, in discussing the special knowledge required by Social Workers involved in various fields, that apart from generic training, the person involved with disturbed or psychologically damaged clients "must have a good understanding of normal and abnormal child development, of the nature of psychiatric problems . . . of the factors which influence psychological development, of the variety of therapeutic methods available to influence child and family behaviour . . ." (pg. 970). Even in Britain, where she was working, such highly trained persons are rare. It is suggested that a clinical psychologist could provide many of these skills, and thereby augment and improve services currently offered by both assessing and management agencies.

That these skills are needed by agencies such as CWS is evidenced by the current practise of recommending that disturbed children be placed at a Children's Home. In order to do this well, a thorough knowledge of areas outlined above is necessary. Such referrals should also be preceded by a detailed and relevant report to the management agency which would outline the problem, its apparent genesis, course and prognosis, as well as suggesting methods and goals of management

with respect both to the child and his family. Gannon (1977), the Principal of a local Children's Home for many years, makes specific reference to the tendency for assessing agency reports currently to be presented in terms of socio-historical features, which is an inadequate basis on which to plan the management of a child entering a placement which is expected to interact with him and his family at a therapeutic, and not only at a custodial level. The more Children's Homes become the treatment of choice for disturbed children the more unsatisfactory will socio-historical reports become.

The more social work agencies become involved in preventive work as well, the more they will need persons able to detect subtle signs of disturbance and able to recognise dynamics which are likely in the future to lead to problems. The clinical psychologist is well equipped to assist in such assessments, whether they be made in respect of individuals or families. Such cases will need to be thoroughly prepared and well-presented, since Children's Courts at the moment are not familiar with the practise of preventive interventions.

It has been suggested above that CWS would do well to focus more on families than on individuals. Family therapy has been presented as a more powerful and briefer form of intervention than individual therapy (Minuchin 1974) is well-suited to the incorporation of specified contracts between the family and the therapist, and is an approach which emphasises the ability and responsibility of families to decide in what manner they are going to live together. There are ways of assessing families which provide useful baselines from which to work. Clinical psychologists have often had considerable exposure to this way of working with clients, and could prove useful in this respect as well.

Another role for clinical psychologists is to be found in Children's Homes, particularly if they were to develop into the sorts of units proposed in this study. It was less than ten years ago that only rarely were Social Workers to be found in Children's Homes. Such a person is now fairly likely to be a permanent member of staff. There are very few Children's Homes with clinical psychologists on their staff, but there is no reason why this state of affairs should endure. There is certainly no lack of work - children to be assessed, management plans to be formulated and reviewed, staff to be supported and educated, families to be seen, and new methods and ideas to be introduced. Clinical psychologists, like Social Workers, will need to learn how to operate within the special limitations and opportunities presented by Children's Homes but this presents no insuperable obstacles. Other placement types also offer opportunities, such as in a scheme devised by Rubenstein et al (1978) in which an 'extended family' composed of several families who are fostering children is supported in turn by well-trained personnel, who aims to teach them to support each other, thereby progressively freeing himself to work with other similar 'extended families'.

One final area in which clinical psychologists are able to play an important role is research. The need for this has been a theme throughout this presentation and it is the case that no other profession in this general field is as well-trained in the methodology and techniques of research and data analysis. As well as gathering such information psychologists could disseminate it thus fulfilling a widespread need for information in terms of which both to plan for the future, and to work as effectively as possible with the resources now available.

Without in any way being exhaustive the list of possibilities outlined above makes clear the enormous need for clinically trained psychologists in the area of welfare service provision. The next section develops some of the themes outlined above in connection with research which could be undertaken in this field.

4.5.6 Some Possibilities For Future Research

The reader will not need to be reminded of the need for research, which has been repeatedly stated in this presentation. It is intended to outline some projects, starting with small-scale undertakings and ending with investigations which while very necessary would take years to plan and complete.

The present study has of necessity been able to say little about individuals. It has been an exploratory study attempting to discern whether the structure of child care makes internal sense, a pre-requisite for going on to investigate aspects of the whole in more detail. Equally, however, this investigation loses much of its point if studies more concerned with individuals do not follow and assist a basically sound structure to deal more insightfully with the people for whom it exists.

One model for this would be Stricklin's (1972) assessment methods which provided detailed information as to both the intellectual and emotional functioning of children in care. Another possibility would be to compare projective assessment over time as children are removed, and settle into new homes. It would be most instructive to know how children who have been in care for several years compare with peers not

in care, or just entering care. The consequences to parents of having a child removed could very well be intensively studied, particularly in the case of the child being placed in Foster Care. The present work provides some general statements, but to help people, particular statements are necessary.

There remains a widespread need however for the clarification of trends and the statement of group differences. Some possibilities are suggested here. We need to examine children also referred to CWS but not found to be in need of care, and describe how they differ from the children investigated here. Another more difficult but potentially very interesting study, could match children not referred to CWS at all, but similar in other respects to children who were referred, and determine factors which influenced referral.

After a suitable interval, children here investigated could be followed up, in order to provide information on outcomes which at the moment is totally lacking. The author intends to preserve the original data so that the children and families in this study could be indentified in the future.

Also of interest would be the degree to which other assessing agencies referred similar children to similar placements. Another aspect of this question is the degree to which management agencies are aware of the expectations made of them, how they perceive children in their care, and what changes they would like to see in agencies such as CWS.

The above investigations would all be of a similar scale to that here reported. Other more ambitious studies could include the collection of even simple basic data about families and children seen by a number of agencies over various periods of time, to elicit trends in finer detail and provide demographic data which is not now available. There is a great need for well-designed prospective longitudinal studies. And finally of course, the most difficult but most important of all, a comprehensive epidemiological study which would enable really sensible planning and provide a common definition of issues. On this basis services can be designed and evaluated in a more rational and informed manner than has been the case to date in South Africa.

In summary, there is a lot that we need to know about what we are doing now, and much we need to discover so as better to provide for the future. In all cases, we need information about groups and insight into the individuals concerned.

4.5.7 Summary

The above sections have briefly presented the core findings and proposals contained in this study. These have been viewed within the context of present CWS functioning, and the state of child care in South Africa as a whole. The place of clinical psychologists in this important field of endeavour has been sketched, as have some proposals for future research.

In conclusion, the task of all those involved with caring for children and their families remains the provision of the right service to the right persons at the right time. It is hoped that this work will contribute towards that ideal.

APPENDIX 1

SAMPLE OF MATERIAL FROM A TYPICAL FILE

12 October 198

The Chief Social Welfare Officer
P O Box 131
CAPE TOWN

Social Worker: Mrs M
Supervisor: Mrs P

Dear Sir

DETENTION ORDERS, WITH COSTS, IN FAVOUR OF TENTERDEN PLACE OF SAFETY, WELLINGTON ROAD, WYNBERG: , born 7.7.197

became known to this Society on 6.10.1981. The parents' circumstances are presently uncondusive to the physical and mental development of this emotionally disturbed youth.

Family Composition:

Mother: Mrs , previously , nee , born 4.10.195. She works at

Father of and : , born 27.11.1948. He has been divested of parental rights as and have been adopted by Mr

Father: Mr , born 15.12.195. He works for a detective agency.

Children:

1. , born 29.5.197, Std 4, School.
2. , born 7.7.197, Sub B, same school.
3. , born 14.4.197) At Nursery
4. , born 6.5.198) School.

is the child under discussion.

The children live care of their parents,

Present circumstances:

, repeating Sub B at Primary School, presents as an emotionally disturbed youth. He presents numerous problems in the form of bedwetting, stealing, playing truant and dishonesty. He is a depressed child and threatens suicide. He furthermore has numerous learning problems. He is dyslexic and believed to be minimally brain damaged and in danger of failing yet again.

The family, who have recently moved from _____, in addition to experiencing difficulties in handling _____, are experiencing numerous financial difficulties. A crisis point has been reached, as _____ has just stolen and spent their rent money. The family have reached the end of their tether and need time to stabilise themselves, and retain their family equilibrium.

The _____ are at this point in time rejecting _____ and have actually offered to assist him in his threat to jump from their sixteenth floor flat. _____ is presently very much at risk.

_____ placement at _____ with furthermore afford him the opportunity of being assessed and observed in a neutral environment. Psychological, developmental and neurological assessment are being planned for this child at the Child and Family Unit, Red Cross Children's Hospital.

Recommendation:

In view of the above, it is recommended that _____ be placed on Detention Orders, with Costs, at Tenterden Place of Safety, Wellington Road, Wynberg, pending the Children's Court Enquiry, as from 14.10.1981.

Yours faithfully

DIRECTOR

ADMINISTRASIE VAN O.V.A. / ADMINISTRATION OF B.W.A.
 ONDERWYSDEPARTEMENT / DEPARTMENT OF EDUCATION
 Sielkundige en Voorligtingsdiens / Psychological and Guidance Service
 AFDELING 2 / PART 2

VERSLAG VAN SKOOLSIELKUNDIGE
 REPORT OF SCHOOL PSYCHOLOGIST

NAAM / NAME

A. Algemeen / General

- 1. Datum van ondersoek / Date of examination: 198-01-29
- 2. Plek / Place: E.A.P.S.
- 3. Geboortedatum / Date of birth: 197-07-07
- 4. Seun / Dogter / Boy/Girl: Seun.
- 5. Ouderdom / Age: 8:6
- 6. Standerds gadrup / Standards failed: A3 B.
- 7. Verwys deur / Referred by: Skoolhoof.
- 8. Redes vir verwysing / Reasons for referral: Waarlike MBD geval.

B. Verslag van ondersoek / Report on examination

(i) Observasie media / Observation

- (a) Werkhouding en werkvlak / Attitude and functional level: Opkiesende werkhouding. en lae vlakke werkvlak.
- (b) Intuïtiewe observasie / Intuitive observation: het oorgaans goed oorgewerk.

(ii) Intelligensie media / Intelligence tests

	K.O. C.A.	V.O. M.A.	I.K. I.Q.	TOT	Stanine Stange	Datum Date
S.A.I.S.						
N.S.A.I.S.	N.V. <u>98</u>	V. <u>98</u>	TOT <u>96</u>			<u>198-01-29</u>
J.S.A.I.S.	N.V.	V.	TOT			

(iii) Evaluering van Intelligensieprestaties / Evaluation of intelligence

Niveau	Bo gemiddeld Above	Gemiddeld Average	Benede pail Below	Niveau	Bo gemiddeld Above	Gemiddeld Average	Benede pail Below
Woordeskaf / Vocabulary	X			Waarneming / Visual perception			X
Begrip / Comprehension	X			Visueel-motoriese koördinasie / Visual motor co-ordination	A		
Abstrahering / Abstract thought			X	Taal / Language		X	
Reken / Computation		X		Denke / Thinking			A
Memoriseer / Memorise			X	Intelligensie tempo / Rate of reaction		Y	
Konkrete redenering / Concrete thinking	X			Intensiteit / Intensity		X	
Ruimtelike oriëntering / Spatial relations			X				

9 November 198

Dr

Social Worker: Mrs M
Supervisor: Mrs P

Dear Dr

RE: _____ known as _____

We wish to thank you for agreeing to see the abovementioned youth and include a brief report on family circumstances to date.

_____ became known to this Society on 1.10.1981. The parents' circumstances were deemed to be unsuitable for the physical and mental development of _____ who presented as an emotionally disturbed youth. He was consequently placed on Detention Orders on 14.10.198 at Tenterden Place of Safety, where he presently remains.

Family Composition:

Mother: Mrs _____ previously _____ nee _____ born 4.10.195 She works at _____ Paarden Eiland Road, Paarden Eiland.

Father of _____ and _____ born 27.11.194 He has signed consent for _____ and _____ to be adopted by Mr _____. The adoption of these children by Mr _____ has never taken place, as the family feared social work scrutiny.

Father of _____ and _____ born 15.12.195 He works for _____ He has been working in this job for just over a month.

Children:

1. _____ known as _____ born 29.5.197 Std 4, Primary School.
2. _____ known as _____ born 7.7.197 Sub B - the child under discussion.
3. _____, born 14.4.197) At _____ Nursery
4. _____, born 6.5.198) School.

All of the children, with the exception of the child under discussion, are care of mother and stepfather/father, Mr and Mrs _____

The family lives in a cramped, two-bedroomed, inadequately furnished flat. Other family members have until social work intervention, also been sharing these crowded conditions.

Circumstances leading to removal: This Society was contacted on 1.10.1981 by a work associate of mother's in connection with the family, and in particular. The , who had recently moved from South West Africa, were in addition to experiencing numerous and severe financial difficulties (for example, had periods of eating only bread, which resulted in develop- ing excessive diarrhoea due to poor feeding), also experiencing difficulties in the handling of . He was presenting numerous problems in the form of chronic bedwetting, stealing, playing truant and dishonesty.

., who is repeating Sub B at School, has numerous learning problems. He is dyslexic and believed to be minimally brain damaged and in danger of failing yet again. He was furthermore extremely depressed and would constantly threaten suicide.

The informant related how mother disliked her son and how the step- father had actually offered to assist in a threat to jump from their fifteenth floor flat. Both parents were seen to be exceedingly rejecting of .

School was subsequently contacted in connection with ; it was reported that there were numerous problems with this youth. had that very morning stolen R20 from stepfather (later discovered to be R60 and the family's rent money) most of which had been spent on the asteroid machine. had brought his younger brother to the Headmaster; was too scared to go home.

The school, too, reiterated concern for and endorsed the previous informant's information. They stressed that who presented as a large, untidy, urine-smelling boy (mother has no time for clean sheets or to bath him in the mornings) would cope in a happy home.

Mother was immediately contacted and notified of the theft. During this time, was described as a "difficult, unpleasant child". Mother admitted to losing her temper easily with and to sub- consciously rejecting him. She stated that she no longer knew how to handle him.

Mother was subsequently seen by the social worker concerned and various options explored for . Mother was set the task of thinking these through, discussing them with her husband and getting back to the social worker concerned. This Society was contacted the following day - mother requested that be immediately removed. The family felt that they had reached the end of their tether and needed time to stabilise themselves, and retain their family equilibrium.

was furthermore felt by the social worker concerned, to be seriously at risk.

Child's Development:

was an unwanted baby. Mother's first marriage dissolved at the time of his conception and she returned from Australia, where she had been living, to South Africa. She thereafter tried to abort but to no avail. Her first husband subsequently rejoined her

in South Africa and they decided to give the marriage another try.

's birth was normal, as were his attainment of age-appropriate milestones. Father, however, left his wife before turned 2 years of age. This was quite traumatic for mother, as he suddenly walked out on her. Mother was forced to work and the children were placed in a Creche.

Some two years later, mother re-met her present husband (a childhood friend). They proceeded to live together and married in 197 . knows as his father.

The family has since this time been subject to numerous moves and changes of job. They have moved six times backwards and forwards between South West Africa and South Africa, in addition to numerous changes of address in Cape Town.

is described as always having been difficult. He was subject to severe temper tantrums as an infant and was extremely difficult to toilet train. Mother, however, felt that part of the difficulty lay with her as she tended to compare him to his elder brother, whom mother describes as a perfect child. Mother consequently tended to minimise 's problems. These problems, however, became more apparent when began attending school. He seemed unable to learn and also seemed dishonest as regards school-work assigned. Mother, however, lay blame on the school for her son's problems.

The family thereafter moved to and mother was again confronted with her son's lack of progress and what she considered dishonesty. She pressed for the school to have assessed but to no avail. The family consequently arranged for to be privately assessed. He was diagnosed as being minimally brain damaged and put onto a behaviour modification programme; basically the were to reward for good behaviour but were not to punish him. The report this approach to have been unsuccessful.

Primary School thereafter arranged for to be assessed, as he presented with behavioural and academic problems at school. They, however, left for South West Africa before this was carried out.

's school in also noticed problems and was assessed by the Education Branch (assessment included). As a result of this assessment, was placed in the school Hostel. During this time, the maintained limited contact with him. However, considerable improvement was noted in .

Present circumstances: has adjusted extremely well to his placement at . He responds well to structure and discipline and no form of acting-out behaviour has been noticed in his months placement.

According to presents as a model pupil. He has furthermore had one "wet" night in his time there and now presents as a neat, clean youth. This has done marvels for his self-confidence.

The have maintained regular written, telephonic and face-to-face contact with . They have even planned special treats such as picnics on visits. The entire family is motivated to do whatever is deemed to be in best interests at this point in time. They are able to see that in many instances has been scapegoated by family members. They, too, recognise that their other children are not nearly as perfect without around.

Recommendation:

In view of the above, this Society requests that be thoroughly assessed (neurological assessment included) and that management guidelines for the handling of this family be given. This Society furthermore requests that be considered as a possible candidate for your Day Centre.

We thank you for your assistance in the handling of the above.

Yours faithfully

DIRECTOR

(last page of a 10 page report)

of all parties in the therapy and adjustment to The family understand that their full co-operation in accordance with this treatment plan to be essential in order for return to take place. The family at this point in time are willing to co-operate.

EVALUATION

The family present as a multi-problem family with having been the index client. . . . has been rejected by his family and scape-goated. He has consequently failed to thrive in his environment.

. . . ., however, has been observed to be a normal child who would, placed in a nurturing environment blossom. Evidence of this has been observed even in the institutional setting of Tenterden. . . . has previously acted out as a symptom of the family's chaotic life circumstances.

Family disorganization is evident in lack of finances, inadequate accomodation plus alcohol abuse. These are all coupled with exhaustion and depression on the part of the mother and feelings of inadequacy on the part of the step-father resulting in some marital conflict. Furthermore, rejection of has taken place because of unresolved feelings related to mothers first marriage.

Further social work intervention and family therapy are indicated before return is to be considered. . . . has already experienced the trauma of removal from parents and has nevertheless shown positive change in behaviour. If return is to be considered at this point in time, deterioration of present behaviour is expected. It is furthermore believed that it is the responsibility to prove that they can adequately care for This will be evaluated in accordance with progress made in therapy and co-operation with the society.

RECOMMENDATION:

In view of the above, it is recommended that:

- 1) known as be found in need of care in terms of Section IX(b) of the Children's Act no 33/1960;
- 2) be placed at Cape Town, with costs, in terms of Section 31(1)(d) of Children's Act No 33/1960. . . . have indicated their willingness to accept henceforth;
- 3) A contribution order NOT be made against the parents in view of their dire financial circumstances.
- 4) Reconstruction in accordance with the devised treatment plan be attempted by this Society.
- 5) Supervision of the three children in the care be undertaken by this Society, and if necessary they too be found of care.

3 September 198

Dear

CONFIDENTIAL REPORT:

1. aged 10 years, has been in care at since April 198. We are very concerned about because of the deterioration in his behaviour since his mother deserted the family on 5 May 198 and went to stay with her mother, Mrs D.J. in after allegedly spending two weeks in Germany. We would greatly appreciate it if you could arrange an investigation of the circumstances of Mrs to ascertain whether she intends returning to South Africa and, if not, whether alternate plans regarding future mother/son contact could be explored with her.

2. and his family first came to the attention of the Child Welfare Society, Cape Town, during October 198 had numerous problems at the time, including bedwetting, stealing, truancy and dishonesty. He was reportedly depressed and was the focus of continual conflict in the family, who were rejecting of him. at one stage, had threatened to jump from the fifteenth floor of the family flat and stepfather had offered "to assist him"!

3. (i) Mother (32), previously nee She deserted the family during May 198 and is reportedly resident at

She was thought to have a drinking problem, was rejecting of and had been referred to Groote Schuur Hospital for psychiatric assistance because it was felt that she was depressed. Prior to her leaving South Africa, Mrs worked for a motor company in a clerical capacity.

(ii) Biological father of and
(+ 33)

difficulties in relationships with both parents and has not really established satisfying interpersonal relationships. School represents yet another area of difficulty and non-achievement and it is no wonder that he has a very poor opinion of himself. In addition to psychotherapy (which is likely to be slow), there should be an ongoing "living experience" for which is directed towards allowing the experience of being valued in his own right as a person, and also towards taking concrete steps in building up his poor self concept".

has been seen individually in a therapeutic context and simultaneous efforts to link with him and "hold" him have been made by our child care staff. In addition, he is in a remedial education programme.

The initial period of his stay here was characterized by difficulties coping with the routine and distrust of the reliability of his parents and their promises of sustained visits. He did seem to settle a little but deteriorated during June when he began to voice fears that his mother would not return from England.

Our child care staff list the following incidents:

- broke a boy's model "because I was jealous"
- is frequently found in other boys cupboards taking or breaking things
- broke a 1000 piece puzzle recently built by a peer
- tore to shreds a toy dog belonging to another lad
- tipped a tin of varnish into a bed
- stealing objects and money
- constantly picking fights with boys of all ages
- swearing, provoking, teasing others
- cries without provocation
- requires close supervision

The story is indeed distressing and has little prospect of immediate improvement.

4. In the light of the details given above, we would greatly appreciate your assistance in arranging an investigation of the circumstances of Mrs ascertaining her future intentions vis-a-vis the children and her husband, with the awareness of circumstances as they are here.

We realise that our request is one of considerable proportion, but would be most grateful for your co-operation in this regard. Please do not hesitate to request further information or clarification. We look forward to hearing from you or the appropriate agency soon

SOCIAL CLASS

Rate according to father's profession. If retired, rate according to what employment used to be. If widowed or divorced rate according to what father used to do.

- CLASS I: Traditional aristocracy, millionaires, cabinet ministers, chancellors and principals of Universities, managing directors or chairmen of boards of nation wide or international companies.
- CLASS II: Professionals, salaried executives, owners of large firms, operators of moderate sized enterprises, students of universities and colleges, prosperous farmers and landowners.
- CLASS III: Small businessmen, small farmers, clerical workers, white-collar workers, semi-professionals.
- CLASS IV: Skilled workers, qualified tradesmen, apprentices.
- CLASS V: Semi-skilled workers.
- CLASS VI: Unskilled workers, permanently unemployed, poor whites.

APPENDIX 2

VALIDATION OF RATINGS

VALIDATION OF RATINGS

RANDOM SAMPLE

Explanation of Terms - pg. 1-7

Table for Results - pg. 8

CHRISTOPHER M. GILES

UNIVERSITY OF CAPE TOWN

AUGUST 1982

Aim of Study

By rating many children in terms of specified factors, it will be possible to determine whether children referred to Children's Homes, for example, differ from children referred to Foster Homes.

As you may know, I want to compare children placed in:-

- (i) Former custody
- (ii) Foster care
- (iii) Children's Homes
- (iv) Schools of Industry

When finished, I will have data on 160 children.

Need for validation of measures

Clearly, comparisons make no sense if the measurements employed are either inaccurate or inappropriate.

I have extracted from the 31 factors I rate, those which are most a matter of opinion and judgement. These are the ones that most need validation.

Validation Study

As one of the social workers whose files I have been using, you are able to provide an independent rating of these factors. By comparing my results and yours, some measure of confidence in my ratings can be determined.

This is a vital aspect of the study, and I much appreciate your co-operation.

METHOD

Select five children from among those with whom you are working, that I have rated, and give them a score on each of the factors laid out below. Give for each factor only one score.

If you are not clear about what is wanted please ask me, but I do not want to know which children you have chosen until after all ratings are completed.

N.B.

Please indicate for each question whether you had to consult the file (File) or whether you could answer on the basis of your knowledge of the child in question (No file).

Factors

These fall into three groups:-

- (i) Factors obtaining at the time the child and his family FIRST HAD CONTACT WITH CHILD WELFARE SOCIETY.
- (ii) Factors relating to INTERVENTIONS.
- (iii) Factors relating to MOST RECENT PLACEMENT MADE.

(i) FIRST CONTACT (with this Agency)

1. Problem manifested by child -

SCORE 1 - No Significant Problem:

Child is placed essentially because of inadequate or harmful home circumstances.

SCORE 2 - Reactive Problems:

Child is basically well-adjusted, but has shown emotional or behavioural problems of not more than one years duration, in reaction to some trauma or sudden changes at home.

SCORE 3 - Chronic Problems:

Child has a history of emotional or behavioural maladjustment to a significant degree of over one years duration.

Child is a problem in his own right.

FILE

NO FILE

2. Problem presented by family -

SCORE 1 - No Significant Problems:

A well-adjusted family.

SCORE /

SCORE 2 - Re-organizing Family:

One characterised by reasonable pre-morbid functioning, reacting to an identifiable major crisis, and showing evidence of attempts to regain stability and independence from welfare agencies.

SCORE 3 - Disorganized Family:

Characterised by chronic problems such as alcohol or drug abuse, psychiatric disturbance, conflict with law, mobility, chronic poverty, and a tendency to rely on welfare agencies and repeat maladaptive patterns of behaviour.

FILE

NO FILE

(ii) INTERVENTIONS

1. Intended duration of first placement -

SCORE 1 - less than 6 months

SCORE 2 - less than 2 years

SCORE 3 - placement intended to meet the needs of child until discharged from Act, or for the foreseeable future.

This is intended duration - rate irrespective of actual outcome.

FILE

NO FILE

2. Estimation of suitability of first placement -

SCORE 1 - Unsuitable:
placement made because no alternative available.

SCORE 2 - Inadequate:
factors other than child's needs determine this placement. Again lack of option is important factor.

SCORE /

SCORE 3 - Acceptable:

Placement is not particularly suited, but nothing preferable exists, or is available. Perhaps a second-option placement had to be made. Overall balance of negative and positive features.

SCORE 4 - Suitable:

Placement of choice, giving reasonable expectation that child's needs will be appropriately met.

SCORE 5 - Ideal:

Placement especially suited to particular child. There must be specifiable reasons for this.

FILE

NO FILE

3. Parental attitude to first placement -

SCORE 1 - Hostile:

Parent(s) vigorously and deliberately oppose placement, for whatever reason, for sustained period of time.

SCORE 2 - Neutral:

Either brief opposition, apathy, brief approval, or no reaction, in cases where parents not contactable.

SCORE 3 - Favourable:

Parent(s) encourage and promote placement, for whatever reason, for sustained period of time.

FILE

NO FILE

4. Behaviour of child subsequent to first placement -

SCORE 1 - Much More Difficult:

Sustained and significant increase in problematic behaviour, seen as reaction to placement, although this behaviour may not emerge for up to six months.

SCORE 2 - Slightly More Difficult:

A noticeable increase in problem behaviour, but not as marked as in 1.

SCORE /

SCORE 3 - Unchanged:

Child continues to behave similarly after placement as before, for at least one year.

SCORE 4 - Slightly Improves:

Gradual but discernable improvement in adjustment, seen as at least in part, consequence of placement.

SCORE 5 - Much Improved:

Sustained, significant and rapid improvement in adjustment, seen as in part at least, consequence of placement.

FILE

NO FILE

5. Reconstruction participation by parents -

SCORE 1 - Problems Worsen:

Nett result of agency input is further destabilization of fragile family, and sustained contact not possible. Alternatively ongoing process are not influenced by intervention.

SCORE 2 - Superficial Participation:

Family uses agency to obtain grants, schooling, accommodation. Will turn to agency in time of need but makes no significant adjustments towards independent functioning.

SCORE 3 - Problems Resolved:

Within limits of capacity, family grows and remains better adjusted.

FILE

NO FILE

(iii) LAST PLACEMENT MADE

1. Problems manifested by child AT TIME PLACEMENT WAS MADE -

SCORE 1 - No significant problem

SCORE /

SCORE 2 - Reactive Problems

SCORE 3 - Chronic Problems

(as defined above i.1)

FILE

NO FILE

2. Suitability of this placement -

SCORE 1 - Unsuitable

SCORE 2 - Inadequate

SCORE 3 - Acceptable

SCORE 4 - Suitable

SCORE 5 - Ideal

(as defined above ii.2)

FILE

NO FILE

3. Intended duration of this placement -

SCORE 1 - less than 6 months

SCORE 2 - less than two years

SCORE 3 - Foreseeable future

(as defined above ii.1)

FILE

NO FILE

4. Current relationship between child and parent(s)

SCORE 1 - Deteriorated:

Relative to quality of relationship at first contact. Either contact broken, or parties are even less able to understand each other.

SCORE /

SCORE 2 - Unchanged:

Relative to relationship quality at first contact -
no major and lasting changes.

SCORE 3 - Improved:

Relative to state of relationship at first contact,
there has been significant and sustained improvement
in mutual understanding and toleration.

FILE

NO FILE

5. Degree to which placement meets needs of child. Rate over at least
previous 6 months where possible. -

SCORE 1 - Insignificantly:

Most of the child's needs; physical, emotional,
intellectual, social, are not satisfactorily met.
No awareness of special needs.

SCORE 2 - Partially:

At best, only some needs are adequately met - perhaps
food and shelter, but not social or emotional, or
individualized management.

SCORE 3 - Adequately:

Most of the child's needs, including special needs
such as remedial teaching, or therapy, are generally
met, or at least sympathetically and sensitively
considered.

FILE

NO FILE

Thank you very much.

FACTOR	CHILD (Case number & first name)				
	1 (File - Yes/No)	2 (File - Yes/No)	3 (File - Yes/No)	4 (File - Yes/No)	5 (File - Yes/No)
<u>AT FIRST CONTACT:</u>					
Problem: Child 1.1					
Problem: Family 1.2					
<u>INTERVENTION</u>					
First placement:					
Duration 2.1					
Suitability 2.2					
Parent attitude 2.3					
Child behaviour 2.4					
Reconstruction efforts 2.5					
<u>MOST RECENT PLACEMENT</u>					
Problem: Child 3.1					
Suitability 3.2					
Duration 3.3					
Relationship: Child & Parent 3.4					
Child's needs met 3.5					

APPENDIX 3

THE DIFFERENTIAL PLACEMENT OF CHILDREN

THE DIFFERENTIAL PLACEMENT OF CHILDREN

WHAT TYPE OF CHILD SHOULD GO WHERE

Introduction

Explanation of terms used

Table for ratings

Christopher M. Giles

University of Cape Town

August 1982

INTRODUCTION

On the basis of information which I have been collecting about children placed by a Children's Court under Section 31(1) a, b, d, or e, I will be drawing up for children in each type of placement, a list of features which are either positively or negatively associated.

In order to assess how this picture may differ from what you consider to be the ideal for each placement type, I would like you to rate the factors laid out below in terms of whether they would influence you to recommend a particular type of placement or not. Please note that what you feel is ideal is here being explored - not what you expect to happen in reality. The results of this survey taken together will allow me to draw up a composite picture of the sort of child who 'should' be referred to each placement type - I will then contrast this with what actually happens.

RATING

Pages 237 & 238 contain factors I have used in my study, explain what I mean by them, and the distinctions I have made.

Pages 239 & 240 are your rating sheets and provide a brief description which you may amplify by reference to Pages 237 & 238 if necessary.

It will be easiest to explain what is required in terms of an example.

EXAMPLE

Please refer to Factor 1 on Page 239

Brief description - by reference to Factor 1 on Page 237 you will see that this refers to the age, in years of the child when contact was first made with the Child Welfare Society, Cape Town.

Scale items

0-2 3-5 6-10 11-15 15+ - refer to age ranges in years
(a) (b) (c) (d) (e) - enable easier coding and stand for the
age range they lie under.

Your ratings /

Scale of Items

Description

Factor

1	Age in years of child at first contact with C.W.S., Cape Town	0 - 2, 3 - 5, 6 - 10, 11 - 15, 15+
2	Gender of child	Male, Female
3	Referral source, leading to first contact.	nuclear family member, extended family member, another Agency, e.g School or Police
4	Child living with, as of referral date.	nuclear family, nuclear family, extended family friends or intact disrupted(divorce member no fixed abode separation,death)
5	Presenting problem of child	None, behavioural or emotional problems, behavioural or emotional of less than 1 years duration,seen problems of more than 1yrs as reaction to family turmoil. duration.Child disturbed in his own right.
6	Presenting problem of family	none, problems of limited duration, seen Chronic problems, violence, as due to passing crisis. Family alcohol abuse,psychiatric expected to settle again & cope. disorder,povertry,inability
7.	Parent-child relationship	Shows evidence of deterioration. No significant change seen. shows evidence of likely sustained improvement.
8	Intellectual level of Child	Normal, Dull, of typically Special Class Ability. Slight mental retardation cannot cope with normal school.
9	Scholastic performance of Child	Doing As well as can be expected using full potential. Frequently fails, truants, under-achieving.
10	Socio-economic level of family	professional people wealthy farmers, tertiary education. Semi-professional clerical,'white collar'small businessman. Tradesman skilled worker. Semi-Skilled chronic unemployed
11	Age at placement (Under Children's Act 1960)	years - 0 - 2, 3 - 5, 5 - 10, 11 - 15, 15+

Factor

Description

Scale of Items

- | | | | |
|----|---|---|---|
| 12 | Proportion of other siblings placed | Only child, Only child place, Less than 1/2 siblings Placed, | All siblings placed. |
| 13 | Intended duration of placement | Less than 6 months, Less than 2 years, Until child discharged from Act. | |
| 14 | Parental attitude to placement | Favourable, No strong and sustained feeling either way - or parents not contactable, | Hostile |
| 15 | Child's attitude to placement | Favourable, No strong and sustained feeling either way, | Hostile |
| 16 | Reconstruction participation by Parent(s) | Problems worsen since first contact Superficial participation, agency used to get grants relieve immediate pressure | Within limits of capacity family shows evidence of gaining from intervention. |

Placements and Your Ratings

Factor	Brief Description	Scale Items									
		Sec 31(1) a	Sec 31(1) b	Sec 31(1) d	Sec 31(1) e						
1	Age at first contact	0-2, (a)	3-5, (b)	6-10, (c)	11-15, (d)	15+, (e)	1/0 ✓	1/0 ✓	1/0 ✓	1/0 ✓	1/0 ✓
2	Gender	Male, (a)	Female (b)								
3	Referral source	Nuclear, (a)	Extended, (b)	Agency, (c)	School / Police (d)						
4	Child living with	Nuclear intact, (a)	Disrupted, (b)	Extended, (c)	Other (d)						
5	Presenting problems, Child	None, (a)	Reactive, (b)	Chronic (c)							
6	Presenting problems, Family	None, (a)	Reactive, (b)	Chronic (c)							
7	Parent - Child Relationship	Deteriorating, (a)	No Change, (b)	Improving (c)							
8	Intellectual level of child	Normal (a)	Dull, (b)	Mild retardation (c)							
9	Scholastic Performance	As expected, (a)	Not to potential, (b)	poor (c)							

Factor	Brief Description	Scale Items	Placements and Your Ratings				
			1 Sec 31(1) a	2 Sec 31(1) b	3 Sec 31(1) d	4 Sec 31(1) e	
10	Socioeconomic level of family	Professional, White collar, Skilled, (a) (b) (c) Semi-Skilled Unskilled (d) (e)	1/0 ✓ X	1/0 ✓ X	1/0 ✓ X	1/0 ✓ X	
11	Age at first Placement	0-2, 3-5, 6-10, 11-15, 15+ (a) (b) (c) (d) (e)			Y		
12	Proportion of other siblings placed	Only child, Only Placement, < 1/2, All, (a) (b) (c) (d)					
13	Intended Duration	< 6/12 (a) < 2 yrs, Indefinite (b) (c)					
14	Parental attitude to placement	Favourable, Neutral, Hostile (a) (b) (c)					
15	Child's attitude to placement	Favourable, Neutral, Hostile (a) (b) (c)					
16	Reconstruction participation	Situation Deteriorates (a) No Change (b) Situation Improves (c)					

REFERENCES

- AINSWORTH, M.D., WITTIG, B.A. (1969) Attachment and exploratory behaviour of one year olds in a strange situation. In Foss, B.M.(ed.) Determinants of Infant Behaviour vol. 4, London, Methuen.
- AMBINDER, W.J. (1965) The extent of successive placements among boys in foster family homes. Child Welfare 44 397-
- BOYD, L.H. & REMY, L.L. (1978) Is foster parent training worthwhile? Social Service Review 52 275
- BROWN, M.H. (1948) Die Sosio-ekonomiese Agtergrond van Sorgbehoewende Blanke Kinders in Inrigtings in die Westelike Kaap Provinsie. Unpublished M.A. thesis Univ. of Stellenbosch
- BUHRMANN, V. (1977) Western Psychiatry and the Xhosa patient S.A. Med. Jnl. 464
- BYLES, J.A. (1980) Adolescent girls in need of protection Amer. Jnl. Orthopsychiat 50(2) 264
- CHILDREN'S ACT (1937) (Act No. 31 of 1937) Government Printer, Pretoria
- CHILDREN'S ACT (1960) (Act No. 33 of 1960) Government Printer, Pretoria
- CHILD WELFARE SOCIETY Annual Report 1909. Quarter Century Report 1934
- CORBETT, J. (1977) Mental retardation - psychiatric aspects. In Rutter, M. & Hersov, L. (eds.) Child Psychiatry, Modern Approaches Blackwell, London
- DEPARTMENT OF CO-OPERATION & DEVELOPMENT (1980/81) Annual Report, Government Printer, Pretoria
- DEPARTMENT OF HEALTH, WELFARE & PENSIONS (1981) Annual Report Government Printer, Pretoria
- DEPARTMENT OF INTERNAL AFFAIRS (1981) Annual Report, Government Printer, Pretoria
- DOUGLAS, J.W.B. & MULLIGAN, D.G. (1961) Emotional adjustment and educational achievement - the preliminary results of a longitudinal study of a national sample of children. Proc. R. Soc. Med 54 885
- EISENBERG, L. (1961) The strategic deployment of the child psychiatrist in preventive psychiatry. Jnl. Child Psychol. Psychiat. 2 229

- FANSHEL, D. (1976) Status changes of children in foster-care: Final results of the Columbia University Longitudinal Study. Child Welfare 168
- GANNON, B. (1977) The Child Coming Into Care. In the National Association of Child Care Workers (South Africa); Report on the First Biennial Conference. The Child in Care. 14-19 N.A.C.C.W., Cape Town
- GATH, D. (1968) Child Guidance and the general practitioner - A study of factors influencing referrals made by general practitioners to a child psychiatric department. Jnl. Child Psychol. Psychiat. 9 213
- HANEKOM, J.H. (1950) Die Vervydering Onder die Kinderwet Nr.31 van 1937 van Kinders uit die Gesinsverband Unpublished M.A. thesis University of Pretoria
- HARDY-BROWN, K., PLOMIN, R., GREENHALGH, J., JAX, K. (1979) Selective placement of adopted children: prevalence and effects. Jnl. Child Psychol. Psychiat. 21 143
- HARE, E.H. (1965) The Bethlehem Royal Hospital and The Maudsley Hosptial Triennial Statistical Report 1961 - 1963
- HERSEN, M., & BARLOW, D.H. (1976) Single Case Experimental Designs New York, Pergamon Press
- HILDEBRAND, H.P. (1979) In Malan, D.H. (1979) Individual Psychotherapy and the Science of Psychodynamics. Butterworths, London
- JARRETT, P. (1959) A Comparative Study of the Implementation of the Children's Act 1948 in Four Local Authorities. M.A. Thesis, University of Nottingham, Dept. of Social Science.
- KESSEL, N. (1963) Who ought to see a psychiatrist? Lancet i 1092
- KLEIN, M. (1932) The Psycho-analysis of Children. London, Hogarth Press
- MALMQUIST, C.P. (1972) Depressive Phenomena in Children. In Wolman, B. (ed) Manual of Child Psychopathology New York, McGraw-Hill
- MINUCHIN, S. (1974) Families and Family Therapy. London Tavistock
- MOSS, P. (1974) Residential Care: a general view. In Clarke, R., Sinclair, I. and Tizard, J. (eds.) Varieties of Residential Experience: Research Issues in the Care and Treatment of Children. Routledge Kegal Paul, London.

- MOWBRAY, R.M., BLAIR, W., JUBB, L.G. & CLARKE, A. (1961) The general practitioner's attitude to psychiatry Scot. Med. Jnl. 6 314
- PACKMAN, J. (1965) Variations in the Number of Children in Care Throughout England and Wales. Ph.D. Thesis Oxford University.
- PACKMAN, J. (1968) Child Care: Needs and Numbers. Allen & Unwin London
- PARKER, R.A. (1966) Decision in Child Care. A Study of Prediction in Fostering. Allen & Unwin, London
- POTGIETER, M.C. (1973) Maatskaplike Sorg in Suid Afrika, Citadel-Pers, Kaap Provincie
- POWERS, E., & WITMER, H. (1951) An Experiment in the Prevention of Delinquency: The Cambridge-Somerville Youth Study New York Columbia University Press
- PUBLIC HEALTH ACT (1919) Government Printer. Pretoria
- QUINTON, D. & RUTTER M. (1976) Early hospital admissions and later disturbances of behaviour: an attempted replication of Douglas' findings. Dev. Med. Child Neurol. 18 447
- RAWNSLEY, K. & LOUDON, J.B. (1962) Factors influencing the referral of patients to psychiatrists by general practitioners. Br. Jnl. prev. soc. Med. 16 174
- REGISTRAR-GENERAL 1971 Classification of Occupations H.M.S.O. London
- REID, W.J. & EPSTEIN, L. (eds) Task Centered Practice. New York, Columbia University Press
- RICHARDS, H. (1960) Some Factors Determining the Referral of Out-Patients to a Psychiatric Hospital by General Practitioners. Unpublished dissertation, Institute of Psychiatry, University of London.
- RUBENSTEIN, J.S., ARMENTROUT, J.A., LEVIN, S. & HERALD, D. (1978) The parent-therapist programme: alternate care for emotionally disturbed children. Amer. Jnl. Orthopsychiat. 48(4) 654
- RUTTER, M. (1970) Sex differences in children's responses to family stress. In Anthony, E.J. & Koupernik, C. (Eds.) The Child in His Family. London, Wiley
- RUTTER, M. (1975) Helping Troubled Children. Harmondsworth, Penguin
- RUTTER, M. (1977) Socio-cultural influences. In Rutter, M. & Hersov, L. Child Psychiatry - Modern Approaches. London, Blackwell

- RUTTER, M. & GRAHAM, P. (1966) Psychiatric disorder in 10- and 11- year-old children. Proc. R. Soc. Med. 56 382
- RUTTER, M. & YULE, W. (1977) Reading Difficulties. In Rutter, M. & Hersov, L. (eds.) Child Psychiatry - Modern Approaches Blackwell, London
- RUTTER, M., YULE, B., QUINTON, D., ROWLANDS, O., YULE, W., & BERGER, M. Attainment and adjustment in two geographical areas: III Some factors accounting for area differences. Brit. Jnl. Psychiat. 126 520
- SHAFFER, D. (1977) Brain Injury. In Rutter, M. & Hersov, L. (eds.) Child Psychiatry - Modern Approaches. Blackwell, London
- SHEPHERD, M., COOPER, B., BROWN, A., & KALTON, G. (1966a) Psychiatric Illness in General Practice. Oxford University Press, London
- SHEPHERD, M., OPPENHEIM, A.N., & MITCHELL, S. (1966b) The definition and outcome of deviant behaviour in childhood. Proc. R. Soc. Med. 59 379
- SKYNNER, A. (1969) A group-analytic approach to conjoint family therapy Jnl. Child Psychol. Psychiat. 10 81
- SLATER, E., COWIE, J., & COWIE, V. (1968) Delinquency in Girls Heinemann Educational Press, London
- STARKE, H.M. (1982) Child Welfare Society, Cape Town: Historical Perspective. Internal memo, Child Welfare Society, Cape Town. Unpublished.
- STARKE, H.M. (1982) South African Welfare Structure. Internal memo, Child Welfare Society, Cape Town, Unpublished.
- STEVENS, A. (1975) Attachment and Polymatric Rearing. Thesis for D.M. University of Oxford.
- STRICKLIN, A.B. (1972) A Psychological Study of Children Legally Removed From Parental Care. Unpublished Ph.D. Thesis University of Cape Town.
- SUSSENWEIN, F. (1977) Psychiatric social work. In Rutter, M. & Hersov, L. Child Psychiatry - Modern Approaches Blackwell, London
- TIZARD, J. (1974) The upbringing of other people's children: implications of research and for research. Jnl. Child Psychol. & Psychiat. 15 161
- UNDERWOOD REPORT (1955) Report of the Committee on Maladjusted Children, (Chairman J.E.A. Underwood) Ministry of Education. H.M.S.O. London

- WHALLEY, L.J., ROBINSON, T.J., McISAAC, M., & WOLFF, S. (1978)
Psychiatric referrals from Scottish Children's hearings;
a comparative study. Jnl. Child Psychol. & Psychiat.
19 269
- WHITTAKER, J.K. (1978) The changing character of residential child
care: An ecological perspective.
Social Service Review 52 21
- WHITTAKER, J.K. & TRIESCHMAN, A. (eds.) (1972) Children Away from Home -
A Sourcebook of Residential Treatment. Chicago,
Aldine Atherton.
- WILTSE, K.T., & GAMERILL, E. (1974) Foster care 1973: a re-appraisal
Public Welfare Winter 1974 7
- WOLFF, S. (1967) Behavioural characteristics of primary school children
referred to a psychiatric department. Br. Jnl. Psychiat.
113 885
- WOLFF, S. & ACTON, W.P. (1968) Characteristics of parents of disturbed
children. Br. Jnl. Psychiat. 114 593
- WOLKIND, S. (1978) Fostering the disturbed child. Jnl. Child Psychol &
Psychiat. 19 393
- WOLKIND, S. & RENTON, G. (1979) Psychiatric disorders in children in
long-term residential care: A follow-up study. Brit. Jnl.
Psychiat. 135 129
- WOLKIND, S. & RUTTER, M. (1973) Children who have been 'in care' - an
epidemiological study. Jnl. Child Psychol. & Psychiat. 14
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