

**THE NATURE AND MANAGEMENT OF BREAKDOWN IN
FOSTER CARE PLACEMENTS: DEVELOPING
PRELIMINARY MANAGEMENT GUIDELINES**

by

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CHAPTER ONE

1. RESEARCHING FOSTER PLACEMENT BREAKDOWNS

1.1 INTRODUCTION

This research study was conducted at a child welfare agency in Cape Town and has focused on the nature and management of foster care breakdown. A preliminary set of guidelines was developed as an aid to effective management.

Foster care is an important part of any child welfare service programme. It is based on the premise that a family still provides the best environment for the development of a child (Foster Care Charter : 1987). In an effort to achieve this purpose, foster care has become an increasingly complex task focusing on working contracts, reconstruction work, time limited intervention, behaviour programmes and effective, comprehensive management of the foster placement. An area which seems to be overlooked is the development of appropriate guidelines to deal with foster placement breakdown.

1.2 RESEARCH TOPIC

The nature and management of breakdown in foster care: developing a preliminary management guideline.

1.3 RESEARCH AIMS

Given the focus of the study the research aims were as follows:

Research Aim A:

To obtain information about the nature of foster placement breakdown by:

- (i) doing an extensive literature review on the subject of foster placement breakdown;

- (ii) gathering information via an interview schedule from 'expert' practitioners in the field of foster care supervision;
- (iii) analyzing 24 case records of children i.e. 12 who had experienced a stable foster placement and 12 who had experienced foster placement breakdown. A content analysis using an indicator checklist was carried out.

Research Aim B:

To initiate the process of developing a set of guidelines for the more effective management of a foster placement breakdown by:

- (i) doing participatory research at a child welfare agency, Cape Town by running six focus-group sessions with five practitioners active in the field of foster care supervision;
- (ii) collecting data gained from these sessions by recording the entire process on cassettes, transcribing this data and analysing it according to themes.

Research Aim C:

To formulate a preliminary set of guidelines on the basis of data obtained from research aim A and research aim B. The purpose of these guidelines being to help social workers with the management of a foster placement breakdown.

1.4 RATIONALE FOR RESEARCH

Despite the improvements made in practice, foster care placements are not without risks. This is inevitable given the diversity of families offering placements and the complex life experiences of children who come into foster care (Donley 1978 : 14). However, social workers' expectations of foster care are that it should promote permanency in the child's life (Fitzgerald 1983 : 4). They therefore expect that the foster placement be indefinite and therefore at times unthinkingly communicate this to the foster parents and child (Fitzgerald 1983 : 5). This also seems to stem from the social worker's need to reassure the child and the foster parent that foster care does work, because there are foster placements that do succeed. Yet there are an increasing number that do not (National Foster Care Association : 1991).

When a foster placement breaks down, it releases an intensity of emotions within the foster child and the foster parent (National Foster Care Association : 1992). However, the social worker concerned feels guilty at having failed the child and angry with herself for having missed clues. This may lead her to direct her frustration toward the foster parents for their lack of commitment towards the foster child (Donley : 1978). While these feelings are understandable, they can be dangerous when one allows them to dominate one's judgement and actions (Fitzgerald 1983 : 7). The risk of this occurring is quite high as social workers frequently have to make decisions affecting the foster child's future under pressure from the foster parents to remove the child as soon as possible. Under these conditions the social worker is sometimes forced to make far reaching decisions on the basis of inadequate knowledge (Rosenblatt and Meyer 1969 : 52).

Making a professional decision is not only based on professional judgement but is influenced by a number of factors. Personality traits of the social worker, agency constraints such as agency policy and goals also impact on the decision. In view of the interrelationship of all these variables, it is reasonable to question the validity of some professional decisions. The amount of information needed to make an informed foster care decision poses difficulties for the social worker who has to process all that data (Foy : 1967). Thus social workers have often expressed concern about the lack of guidelines to assist them with decision-making and the management of foster placement breakdown (Personal communication of foster care staff working at a child welfare agency : 1993).

According to Donley (1976 : 14), Fitzgerald (1983 : 5), and the Foster Care Charter (1988) the following factors impact on the management of a foster placement breakdown:

(i) Unrealistic expectations of the foster placement:

These include expectations held by the social worker, foster child and foster parents. There is a tendency among some social workers to reassure a child that the foster placement will last indefinitely. The possibility of the placement not succeeding is therefore not discussed with the child.

(ii) Poor preparation of prospective foster parents:

During the training of prospective foster parents, as well as after the child has been placed in foster care, the risk of foster placement breakdown is not discussed with the foster parents. As a result of the shortage of suitable foster parents, social workers seem scared of losing prospective foster parents.

(iii) High caseloads:

Many social workers carry very high caseloads. As a result of this overload, they often overlook clues which may indicate that a placement is on the verge of a breakdown.

(iv) Panic reaction to foster placement breakdown:

Foster parents frequently contact the social worker when the problem has deteriorated to such a degree that drastic intervention is required. This places the social worker under pressure and at risk of making hasty decisions regarding the child's future. The foster family experiencing a breakdown can be seen as a family in crisis and should therefore perhaps be approached from a crisis intervention perspective.

Recommendations for treatment after foster placement breakdown:

Intervention strategies are usually aimed at the child and his/her new foster parents. Once the child has been removed from his/her old placement, the social worker has very little contact, if any, with the previous foster parents. The nature of treatment would usually entail a few counselling sessions with the child concerned and his new foster parents. Thus actual work done on the breakdown, i.e. with the child and foster family in which the breakdown occurred, is almost negligible. Sometimes the treatment plan recommended by the social worker who managed the breakdown is not carried out by that same social worker since the child's new placement falls outside that social worker's area of operation. Therefore the extent to which the treatment needs of the parties involved are met, is seriously questioned (personal communication, with foster care team, child welfare agency : 1993). In respect of the above the following questions are raised about the management

of foster placement breakdown by the researcher. Other studies seem to validate the legitimacy of these questions:

- (i) are the emotional needs of the foster child and foster parents being met adequately?
- (ii) are the social workers involved in foster placement supervision managing foster placement breakdown in a comprehensive manner?
- (iii) how would social workers like to improve their management of foster care breakdown?

Social workers at a child welfare agency in Cape Town have frequently expressed concern about decisions that have to be made under pressure regarding the following:

- (i) how would one know that the removal of a child is absolutely necessary?
- (ii) What exactly constitutes a breakdown? Is it that the child is at risk because of neglect, physical, sexual, or emotional abuse or that the foster family no longer wants the foster child or the foster child no longer wants to live with the foster parents? (personal communication with foster care team, child welfare agency, Cape Town : 1993).
- (iii) if the decision is to remove the child, with whom and where should the next placement be?
- (iv) what should the nature of the treatment be and who should be included?
- (v) how should the child's feelings be dealt with?

It would seem that similar concerns have been expressed through studies done in this field (Trasler : 1960, Parker : 1966, Berridge and Cleaver : 1987). Similar decisions face the social worker who is dealing with the breakdown of the biological family as a result of neglect or abuse. This social worker however is assisted by an abuse/neglect management model which consists of indicators and guidelines to help the social worker in respect of the decision-making and management of an abuse/neglect case.

The question arises why does a similar set of guidelines and indicators not exist for the management of foster placement breakdown. Could it be that the removal of a child from

its biological parents requires the adherence to standardized procedures because it is considered to be more stressful? For example, the following applies in this instance:

- (i) the social worker has to submit a report to the Children's Court in terms of Section 14(4)(b) of the Child Care Act No 74/83;
- (ii) this is followed by a court hearing;
- (iii) in most cases this removal is done without the co-operation of the parents;
- (iv) the biological parents may contest the case and obtain legal representation.

In comparison, the removal of a foster child from a foster care placement does not necessarily meet with the resistance of the foster parents. They very often request the removal of the child. The foster child is then transferred in terms of Section 34 or Section 36 of the Child Care Act No 74/83 to either another foster placement, children's home, or school of industry. This does not require a court hearing. The social worker merely submits a report to the relevant state department informing them of the reasons for the transfer of the foster child. This almost *laissez-faire* attitude toward the removal of children in foster placement situations had led to bad management and poor servicing of these children.

Despite the fact that the requirements of the relevant state department and court seem to minimize the breakdown of a foster placement, the psychological damage that the foster child can incur as a result, can be even more far reaching than the reasons for removal of the child from his/her biological parents.

The lack of a set of guidelines also has implications in respect of the following:

- (i) the accountability of the agency in relation to the population it services;
- (ii) *ad hoc* decision-making and the lack of uniformity in decision-making;
- (iii) the effect of the above on the quality of service being rendered to clients.

Although the incidence of foster placement breakdowns at a child welfare agency in Cape Town is relatively low, i.e. twenty out of one thousand and two hundred cases (April 1993 - March 1994), social workers are none the less concerned, given the negative effect it has on the emotional development of the foster child. Of particular concern to social workers

is the extent to which the emotional needs of the child are being met as well as the uncertainty they may experience in respect of placement decisions. The absence of reliable standards governing the removal of children from their foster homes has been experienced as a management deficit and a gap in accountability towards the client. Thus the development of a set of guidelines would appear to be long overdue.

1.5 ETHICS APPRAISAL AND SIGNIFICANCE OF RESEARCH

Having expressed concern about the negative effects a foster placement breakdown can have on the emotional development of a foster child, it would seem that social workers have an ethical responsibility to develop ways in which to improve the management of a foster placement breakdown. The practitioners in the field of foster care supervision are accountable to the community they serve in respect of the quality of service they render. Although the statistics at this particular agency reveal a low percentage of placements actually breaking down, these statistics are children whose futures are being placed at greater risk. A set of guidelines will increase accountability.

The significance of this research also lies in the questions it may raise in respect of the specific area of foster care. It will hopefully motivate that the fostering practice in general becomes a more important area for future research, especially in light of it being a rather neglected area since 1946.

In addition to this, it is hoped that important failures and gaps in practice will be highlighted. This in turn should lead to improvements being made so as to reduce the risk of emotional damage to the children affected by foster placement breakdown.

The proposed formulation of a management guideline will hopefully assist practitioners to ensure the healthy ego development of children affected by foster placement breakdown.

In essence therefore the significance of this research lies in the improvements it will hopefully bring about in the field of foster care by drawing attention to the present gaps and

failures in the field thus ultimately ensuring the future well being of foster children affected by foster placement breakdown.

1.6 RESEARCH DESIGN AND METHODOLOGY

The research design is essentially a qualitative exploratory approach using the focus-group method to obtain the richness of data. Quantitative elements are recognisable in the content analysis of case files and the interview schedules administered to experts in the field.

1.7 DEFINITION OF TERMS

- Foster care:** This refers to the legal placement of children into substitute care in terms of the Child Care Act (No. 74 of 1983).
- Foster placement breakdown:** Any placement that ends prematurely, as distinct from other cases which do not necessarily lead to the end of a placement.
- Foster parents:** Are all substitute parents with whom the child has been legally placed by the commissioner of Child Welfare in terms of the Child Care Act (No. 74 of 1983).
- Guidelines:** A set of principles that assists social workers with decision-making and evaluation.

1.8 SUMMARY

The research problem has been identified and discussed as well as the aims of the study. The next chapter will review literature in the area of foster care breakdown.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter a review of relevant literature concerning the different aspects of foster placement breakdown will be presented. A general overview of the problem will be followed by a discussion on some of the major causes and effects of foster placement breakdown on the persons involved. In addition, the existing deficiencies in the management of foster placement breakdown as well as suggestions for improvement will be highlighted.

According to Fitzgerald (1983) very little research has been carried out in relation to what happens in foster placements where breakdowns occur. He was referring to agencies in Britain, but this also appears to be true for agencies in South Africa. There seems to be a dearth of South African literature on the specific area of foster placement breakdown. Therefore this review does have a strong American/European bias. The work of Donley (1978) is often quoted since she has done the most comprehensive study in this area. Donley (1978) prefers to use the word 'disruption' rather than 'placement breakdown' as she felt it demonstrated a particular perception about what happens when a placement ends. According to Donley (1978) breakdown conveyed a sense of disaster and doom whereas she saw the ending of a foster placement as only an interruption in the process leading to the long term goal. Disruption as Donley (1978) sees it provides a more accurate description of the event and avoids the destructive and negative connotations of breakdown. To say that a foster placement has disrupted instead of broken down by no means decreases the intensity of emotions experienced by the persons involved and the potential negative psychological effects on the foster child, i.e. loss, anger, sadness and despair. Elbow and Knight (1987) like Donley (1978) also believe that foster placement breakdown should not be seen as an ending but rather as a transitional crisis.

2.2 DEFINING FOSTER PLACEMENT BREAKDOWN

The National Foster Care Association (1992) describes foster care breakdown as the premature ending of a placement, which requires the removal of a child from the foster parents' home within a short period of time. Stone and Stone (1982) on the other hand describe foster placement breakdown as the unplanned removal of children from foster care. Contrary to Stone and Stone (1983) Donley (1978) believes that foster placement breakdown follows a predictable pattern. It is a cumulative series of events of behaviours, brought to a head by one incident which strips the balance and triggers off help seeking. Fanschel (1966) defines foster placement breakdown as the ending of a placement that was not included in the social work plan, either in the ending itself or in the timing of the termination.

Generally there appears to be consensus among the authors' definitions of foster placement breakdown. They agree that it is the unplanned removal of a foster child from his/her foster placement. Donley (1978) differs slightly from the rest in her perception that foster placement breakdown is the culmination of a series of events. This suggests that there are certain occurrences within the family that should alert the practitioner to the possibility that a foster placement breakdown may be imminent. If this is the case, it would seem imperative that the practitioner establish what these events, causes or characteristics are, so that if possible, the placement breakdown can be prevented, or managed in a way that reduces the risk of emotional damage to the foster child. Thus, the causes of foster placement breakdown is explored in the next section.

2.3 WHAT ARE THE CAUSES OF FOSTER PLACEMENT BREAKDOWN

According to the several authors one of the main reasons for breakdown seems to be the foster child's behaviour which is tolerated at first but eventually becomes unacceptable. "Behaviour problems in foster children are most often cited as the reason for foster placement breakdown" (Roberts : 1993). Other authors who hold similar views are Donley (1978), Aldgate and Hawley (1986), Rowe (1987) and Triseliotis (1989). A further reason for breakdown is the realization that the foster child is just not able to fit in with the family.

This manifests itself through specific noticeable incidents. In some situations foster families who are being strained by their poor relationship with their foster child may also experience an added personal crisis such as marital discord, or some loss which further strains their coping abilities. This then leads them to request the removal of the foster child (Donley : 1978). While Aldgate and Hawley (1986) agree with Donley (1978) that the deterioration of a foster placement usually follow a series of events, they do not agree with her that a breakdown is precipitated by a single major crisis. The incident that sometimes precipitate a breakdown may be seen as trivial, yet it is a culmination of a long period of stress. A stubborn act of defiance, may lead a foster parent to telephone the social worker and insist upon the removal of the child. Donley (1978) further states that unclear and problematic access can also contribute to foster placement breakdown. The foster parents may resort to having the foster child removed rather than causing family disequilibrium. Most foster families are left to struggle on their own until the situation becomes unbearable (Donley : 1978). Case studies reviewed by this same author reveal the following:

- (i) where families had asked for the removal of children, the decision had not been taken lightly;
- (ii) most families had endured long periods of stress before "giving up";
- (iii) the breakdown of the foster placement left emotional scars on the families concerned which lasted for two/three years later;
- (iv) the unresolved feelings experienced seemed largely related to the manner in which the foster placement breakdown was managed.

In the early 1960s Trasler (1960) looked at the reasons for foster placement breakdown and found amongst other things, that deprivation either by the child's own parents or previous foster parents was a significant causal factor. The study consisted of a sample of 138 foster children, made up of 57 placements that had broken down and 57 placements that were considered to be stable. Other significant findings of this study were:

- (i) that termination of foster placement seemed to occur early on with the first two years of fostering being the most vulnerable. It appeared that three quarters of all fostering breakdowns occurred within this period;
- (ii) that four key variables were associated significantly with foster placement breakdown, namely:

- early rearing history of the child;
- the age of the foster child upon placement. It appears that foster placements involving older children were more likely to end prematurely;
- the age of the foster mother at the time of the foster placement – women under 40 witnessed a higher number of breakdowns; and
- the family dynamics in the foster home in specific relation to the presence of other children. Failure rates seemed to be higher when foster parents had children of their own who were the same or within three years of age of the foster child.

A study undertaken by Parker (1966) confirmed some of Trasler's results. He based his research on social workers' records and examined retrospectively over a five year period the case experiences of a sample of 208 children. He compared foster children living in planned foster care placements that lasted for five years with those that did not. He identified the following factors as being associated with the stability of a foster placement:

- (a) The age that the child was separated from his/her mother – the later this separation occurred, the poorer the prognosis for the foster placement.
- (b) The foster child's previous life history.
- (c) The biological mother's death prior to the placement.
- (d) The age of the child at the time of the placement – it appears that chances of a successful outcome decreased with age.
- (e) That a child with behaviour problems was more likely to experience a foster placement breakdown.
- (f) The presence of other children in the foster placement – the probability of failure was increased where foster parents had children of their own.

A study conducted by Fanschel (1966) found the following:

- (a) Older foster parents tended to show more pathogenic child rearing attitudes than did their younger counterparts.
- (b) It was also found that the same applied to less educated foster mothers.

- (c) Childless couples were also found to be somewhat different in their child rearing orientations than those foster parents who had children of their own.
- (d) Foster parents who originate from large families presented more democratic attitudes towards family life.

A third major study that should be mentioned was conducted by George (1970). He found six factors that were associated with outcome some of which have already been highlighted by Trasler (1960):

- (a) Those children whose family of origin have a history of long term intervention by a welfare agency have a greater risk of breakdown.
- (b) The age of the child when separated from the mother.
- (c) The separation of siblings between placements.
- (d) The younger the age of the foster mother.
- (e) The presence of the foster parents' own children regardless of age.
- (f) Lack of similarities in religious faith between foster parents and foster child.

Parker (1966) offers cautionary advice in respect of the above and about the limited application of his predictions. Both satisfactory and unsatisfactory outcomes in foster placements are rarely defined with any degree of specificity. It may also be agreed that strict adherence to such predictions may offer a false sense of security to workers who have inadequate practice skills and may also inhibit the creativity of other workers. Potential foster parents may be ignored because they do not meet with the aforementioned criteria.

Another study done by Stone and Stone (1983) to investigate the causes of breakdown, the identification of which it was hoped would also help social workers determine the risk of breakdown, discovered the following:

- (a) A successful foster care placement is dependent on the actions and protective services rendered by the social worker more than on the problem which precipitated the placement or characteristics of foster parents and foster children.

- (b) That caseworkers respond differently to situational factors, precipitating complaint or characteristics of the foster child/foster parents.
- (b) Some caseworkers may have spent more time with foster parents with whom they have a good relationship or who have 'easy' foster children.
- (d) In other cases social workers spent more time with difficult cases.
- (e) A lack of significant correlations may also be related to the variability in tolerance by different foster parents to the behaviours of foster children. Some foster parents may handle behaviour problems themselves whilst others contacted the social worker for minor behaviour disturbances.
- (f) The chronicity of the problem and the source of referral may also seem to influence the amount of energy expended by the social worker. It appears that social workers spend less time with chronic cases. This may be related to social workers adopting a passive approach to repeated failed attempts. On the other hand, social workers also tended to spend more time on cases referred from outside agencies.
- (g) Another factor associated with a successful placement seems to be a foster parent - agency rapport.
- (h) Behaviour characteristics of children was another factor influencing the stability of a placement. It appears that the more aggressive and poorly socialized the child, the more likely the placement is to fail. Alternative therapeutic intervention may be indicated for this population of children, for example, the use of satellite homes staffed by parent surrogates who have 24-hour access to mental health professionals.

Cautley and Aldridge (1975) conducted a study where they sought to determine which characteristics of the foster parents could contribute to successful placements. Areas covered in the study included demographic data such as age, educational status, and occupation. The foster parents' reasons for wishing to be a foster parent were looked at; which spouse was first interested and the attitudes of the other spouse toward foster care; how did the couple make major decisions, as well as the family backgrounds of each spouse. The foster parents were also asked to respond to four behaviour situations (defiant, withdrawn, careless and slow). The foster parents were questioned about their attitudes

towards social workers and natural parents. The findings of the study revealed the following:

(a) Constellation of the foster home:

It is preferable to place the child in a family where he will be the youngest. This does not mean that if he is the oldest child, it will be a negative experience. It could however lead to conflict in the foster home if the foster parents have a child who is the same age as the foster child or have a child who is older.

(b) Characteristics of the foster child which contribute towards breakdown:

- long period in institutional care
- rejection experienced in previous placement
- legal status in which responsibility has been transferred from parent to agency
- history of poor physical care

The review of literature regarding foster placement breakdown revealed that this phenomenon was multi-faceted. Several previous studies have attempted to document variables that affect the outcome of a placement. However there is no consensus. Variables which affect the outcome of a foster placement include the age of the foster child at the time of placement, the length of time the child has been in foster care, the child's experience of a previous foster placement, the age of the foster mother and the number of own children the foster parents have. The search for reliable indicators of success or failure has been fraught with contradictions. The chances of predicting success or failure by looking at the various causes has also proved to be more complex than what the researcher assumed. The various discrepancies presented in the findings obtained from studies highlight the complexity of the problems. Practice is no doubt affected by this inconclusive evidence surrounding causation.

2.4 CHARACTERISTICS OF FOSTER PARENTS

2.4.1 Motivation of foster parents

According to Fanschel (1966) the motivation of foster parents has been the subject of considerable interest to a number of investigators concerned about the psychological influences on children in foster homes. Trying to ascertain the true motives of foster parents may be difficult as many foster parents often do not know why they want to be foster parents. Fanschel (1966 : 6) makes the following observation as regards the underlying motives of foster parents:

"The choice of foster parenthood is usually an expression of varying degrees of mature capacity for parenthood, the capacity and need to give love to a child, to realize one's own maturity. This in turn may be attenuated by a variety of neurotic motives of varying degrees of severity. In some instances the choice may be determined almost entirely by narcissistic or neurotic needs. It is unreasonable to expect to find many foster parents entirely free from neurotic motivations and needs since the seeking of a foster child is usually to some degree the family's way of solving a conscious or unconscious problem."

Glickman (1952) notes however, that the entire evaluation of the foster mother's suitability should not rest solely on one area of weakness. Other factors present may either compensate for or dilute the neurotic drives, leaving her still a valuable resource. The motivation of foster parents for fostering is being mentioned as a causal factor in breakdown where such parents are quick to request a removal of the foster child when problems arise. According to Fanschel (1966) the analysis of motivations and foster parent characteristics are important in that a better understanding of the motivations of those who offer their services could help with more effective recruiting. It is also essential that one knows which type of person is likely to be a successful foster parent. The motivations of foster parents are questioned when they show a lack of commitment or perseverance in the face of difficulties. Multiple removals of the foster child has serious psychological consequences for the children (National Foster Care Association : 1992).

Evidence of relationships between motivation and the adequacy of performance is not clear. There does not appear to be any difference between foster parents who approached the

agency and foster parents who were approached by the agency. Murphy (1964) states that mothers who gave altruistic reasons for caring for children did a significantly better job. Babcock (1965) on the other hand states that those couples whose motivation for becoming foster parents was companionship for their own child, were unable to take care of the children when they were no longer babies. The most adequate foster parents appeared to be those who used 'love' and 'give' in describing their reasons for wanting a foster child. The issue of 'giving' and 'receiving' in foster parenthood is an important one as discussed by Fanschel (1966), Krause (1971) and Fein, Davies and Knight (1979).

2.4.2 Flexibility, reality testing and learning

Kline and Overstreet (1972) consider the foster parent's perception of reality, his ability to adapt and his use of experience to learn as a good indicator of the foster parents ability to cope with problems that may arise in the foster placement. The lack of which could be considered as a causal factor in foster placement breakdown. Tensions are normal to family life, stress and crises occur in all families in response to environmental conditions. However according to Kline and Overstreet (1972) the adaptive/flexible person sees most problems realistically. The capacity for learning also refers to the foster parent's ability to work with the social worker and not experience the social worker's role as a threat or criticism of their ability to foster children.

2.4.3 Social class

Taylor and Starr (1967) observed that the demographic characteristics of foster parents reveal that foster parents often come from a segment of the population characterized by low education and income levels. In respect of this Rowe (1976) conducted a study of 64 foster homes where he tried to assess the relationship between foster parents' attitudes and social class.

There has been some evidence linking foster parent attitudes and social class with the stability of a placement. For example Fanschel (1966) found that the competent foster mother is the one who has an understanding of children's behaviour, is aware of her own

needs and is capable of meeting the emotional needs of the foster child. Cautley and Aldridge (1975) on the other hand found that good foster parents were the ones who were considerate of the foster child's needs and showed skill in dealing with problem children. It was further found that authoritarian attitudes correlated with poor foster care. Parker in his study conducted in 1970 found that lower classes were slightly more successful than the higher socio-economic status groups. These contradictory findings suggest a poor correlation between social class and the performance of foster parents. The literature also reflects this lack of consensus. The conclusion drawn from the study conducted by Rowe (1976) is that while parental attitudes are related to successful foster parenting, social class was not.

2.4.4 Single foster parenthood and poverty

According to Maluccio, Fein and Kluger (1990), children and women have been linked to poverty despite improvements in health and social welfare. The number of female headed households and working mothers is on the increase. They also believe that the poverty of women and their children are exacerbated and caused by government policy, poorly planned social programmes and demographic changes in family structure.] In South Africa, children in foster care are cared for mainly by foster mothers, together with their husbands or as single foster parents. In many families, not just foster families, single parenthood is associated with low income. Nearly all of the foster families served at a child welfare agency in Cape Town, fall into this low income group. It is interesting to note that these are often the people that volunteer their services as foster parents. The irony however, is that many of the foster children entered alternative care because of neglect by their biological parents. These children are then placed in low-income homes with foster parents needing public assistance, public housing and other basic services. Thus the child's exposure to poverty is continued. It is therefore not surprising that foster parents often complain about inadequate foster grants and social workers have to act as policemen to ensure that the foster grant is used to meet the needs of the foster child and not that of the family. Very often a very small proportion is being used on the foster child with the rest being used for rent, electricity, and food. This often becomes a source of conflict in foster homes.

Maluccio, Fein and Kluger (1990) state that there is a growing awareness that foster parenting requires more than providing the foster child with his/her physical needs in view of the number of foster children who have experienced foster placement breakdown. The expectations concerning the extent to which foster parents should be involved in the children's lives means that the relationship between the social worker and the foster parent should be that of a partnership. However this can lead to conflict between the foster parents and the agency over roles as highlighted by Rowe (1976). It has been found that social workers perceive foster parents as partial parents with limited responsibility 'as if' parents, foster parents on the other hand define their roles differently. Rowe (1976) states that foster parents try to take over the child completely. Some foster parents insist on the child dropping affectionate ties with the biological family and in certain situations may perceive workers and natural parents as unnecessary competitors.

In a study conducted by Fanschel (1966), foster fathers are not the primary initiators of foster care. It seemed to be more a case of pleasing their wives rather than satisfying either some altruistic or emotional need. Foster fathers are not well known to the social worker. The social worker's contact is primarily with the foster mother. Sometimes social workers perceive the foster father's unavailability for interviews and reticence to communicate with the agency as a sign of their non-involvement. Fanschel (1966) however sees this as a bias in the practice situation. The fact that social workers do not really know these foster fathers can lead to distortions in the social workers' assessment of him. Fanschel (1966) therefore suggests that social workers make an effort to involve the foster fathers. The foster care grant of R270 per month is a meagre sum when one considers the energy and time given to the caring of the child. A feminist perspective suggests that foster parenting be converted into an efficient social service rather than a 'pretend' natural family. Giving foster parenting this kind of status is one way of addressing the exploitation of women who are doing a job for which they are not being recognized (Meyer : 1984).

2.4.5 Selection and matching of foster parents

Taylor and Starr (1967) discuss foster parent selection as another possible contributory factor to foster placement breakdown. Most foster parents, when offering their home to a child, are seeking secondary psychological gains as already described by Glickman (1952).

The problem of determining an appropriate placement is connected with the issue of matching. A study done by Rich in 1965 of 32 foster homes, found that matching is unnecessary. Fanschel (1966) and Colvin (1962) report on a study which indicates that the success of a foster placement depends on the temperament of the foster child and the personality characteristics of the foster mother. For example, a foster mother with a high need for order is more effective with withdrawn children. Murphy (1964) suggests that the least successful foster parents are those who prefer preschool children. They find it difficult to manage the anxieties and struggles of the foster child as it gets older. The three arguments in favour of matching are as follows:

- (i) matching is necessary to ensure appropriate and relevant emotional interaction between foster parents and foster child;
- (ii) it is necessary in order to avoid sharp changes in standards of living for the child;
- (iii) to facilitate the integration of disciplinary expectations, that is the natural and foster parents' expectations in relation to discipline should not be far removed from each other.

Findings of Babcock (1965) and Colvin (1962) provide evidence that successful placements do occur with matching. However they also indicate that unmatched foster parents and foster children also do achieve success (Conchintu and Mason : 1961).

The characteristics of foster parents were explored in an attempt to establish if this in anyway determined the foster parents level of commitment during times of crisis in the foster placement. Aspects covered were the level of flexibility manifested by foster parents, their capacity for learning; social class; single parenthood; selection and matching. Once

again contradictions were evident. It appears that the relationship between motivation; personal characteristics and outcome are unclear.

2.5 DECISION-MAKING

Donley (1978) states that foster placement breakdown occurs because of one or more of three circumstances:

- (a) The existence of unidentified factors (critical information not recognized by the social worker or foster family).
- (b) The inaccurate assessment of the capacity of the foster parents.
- (c) The emergence of unpredictable circumstances which preclude the stable progress of the foster placement.

There are two concerns that arise out of the above, namely:

- (a) What critical information is being overlooked by social workers and why?
- (b) Why are there inaccurate assessments of the capacities of foster parents?

In response to these concerns Droelling and Johnson (1989) are of the opinion that the cause lies in the lack of a tool such as a guideline or a measure with which to evaluate placements. Krause (1971) notes the tendency by social workers to judge foster placements subjectively and not by objective criteria. In a series of studies, researchers attempted to assess which factors were most commonly considered in placement assessments and which decisions were made to place children as a result of these assessments.

In the face of the rising awareness of the potential harm incurred to a child as a result of a failed placement, caseworkers are none the less required to make placement decisions daily in the absence of any objective criteria. It has therefore been suggested that if factors could be identified that predispose a placement to breakdown, then both the child and foster parent could be spared the painful and harmful consequences of such an experience.

Cautley and Aldridge (1975) have also expressed concern about the decisions that social workers have to make regarding the future of placements.

Breakdowns also discourage foster parents from further foster parenting. Taylor and Starr (1967), in a review of literature, found that most studies used the social worker's judgement as a criterion for determining success. Even more surprising is the realization that there is considerable evidence that social and psychological distance between social worker and foster parents tends to bias these judgements. In addition Taylor and Starr (1967) had conflicting opinions about the need for matching children with foster parents. Their definitions of an adequate foster home reflected the middle class values of social workers.

Foy (1967) points out that it is not surprising that existing guidelines for decision-making in foster home placements were unpragmatic and consisted of abstract norms that were difficult to apply in practice. Guidelines needed by social workers for matching children with foster parents should be founded on practice, should be interpreted in relation to each other and not in isolation. In this regard, Krause (1971) found the following:

- (a) that there is no significant relationship between the outcome of foster home placement and the age, sex or intelligence of foster children.
- (b) that placements with foster parents having been assessed by social workers as having the ability to cope with a child with behaviour problems were no more successful than other foster placements.

These findings supports Foy's (1967) argument that in making placement decisions, it is necessary to consider the dynamic interplay of many factors and not only the individual elements of a situation in isolation. Fanschel (1966 : 75) states:

"in the final analysis the evaluation of the capacity of applicants for the tasks of foster parenting rests on the knowledgeable weighing of interrelated factors in individual and family dynamics. However, the interviewer does need some systematic concepts of individual and family dynamics as a frame of reference within which these operational judgements are made."

It is therefore apparent that the breakdown of a placement occurs as a result of a number of factors involving the social worker, the foster child and the foster parents.

With an awareness of psychological damage that a foster child experiences as a result of a foster placement breakdown, practitioners are expected to make decisions regarding the future placements of already emotionally scarred foster children. According to the literature, social workers need to consider the dynamic interplay of many factors while simultaneously dealing with overwhelming emotional issues. Needless to say this is an overwhelming task and one which social workers are expected to deal with without the assistance of any objective criteria in the form of a guideline.

2.6 THE EFFECTS OF FOSTER PLACEMENT BREAKDOWN ON THE PARTIES INVOLVED

The National Foster Care Association (1992) states that anger, sadness, relief and frustration are some of the feelings experienced by foster parents and their families, the children they care for as well as the social workers involved. Being approved of as a foster parent gives the foster parent a sense of being acknowledged for their parenting duties. Therefore when a breakdown occurs, foster parents feel a loss of confidence in themselves as foster parents. Children also experience difficulty talking about their feelings and therefore express themselves in such behaviour as bed wetting, running away, stealing and/or becoming unresponsive. A government department in South Africa conducted a study in 1990 into the effects of breakdown on foster children and found that a large percentage of children transferred from a foster placement to various institutions were withdrawn and felt unsafe, worthless and confused. There are some foster children who do not show any emotions at all and are depressed and unwilling to become involved in emotional relationships. They are rebellious, dissatisfied, feel rejected and abandoned. They are sometimes emotionally damaged to the extent that they evoke rejection. Some children blame themselves for the failed placements and therefore find it difficult to express their emotions. A further placement as a result of a failed placement makes the child feel that he/she has failed and is not good enough. Repeated placements further enforces this perception that the child has of himself/herself and hinders his/her ability to establish bonds and to identify with a significant figure. These circumstances have serious negative implications for the child's emotional and personality development. It seems imperative therefore that the child experiencing foster placement breakdown receives some form of therapeutic intervention.

The effects of foster placement breakdown is further described by Forbes (1977 : 8) as follows:

" . . . children who have endured foster placement breakdown are threatened by intimacy. Such a child not only suffers losses in terms of nurturing but also with regards to their own emancipation. Many of these children are overly dependent on adults and cannot develop satisfactorily. This failure to develop results in increased fears of abandonment. When the child attempts independence he or she is prone to depression. Such relationships lead to the child developing increased separation anxiety which will increase the risks of the child's adjustment to another placement. This can also lead to certain behaviours in the child which provoke foster parents."

According to Fitzgerald (1983) the feelings of anger, failure and guilt experienced by the social worker is acceptable as long as the social worker does not allow these feelings to dominate her actions. Social workers may feel the need to protect the child by not attempting another placement. However the original decision was based on the best interests of the child, and those interests remain paramount. It would be doing the child a great disservice not to look for another family just because the social worker is feeling anxious.

It is clear that the emotions experienced as a result of foster placement breakdown are similar to those experienced as a result of loss or bereavement. It seems therefore appropriate that some elements of bereavement counselling should be incorporated into the management of foster placement breakdown. The literature reviewed thus far do not highlight the need for counselling around issues of loss.

2.7 DEFICIENCIES IN THE PRESENT MANAGEMENT OF FOSTER CARE BREAKDOWN

A study done by the Department of Health Services and Welfare, House of Assembly, in 1990 found the following:

- (a) that not enough was done to ensure that transfers were eliminated by the thorough selection of foster parents, careful matching and sufficient support services to both the foster child and the foster parents.

- (b) that foster children who were transferred from foster care to children's institutions or another foster placement were usually ill-prepared for the placement and often did not understand the true reason for the transfer. In addition many of them had trouble with feelings about their removal from their parental homes.
- (c) that when the child was transferred, the foster parents did not maintain contact. The child thus once again found himself/herself cut off from people with whom he/she has bonded.

The literature reviewed seems to be in agreement that major gaps abound in practice, this being an indictment on the field of foster care as a whole. The issues raised are fundamental in nature and therefore require major rethinking at organisational and professional levels.

2.8 SUGGESTIONS TO IMPROVE THE PRESENT MANAGEMENT OF FOSTER PLACEMENT BREAKDOWN

The Department of Health Services and Welfare in Cape Town suggested the following in a report compiled by them in 1990:

- (a) More attention must be given to the welfare needs of children and to placements in which they have the greatest chance of adjusting.
- (b) Placement in institutions should be considered in the case of children who feel threatened by intimacy and who are not able to build close relationships. The child's age and own wishes should be considered in respect of the above.
- (c) Children under the age of six should preferably not be placed in institutions because they have a greater need for more intimate relationships and the security found in a family. The exception to this is the young child who has serious behavioural problems that could disrupt a foster family.
- (d) Children awaiting foster care should not be sent to a Children's Home but should be accommodated in a therapeutic group house for an interim period in preparation for foster care.

- (e) Children with behaviour problems should be placed with foster parents who are equipped to deal with these behaviours.
- (f) The foster child should also be prepared for his/her removal and for a transfer to a children's home. He/she should be guided by the social worker before, during and after his/her placement.
- (g) An eco-chart may be used to explain to the child some of the reasons for his/her removal and to promote a feeling of continuity.

The National Foster Care Association (1992) is of the opinion that the management of foster care breakdown should start with the social worker being alerted to the following factors which should serve as indicators that all is not well:

- (a) There is an increased level of tension in the home.
- (b) People seem to be shouting at each other and the children are shouted at more frequently.
- (c) Usual patterns of behaviour change which interfere with normal household routines.
- (d) There are additional strained marital relationships which may include disagreements about child management.
- (e) The foster child becomes the centre of attention in the family and takes up all the family time.
- (f) The family feels less positive about their skill as caretakers.
- (g) The differences between the foster child and the rest of the family become increasingly apparent. The foster parents also increase their telephone calls to the agency. They present at the agency with minor problems which they usually are able to cope with. Relatives and friends recognize and comment upon changes.

The National Foster Care Association (1992) suggest the following steps for management of the foster placement breakdown:

- (a) The first step in managing breakdown is to anticipate that it is about to happen, by recognising that there are negative changes occurring in the foster family that are not associated with the testing out period.

- (b) Once it has been accepted in terms of the indicators suggested that relationships are deteriorating, it is important to openly discuss feelings.
- (c) It is also useful to keep a diary of events, noting observations of behaviour and situations which precipitated behaviour. This can help to identify a pattern.
- (d) Do not blame anyone for what is happening. Foster placement breakdown is a complex process usually occurring as a result of several factors.
- (e) Do not interpret the others' feelings for them – allow them to have their say and listen carefully.
- (f) Try to be as neutral as possible in discussions.
- (g) The social worker may at this point be faced with the decision whether to save the placement or not. An assessment should then be made of the foster parents' level of commitment to the child and their ability to still meet the child's emotional needs.

Fitzgerald (1983) in his suggestions for the management of a foster placement breakdown believes that the paralysing effect of guilt about failure can be minimized if the social worker moves away from a model of practice based on 'success' or 'failure'. He is of the opinion that foster placement breakdown to some extent has its origin in the attitude that foster care is about building ideal families and that these families should last indefinitely. As a result the possibility of a foster placement breakdown is not discussed with prospective foster parents by the social worker because he/she is scared of losing much needed foster parents. Foster parents are therefore ill informed of the possibility. Fitzgerald (1983) suggests the following in respect of management:

- (a) A foster placement breakdown should not be managed by one social worker alone – a team approach would be better.
- (b) Case review meetings should also be held in respect of foster placement breakdown.

Fitzgerald (1983) further suggests the following stages to management:

(a) During placement and before breakdown

- Establish an open, honest relationship with foster parents and foster child.
- Listen carefully.
- Seek assistance in assessing the situation.
- Openly discuss the breakdown.
- Consider whether you should try to save the placement.
- Start to think about an alternative placement for the child.

(b) During breakdown

- Make sure that everybody has someone to talk to.
- Encourage the family to tell the child what is happening.
- Clarify that this separation involves both child and family, focus on where the child may go.
- The family should be engaged to help the child move.
- The social worker must set aside time for intensive involvement with the child.

(c) After breakdown

- The social worker must engage in intensive work with the child – the exact nature of which has not been identified by Fitzgerald (1983) and similarly with foster parents.

Aldgate and Hawley (1986) state that panic reactions should be avoided and the following steps taken:

- (a) Slow down.
- (b) Assess the situation.
- (c) Eliminate any impulse toward assigning blame.
- (d) Examine the capabilities of the child and the family.
- (e) Negotiate an agreeable plan of action.

Aldgate and Hawley (1986) further state that a calm approach to the problem will facilitate the possibility of the child being placed once again as well as facilitating the foster family's ability to offer future placements. Foster families have responded favourably to this approach. In fact, in some situations they have been known to have enough emotional energy to engage in both the preparation and transfer of their foster children to a new placement. The sharing of the burden of decision-making between foster families, social workers and children helped to reduce the feeling of blame and put the interest of the child first (Fitzgerald : 1983; Aldgate and Hawley : 1986).

Aldgate and Hawley (1986) propose the following model for the more effective management of foster placement breakdown:

(a) Slowing down:

Where the child was not at any immediate risk, the slowing down of the process has been found to provide the family with containment until a constructive decision regarding the child's transfer could be made. Sufficient time should be spent discussing the impact which the foster placement breakdown will have on the foster child. This leads to foster families feeling involved in the decision-making process.

(b) Honest and opens discussion between families, children and social workers:

This has been found to lessen the effects of the breakdown. It allows for the foster child to meet his/her new foster parents as well as involving the foster parents.

(c) Post-placement servicès:

By offering foster parents this service, they are given the opportunity to express their feelings of failure about the breakdown and to take the opportunity to analyze what went wrong. This also gives foster parents hope for the future and the opportunity to regain confidence in their parenting abilities. It has been found that a disturbing number of foster families/parents are not followed up after foster placement breakdown (Donley : 1978; Fitzgerald : 1983; Aldgate : 1988; Palmer : 1990).

The failure by social workers to follow up foster families after foster placement breakdown has not been fully investigated. Palmer (1990) however offers the following as reasons for this. It seems that workers might not have seen follow-up visits with old foster parents as being necessary. To find a new foster placement for a foster child is so difficult that when it is found, more time is invested in the new placement. It has also been found that while workers agree with the principle that ventilation of feelings about separation by the foster child is important, they find it difficult to talk about unresolved feelings for fear this will lead to acting out behaviour that they may not have the skills to deal with. Other reasons cited by Palmer (1990) regarding social workers' reticence to deal with separation issues are as follows:

- (a) social workers do not want to increase their emotional burdens.
- (b) feelings of guilt experienced by the social workers at having contributed towards the child's loss.
- (c) scared of jeopardizing new placement by evoking these feelings.

Elbow and Knight (1987) in their model for the more effective management of foster placement breakdown advocate a change in perception. They feel that a foster placement breakdown should be seen and dealt with as a transitional crisis. Changes in goals result in role changes for members of the foster care system. Members may have new expectations which may lead to conflict, confusion or alienation. They suggest the following five tasks as a means of dealing with the transitional crises of foster placement breakdown:

- (a) Dealing with decision vs ambivalence or avoidance:

The social worker can help foster parents deal with feelings of ambivalence by exposing both sides of the ambivalence, i.e.:

- (i) consideration of the option of terminating the placement or
- (ii) a discussion of potential loss.

This may be difficult for the social worker as he/she may be hoping to save the placement and is concerned about the negative effects on the child. Since the foster parents may see themselves as failures, they may avoid discussion of the pending

termination. When removing the child the social worker needs to keep in mind that the family is experiencing a crisis (Kline and Overstreet : 1972; Donley : 1978).

(b) Acceptance vs rejection of new roles:

The social worker's role changes from that of facilitator to the termination of relationships which leads to additional stress. A social worker who feels anger at the parents or guilt for not having done more to make the placement work may have difficulty working with the family. While the child remains with the family, they should be made to realise that their new task is to help the child maintain a sense of worthiness and reinforce the child's belief that he or she is acceptable as a member of another family.

(c) Assessment vs blame:

There is the natural tendency when goals are not achieved to assign blame to something. This however leads to alienation and stagnation. The mutual assessment of a family members' needs can facilitate the mastery of other tasks.

(d) Re-establishment of self esteem vs despair:

It is known that a foster placement breakdown leaves the child with the belief that he or she is not worthy of having a family. The worker can help the family to explain to the foster child how they were unable to meet the child's needs but also the positive aspects of the placement should be highlighted. The social worker may also feel vulnerable about her assessment and intervention skills. It is therefore critical at this stage that such discussions take place in a team setting.

(e) Mourning vs denial:

This involves grief work by acknowledging losses and allowing the expression of feelings such as anger, sadness and relief. Feelings of denial and bargaining usually manifest in the following ways, the foster parents refuse to admit experiencing a sense of relief when the child leaves their care, the foster child may not want to leave the placement as he/she will start to bargain by acting out or

behaving extremely well. Social workers on the other hand may bargain by spending more time trying to make the placement work.

Elbow and Knight (1987) also recommend the following strategies to provide direction:

(a) Breakdown conference:

A conference/meeting should be held with all parties involved as soon as it is clear that the foster placement has failed. The purpose of the conference includes:

- (i) exploration of feelings
- (ii) assessment of the placement, and
- (iii) planning for the future

This meeting serves a supportive and therapeutic function. It also assists with decision-making dilemmas.

(b) Breakdown story:

The social worker constructs an outline which is completed by the foster family and foster child. This story contains the reasons for not continuing with the placement. This process allows for the correction of misperceptions on the part of foster parents and the foster child (Fahlberg : 1981).

(c) Goodbye ceremony:

This ceremony constitutes the foster parents' final contact with the foster child and the termination of their (foster parents') rights as custodian of the child.

Donley (1978) also makes the following useful suggestions in respect of the management of foster placement breakdown.

- (a) Establish an early relationship of open communication and shared responsibility between the worker and foster family.

Donley (1978) maintains that the climate for breakdown is created with the social worker's first contact family; a probing/investigative approach adopted by social

workers establishes inferior/superior roles which does not encourage a working relationship between the worker and the client.

- (b) Adequate preparation for placement includes information about breakdown: This means that foster parents must receive detailed information about the probabilities of foster placement breakdown thus learning from real life experiences of foster families.
- (c) The decision to end a placement must be based on the consideration of evidence.
- (d) Panic responses by social workers should be avoided
 - (i) Over-reaction results in social workers removing children and,
 - (ii) under-reaction results in social workers ignoring warning signs to avoid confrontation.
- (e) One has to bear in mind that the ultimate goal of a placement breakdown is the same as that of the placement itself. Ultimately one wants to provide the child with the most sound environment in which to thrive.

The opinion expressed by one of the authors that the failure of practitioners to deal with the feelings of foster children who have experienced foster placement breakdown is related to them being scared that it might lead to acting out. Another author shared a similar view, but she attributed to practitioners lacking communication skills in respect of working with children. This is unacceptable. It would appear that post qualifying course specifically in this area is necessary. The most comprehensive management plan is presented by Elbow and Knight (1987), however it too lacks a specific management plan in respect of helping the foster child recover from the foster placement breakdown.

2.9 CONCLUDING REMARKS

The examination of previous studies reveal contradictions. For example, Fanschel (1966) reports that older foster parents tended to show more pathogenic child rearing attitudes than

did their younger counterparts. Research done by Trasler (1960), Parker (1966) and George (1970) report better performance by older foster parents. Staff rendering foster care supervision services (child welfare agency : 1994) have found older parents to have greater difficulties in meeting the emotional needs of adolescent children. Other discrepancies noted are studies conducted by George (1970) who found that foster parents who did not have children of their own were more successful than those who had. Krause (1971) favours parents with two children. Parker (1966) offered cautionary advice in respect of the above. He states that both satisfactory and unsatisfactory outcomes in foster placements are rarely defined with any specificity. Rowe (1976) suggests that these afore-mentioned variables should be ignored, as does Triseliotis (1989) who states that variations in human personality, human reactions and behaviour are difficult to predict. People's customs, beliefs and emotions cannot be studied or predicted in the same way as physical objects.

Regarding the management of breakdown Elbow and Knight (1987), Aldgate and Hawley (1986) and Palmer (1990), offer valuable strategies to facilitate the healthy termination and smooth transition to the next placement.

Despite differing opinions, enough is known about the contribution of certain factors towards positive or negative outcomes. However this does not mean that they are absolute. It is therefore not surprising that there are few predictive factors that are supported by more than two studies. Therefore the intention to present clear cut predictive factors of 'success' or 'failure' is fraught with problems.

2.10 SUMMARY

The literature review has examined the problem of foster placement breaking down in respect of the following:

- Its causes.
- The effect it has on the parties involved.
- Present deficiencies in the management of foster placement breakdown.
- Suggestions for the improvement of management strategies.

The next chapter will describe the research methodology.

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the research design and the methodological approaches used in collecting data will be described.

3.2 RESEARCH DESIGN

This study could be classified as a qualitative – exploratory study. The heart of this study consists in the exploration of management guidelines done through the focus-group approach. Quantitative elements are also recognizable in this study, such as the content analysis of case records and the conducting of guided interviews with experts in the field also yielded some quantitative as well as qualitative data.

The qualitative approach attempts to understand reality from the situational meaning that human subjects give to their worlds, instead of trying to recreate reality by means of scientific laws and principles. According to Ruckdeschel, Farris (1981 : 416) the qualitative approach views the world as a whole made up of various elements interrelated to each other in such a manner that the pattern gives meaning to the elements, thus increasing the research capability for generalisation across actions of the individual client being studied. Therefore in relation to the nature of the problem being researched and its focus on human behaviour, the choice of the qualitative approach seems obvious.

The specific choice of focus groups as a research technique was motivated by the inclusiveness and mutuality characteristic of this research process. This research technique rests on the assumption that clients have the capacity to consider and evaluate the accuracy of their needs and opinions. This further encompasses such basic social work principles, as self determination, partnership, ownership and empowerment. The future use of the

guidelines to be formulated, is also increased as the participants were instrumental in compiling this document. As stated earlier there is a sense of ownership. A further advantage of this technique is that significant qualitative data was obtained that otherwise might have been missed.

It also will provide staff with a forum to communicate their needs directly. Participants are regarded as experts in their field – once again encouraging co-operation in further research that may be required.

3.3 METHODOLOGY

3.3.1 Sampling

(i) *Contents analysis:*

The researcher obtained a random list of foster care cases, 20 from the Wynberg office and 20 from the Hanover Park office. Each of these lists included both stable placements and placements where breakdown had already occurred. The researcher selected from each of these lists a stratified sample consisting of twelve cases each. The stratification of these twelve cases included six stable and six cases in which breakdown had occurred.

(ii) *Reconnaissance interviews:*

Three experts in the field of foster care were randomly selected for reconnaissance interviews.

(iii) *Focus-groups sessions:*

The two teams rendering foster care supervision services were invited to participate in the study; namely to assist in the development of a guideline in the management of foster placement breakdown. From these two teams four social workers from the Hanover Park office and four social workers from the Wynberg office agreed to participate.

3.3.2 Data collection strategies

A variety of data collection strategies were adopted. Information was gathered via reconnaissance interviews with senior practitioners using the interview schedule, a content analysis of case records was done by means of an indicator checklist, and data was captured from the focus group sessions.

(i) *Indicator checklist:*

Before commencing with the actual content analysis of the 24 case records, an indicator checklist was compiled. This was done with the help of relevant literature. The indicator checklist (Appendix A : 106) was therefore developed largely from criteria related to foster placement outcomes and the management of a foster placement breakdown. These criteria were grouped into the following categories:

- characteristics of the foster parents;
- characteristics of the foster child;
- characteristics of the social worker;
- characteristics of a foster placement breakdown.

Using the indicator checklist the content of the case records were analyzed according to those themes. The problems experienced with the indicator checklist were as follows:

- it was lengthy and time ^{consuming} ensuring;
- some case records did not contain information which the checklist sought.

(ii) *Reconnaissance interviews:*

Three interviews were held with experts in the field of foster care. This required the compilation of an interview schedule (Appendix C : 113). This interview schedule was used to interview three senior staff members involved in the field of foster care at a child welfare agency in Cape Town.

The reasons for the selection of senior staff members were as follows:

- their years of experience in the field of foster care;
- they were not directly involved with service delivery and could offer more objective viewpoints;
- the fact that they occupy senior positions (manager and two supervisors) is indicative of their expertise in the field.

Before interviewing these three respondents a pilot study was done. The interview schedule used for this purpose (Appendix B : 111) consisted of the following:

- demographic data for example, name, position held, length of service, age and social work qualification;
- questions were formulated to obtain information in respect of the following:
 - their perception of the problem identified;
 - specific areas of concern to them;
 - opinions on the causes of the problems and possible preventative strategies;
 - areas of concern regarding the management of foster placement breakdown at their agency;
 - suggestions for improvement.

The pilot study raised some problems regarding question complexity and formulation and a revised schedule was then constructed (Appendix C : 113).

(iii) *Focus-group sessions:*

The planning of these sessions involved meetings with the supervisors of the foster care teams in Wynberg and Hanover Park. The researcher had to explain the purpose of these focus group sessions and request permission for some members of their respective teams to attend. A meeting was then arranged with social workers and names taken down of those who would be interested in attending. The purpose of the focus group meeting was explained to them. It would be held at a child welfare agency in Cape Town. There would be six 1-hour sessions to be held once a week. The purposes of the meetings were to:

- obtain permission to conduct these groups during work time;

- recruit participants for the groups;
- negotiate in respect of times that were convenient for all concerned;
- find suitable venues for recording purposes;
- obtain suitable recording equipment.

The six sessions were held and the format decided upon for each session, was adhered to. The problems experienced were as follows:

- (i) the researcher felt that she was not fully prepared to start the group sessions;
- (ii) the venue used for the focus-group sessions was unsuitable for recording purposes, yet no alternative was available;
- (iii) the researcher had anxiety about the recording of sessions since she felt that it affected members negatively;
- (iv) unforeseen poor attendance and other commitments affected the group process.

Despite the above constraints those who attended contributed towards the formulation of a tentative set of guidelines.

3.4 DATA ANALYSIS

(i) *Content analysis:*

The researcher extrapolated themes from the case records looking for similarities and contradictions. These themes were discussed in terms of the literature reviewed.

(ii) *Reconnaissance interviews using the (interview schedule):*

The researcher collated the responses from the interview schedules, identified themes and discussed them in relation to literature reviewed.

(ii) *Focus-group sessions:*

The content of the focus-group sessions were tape recorded. The researcher transcribed the audio-tapes. These transcriptions were examined for contradictory and common themes. These themes were discussed integrating theory and finally conclusions were drawn from all these results i.e. interviews, case records and focus-group sessions.

3.5 LIMITATIONS OF THE RESEARCH

- (i) The researcher's inexperience in using triangulation i.e. collating and analysing data from three various techniques used proved to be a mammoth task. The researcher felt overwhelmed.
- (ii) Interview schedules do have their biases. The researcher may have set out to elicit certain answers and missed out on other cues coming from the respondents.
- (iii) Doing a content analysis is time consuming and the data gathered may be inconsistent. Gaps in case records can skew results.
- (iv) The researcher felt inexperienced in running the focus groups. The quality of the data may have been jeopardised by her facilitative skills. Notwithstanding this, a richness of data provided the researcher with invaluable information.
- (v) The generalisability of this study is limited to child welfare type agencies operating in the Cape Town area.
- (vi) Given the researcher/participant approach in the focus groups, researcher bias has to be reckoned with.
- (vii) The issue of memory i.e. poor recall also influences data.

3.6 SUMMARY

In this chapter, the research design, data collection techniques and data analysis were clarified and the methodological steps in the research process was laid out.

In the following chapter, the researcher will attempt to present and discuss the results obtained in relation to the literature reviewed.

CHAPTER FOUR

4. RESULTS AND DISCUSSION

4.1 INTRODUCTION

In relation to Research Aim A and Research Aim B (Chapter 1 : 1-2) data was collected by means of:

- (i) an extensive literature review;
- (ii) an interview schedule was administered to three experienced practitioners in the area of foster care;
- (iii) an analysis of 24 case records;
- (iv) six focus-group sessions held with five practitioners in the field of foster care for purposes of developing a set of guidelines.

With regards to the literature review the pertinent information gained has already been presented (Chapter 2 : 9-34) and will be integrated in the discussion of the findings.

The interview schedule (Appendix C : 113-114) sought information about:

- the respondents' understanding of the nature of the problem of foster placement breakdown;
- particular areas of concern to the respondents in respect of the problem of foster placement breakdown;
- the causes of foster placement breakdown;
- the prevention of foster placement breakdown;
- the management of foster placement breakdown;
- suggestions for improving the management of foster placement breakdown.

The responses to these questions have been collated in terms of various themes and will be discussed in conjunction with other data gained.

The analysis of case records was undertaken using an indicator checklist (Appendix A : 106) to extrapolate important data. This data will be discussed in relation to the other findings. Transcriptions of the focus-group sessions (Appendix D : 115) provided a rich source of data which was organized according to the following themes which emerged from the data:

- Definitions of foster placement breakdown.
- High risk factors associated with foster placement breakdown.
- Problems experienced with the management of foster placement breakdown.
- Decision-making difficulties associated with the ending of a foster placement.
- Use of a guideline in the future management of a foster placement breakdown.

It is important to note that data from the interview schedule, case records and focus-groups will be discussed in relation to these themes. Relevant theory will be integrated and conclusions drawn.

4.2 THEMES

4.2.1 Definitions of foster placement breakdown

Various opinions were expressed by the respondents interviewed. One of the perceptions was that foster placement breakdown occurred when the best interests of the foster child were no longer being served. Another view point expressed was that foster placement breakdown occurred when the foster parents requested that the foster child be removed. The following were suggested as being important when considering breakdown:

- the foster child and the foster parent can no longer cope with the conflict in their relationship;
- the foster parents cannot cope with the demands of caring for a foster child;
- the foster parents do not request the terminations of the foster placement but their interaction with the foster child is of such a nature that it places the child at risk, for example the breaking down of the foster child's self esteem and the foster parents unresponsiveness to counselling attempts by the social worker.

In session I of the focus-group sessions members appeared unclear about what constituted a breakdown and requested a definition.

". . . when you say breakdown, are you talking about removal; is breakdown removal?" (Appendix D, Speaker B : 120).

In response to this request the following definition was quoted from the literature reviewed: "foster placement breakdown is the premature ending of a foster placement" (National Foster Care Association : 1992). The comments offered by senior staff members interviewed provided useful insights into their understanding of foster placement breakdown. They indicated that when the foster child's interests are no longer being met in his/her foster placement, then breakdown has occurred. This definition seems to apportion blame to the foster parents for not having served the interests of the foster child.

The request for definitions by members of the focus-group reflects social workers' uncertainties about the nature of the problem they are dealing with, as well as an inability to identify when a placement was at risk of breaking down. 'Breakdown' has been defined and measured by various observers in a multitude of ways and two definitions offered to the group did not satisfy their need for clarification. For example the District Audit (1981) defines foster placement breakdown as any move from a foster home – other than return to a child's natural family – which occurred more than three months after entry into care. The National Foster Care Association (1992) describes foster placement breakdown as the premature ending of a placement which requires the removal of a child from the foster parents home within a short period. Donley's (1978) perception of a foster placement breakdown is similar to those expressed by senior staff members interviewed, that is that a foster child can be considered at risk when the foster child and foster parent can no longer cope with the conflict in their relationship. The foster parents cannot cope with the demands of caring for a foster child or the foster parents interaction with the foster child is of such a nature that it affects the foster child's psychological development. The fact that one cannot narrowly define what foster placement breakdown really is, leaves room for ambiguity. This ambiguity was evident throughout the focus group sessions. Upon further perusal of the literature reviewed a more satisfying definition was found in Berridge and

Cleaver (1987). Foster placement breakdown was defined as a placement ending that was not included in the social work plan, either in the ending itself or the timing of the termination. In an attempt to overcome this ambiguity certain high risk factors associated with foster placement breakdown were identified.

4.2.2 High risk factors associated with foster placement breakdown

FOSTER PARENTS

a) *Untrained foster parents:*

One respondent interviewed highlighted the absence of pre-placement training in situations where relatives take responsibility for a child whose biological parents are either deceased or unable to care adequately for the child. This concern was shared by group members in the focus-group who queried the competency of related, foster parents who did not receive any training. These relatives would not have considered foster care but felt a sense of obligation to care for a family member's child who has either been abandoned or who appears to be 'at risk'. Consequently when problems do arise they are unprepared and ill equipped to manage the problems effectively. The group members experienced the lack of standard training procedures for related and unrelated foster parents as disturbing. This was highlighted in the following example:

"I had a client only yesterday, a woman phoned me to say that she did not want these children any more . . . I asked her if she received any training, she replied no. I asked her whether she knew what to expect when she became a foster mother, she said yes, but she did it out of the goodness of her heart because it was her brother's child, but the children do not want to be with her any more so they must rather go to their granny . . . (Appendix D, Speaker B : 152)."

Furthermore greater liaison was needed between social workers supervising foster parents and the social worker involved in the training of foster parents. Regular meetings between the social workers supervising foster placements and the social worker responsible for training should be held where the exchange of ideas and suggestions for improvement could take place.

"Whoever trains the foster parents has to be aware of these aspects." (Appendix D, Speaker E : 133).

The standard of training provided was also queried by one member in view of a shortage being experienced of foster parents. The demand for foster parents is greater than the numbers available. It is therefore suspected that screening expectations and requirements are being lowered.

"I am not quite sure what the training/screening situation is at the moment, but something did come up about the quality of screening done – because there is a desperate need for foster parents, standards have been lowered" (Appendix D : Speaker F : 155).

Donley (1978), states that agencies who experience foster placement breakdown from time to time would do well to examine their selection and training procedures. In respect of the content analysis done of the case records some of the information obtained confirms the above mentioned authors opinion that training procedures need to be re-examined. In sixty percent of the cases perused where breakdown was experienced it was found that foster parents did not have an understanding of the complexities of foster care. Similarly only fifty percent of the foster parents who experienced foster placement breakdown were able to appreciate the vulnerable emotional state of the foster child which may have been re-activated in the placement. This once again highlighted the need for training of foster parents. A comment made by one of the members in the focus group further substantiates this as an area of concern:

"A foster mother said that she did not know what foster care was about at the children's court inquiry. The social worker thought she was feeling sad about the children's circumstances, discovered that she was feeling sad because she realised that the children would be staying with her for years" (Appendix D, Speaker E : 117).

Clearly there is a need for stricter selective screening and more thorough training procedures, despite the shortage of foster parents experienced.

Another concern expressed by members in the focus-groups was for adolescent children in foster care with elderly foster parents. Communication difficulties together with the characteristic problems associated with foster care makes this a particularly stressful time for both the foster parents and teenage foster children. It has been found that foster parents are often not adequately prepared for the development stage of adolescence. They consequently handle behaviours incorrectly which lead to misunderstandings and rebellious behaviour by the foster child. In some situations the foster parents did receive some earlier training. However, by the time the foster child reached adolescence, this information was forgotten. These foster parents were also hesitant to ask for help for various reasons. It was at this point that a strong argument in favour of on-going training for foster parents developed in the focus-group. It was suggested that this training could be in the form of workshops. One respondent stated that foster parents could never be adequately prepared for the trials of foster care, despite the preparatory training they may receive. They could only learn as they went along.

"I think very often when children do not feel secure it is because of the foster parents. You can only learn to be a parent as you go along . . . it is not something you can ever prepare for" (Appendix D, Speaker B : 118).

Several authors (Donley : 1978; Fitzgerald : 1983 and Berridge and Cleaver : 1987) share the view that on-going training for foster parents should be a standard procedure. Donley (1978) argues that foster parents are too busy striving to be accepted and therefore do not fully appreciate the realities of foster care. It is for this reason that continued training was important. Berridge and Cleaver (1987) state that one of their most pronounced findings indicate the value of retraining and nurturing foster parents. They also found that breakdown rates for those who attended regular preparatory meetings were lower than those who did not. Fitzgerald (1983) states that there are few certainties as to who could successfully foster and who would be unsuccessful. It would appear that the training of foster parents cannot be considered as a guarantee for a successful placement. However, it does serve to strengthen and/or promote the foster placement's chances of succeeding when problems do arise. Kline and Overstreet (1972) are of the opinion that in the final analysis, the evaluation of the capacity of the applicants for the tasks of foster parenting rests on knowledgeable weighing of interrelated factors in the individual and family dynamics.

Having clearly established the importance of training and the on-going training of foster parents the next logical area of concern was: what should this training encompass?

One group member felt very strongly that foster parents should be made aware of the realities of foster care i.e. what could go wrong. The possibility of a foster placement breakdown should be discussed as well as the negative effect it can have on the emotional development of the foster child.

"You have to work with foster parents to help them realise that things are going to be rough and it's not going to be easy, it is going to be lousy . . . you've got to lower people's expectations" (Appendix D, Speaker B : 118).

Roberts (1993) also favours a more realistic view to training. They should be empowered to deal with the demanding tasks of foster care. She states that the foster care of abused and neglected children is a specialist and demanding task requiring knowledge of, and sensitivity to special needs. Abused and neglected children have been known to have behaviour problems that jeopardize their relationships with peers and adults, they run the risk of placement breakdown. It is therefore essential that the foster parents of such children are carefully selected, supported and trained. The large majority of children placed into foster care by the agency, where this research was conducted, are either abused or neglected. They would do well to heed the suggestion made by Roberts (1993) as the present training programme is by no means adequate. According to Roberts (1993) it is not just training that is required but specialist training in respect of foster parents who foster abused or neglected children.

The above discussion highlighted the importance of training foster parents so as to prepare them for the difficulties inherent in foster care. The lack of training or retraining of foster parents has been found to affect the stability of a foster placement. As stated before specialist training is required for abused or neglected children. The training offered to these foster parents should be evaluated at regular intervals to ensure that needs are being met. There should be regular meetings between the social worker responsible for training and the social workers providing foster care supervisory services. The support of foster parents is an aspect that did not receive much attention yet it is crucial to the stability of a foster

placement. One could argue that training in itself should provide a supportive, containing atmosphere.

b) Foster parents' motivation for fostering:

Continuing with the discussion of high risk factors which predispose a placement to breakdown, social workers identified the foster parents motives for fostering as warranting further discussion. It was noted by some social workers who had experienced foster placement breakdown, that the lack of commitment and perseverance manifested by foster parents during periods of crises may be linked to the foster parents motives for fostering. Some of these motives were discussed by members of the focus-group:

Financial gain:

All foster parents receive a grant from the State. Although this is a meagre amount, it deserves some consideration as a large percentage of foster parents fall into the lower socio-economic group. The financial gain incurred therefore does serve as a motivating factor. However, the majority of these foster parents are not only influenced by the money. Those who place a high value on the monetary gain are less likely to persevere with fostering when a crisis occurs.

Self-interest:

As stated by one member of the focus-group, if foster parents have decided to become foster parents for reasons other than meeting the emotional and physical needs of the foster child, they will have expectations of the foster child which if not met, could lead to the premature ending of the foster placement.

"It is also quite important, the foster parents' reason for fostering for example money, own needs, sense of obligation" (Appendix D, Speaker C : 153).

"Another risk seen is unrealistic expectations when foster parents foster a child for their own needs" (Appendix D, Speaker B : 133).

"You see sometimes foster parents go into foster care for their own needs and that is where the problem lies very often, because the foster child is not satisfying their own needs and becomes difficult" (Appendix D, Speaker B : 118).

Continuing with the discussion on self-interest as a motive for fostering, group members highlighted childless couples who foster. There were contrasting views about the suitability of such couples. One member felt that these couples lack child bearing experience. They merely accept a foster child because they do not have children of their own. Therefore when problems arise or they are able to have children of their own, they are quick to request the termination of a placement.

"I think it has to do with the lack of children of their own. They have no idea what it is like to have a child" (Appendix D, Speaker B : 153).

Another member did not see this as being detrimental to the stability of a placement. She was of the opinion that childless foster parents at times are better foster parents as they tend to see the foster child as their own. These parents invest more of themselves emotionally with the foster child. Although not discussed in the focus-group this could become problematic if biological parents were also involved. It has been an experience of social workers that childless couples have problems dealing with the access rights of biological parents.

"I think that if they foster a child because they don't have any of their own, they are better foster parents because they really take that child as their own" (Appendix D, Speaker G : 154).

To continue with self interest as a motive for fostering, some social workers noted from their work experience that a significant number of their foster parents had been foster children themselves. They expressed concern about these foster parents as they may have unresolved issues from their own foster placements which may re-emerge and so affect the stability of the foster placement.

"Some parents who become foster parents . . . were fostered themselves. So obviously you have someone who was neglected by their mother and they will not be able to provide in the same way. So that could be own needs as well" (Appendix D, Speaker C : 154).

"So with own needs you are saying, an example being if foster parents were foster children. Maybe some of their own needs were not met and that is why they are

having foster children, to meet their needs. They want to be needed by a child, not because a child needs them" (Appendix D, Speaker C : 154).

This discussion was concluded with group members stressing the importance of exploring the reasons why foster parents take on foster children.

Sense of obligation:

It has been some of the group members experience that some foster parents fostered children because they felt obligated to do so (as a relative of the child). In such instances these foster parents rarely survive a crisis with the child.

"I asked her whether she knew what to expect when she became a foster mother, she said yes but she did it out of the goodness of her heart because it was her brother's child, but the children did not want to be with her any more so they must go to their granny . . ." (Appendix D, Speaker B : 152).

"I agree with that too. I have piles of related placements and it is either grannies or aunties, that out of a sense of obligation, take the children" (Appendix D, Speaker F : 152).

In an attempt to ascertain if there was a significant difference between the motivations of foster parents of stable foster placements in comparison to those foster placements that had experienced breakdown, the following information was obtained from the case records:

- stable foster placement (reasons for fostering):
 - identification with the less fortunate (7)
 - desire to render a community service (1)
 - need to supplement income (6)
 - a sense of obligation (4)(total number of cases : 12)

- foster placement breakdown (reasons for fostering):
 - personal need for companionship (1)
 - identification with the less fortunate (3)

- desire to render a community service (4)
- need to supplement income (4)
- compensation for loss of own children (2)
- general warmth for children (1)
- sense of obligation (6)

(total number of cases : 12)

Contrary to expectations there appeared to be no significant difference between the motives of foster parents of stable placements in comparison to those foster parents who had experienced foster placement breakdown. } ✎

It therefore appears that social workers should be wary of using these characteristics as indicators to predict the stability of a foster placement. Taylor and Starr (1967) conclude that the interaction between the motivation of foster parents, agency intervention and the joys and trials of caring for foster children are far more complex than some studies suggest.

Kline and Overstreet (1972) also expressed concern about the motivations of foster parents for fostering. They state that the motivations of foster parents have been the subject of considerable interest to a number of investigators. Determining the true motives of foster parents may be difficult as foster parents frequently do not question their own motives for taking a foster child. Fanschel (1966) as well as Kline and Overstreet (1972) suggest that the choice of foster parenthood is usually an expression of the capacity and need to give love to a child. However it may also be accompanied by neurotic motives. In some instances the choice may be determined entirely by narcissistic drives. It is unrealistic to find foster parents completely free of neurotic motivations. However according to Fanschel (1966) the analysis of the motivations of foster parents are important in the light of the shortage of foster parents, as well as the lack of commitment manifested by some foster parents when faced with difficulties. Interestingly, the evidence of a definite relationship between the motivation and the adequacy of performance is not clear according to several authors (Murphy : 1964, Babcock : 1965, Fanschel : 1966, Fein, Davies and Knight : 1979).

c) *Concurrent crises in the foster family:*

In the compilation of the preliminary set of guidelines the members of the focus-group identified a number of stressors which could precipitate a foster placement breakdown. It has been their experience in practice that an already unstable/shaky placement is sometimes further exacerbated, if one of these stressors is experienced in conjunction with other existing or prevailing difficulties. They highlighted the following examples:

Marital discord:

One of the participants in the group identified this as being general conflict at home between marital partners, arguments, fighting, verbal and or physical abuse.

". . . general conflict at home, arguments, fighting, verbal abuse, physical abuse . . ." (Appendix D, Speaker C : 155).

". . . a difference between husband and wife . . . in terms of whether they want to foster or not. It could be a family where say the mother is fostering her sister's child, but her husband does not approve" (Appendix D, Speaker B : 156).

"Also when there is a disagreement between the couple in terms of whether they want to keep this child or not" (Appendix D, Speaker B : 156).

Substance abuse:

"You could even have a drinking problem there" (Appendix D, Speaker C : 155).

Financial problems:

Financial stress on its own or in addition to other stressors could precipitate the termination of a foster placement. The foster parents as a result of financial difficulties may be unable to meet the material needs of the foster child. To try and counteract foster parents fostering for financial gain one of the participants suggested that there should be another source of income besides the foster grant.

"Yes, well there must be other income besides the foster grant" (Appendix D, Speaker C : 155).

"I think financial problems do play a role in the sense that it is part of the stress level" (Appendix D, Speaker C : 156).

Retrenchment:

"So if the husband or both lose their job, this could just be part of all the other problems, then the child also starts playing up and becoming misbehaved" (Appendix D, Speaker B : 156).

Other stressors mentioned by participants in the focus group were the death of a family member and poor health either physical or mental. The identification of these stressors were considered important by the participants. It has been their experience, that an already unstable foster placement can end if one of these stressors were to be experienced concurrently by the foster family. This aspect of concurrent stressors was also highlighted by a senior staff member interviewed in terms of the interview schedule as being a causal factor in foster placement breakdown. Donley (1978) further confirms that breakdown occurred in the majority of foster placements, as a result of a combination of factors and not just any one single cause. It should be noted that the concurrent stressors mentioned here are not the only ones, but were experienced by the participants in practice. The manifestation of one of these stressors in an already problematic placement should alert the social worker to the possibility that a foster placement breakdown may be imminent.

d) Absence of supportive networks:

The changing family unit has affected all families not just foster families. There are more single parent families today than in the past, and what is more, they lack a supportive network. The isolation of these single foster parents was highlighted by one participant as a high risk factor which may predispose a foster placement to breakdown.

"Another high risk situation could be the isolation of a single foster mother. They do not have much support . . ." (Appendix D, Speaker B : 156).

A single foster mother in the face of a crisis may be more inclined to end the foster placement for fear that she may not be able to deal with further difficulties on her own. This suggests the need for more supportive structures to be built into social workers'

management plan in respect of these cases. A group for single foster mothers is one strategy that could be adopted.

Closely linked to single foster parenthood is poverty and the motivation to foster for financial gain as discussed by Maluccio, Fein and Kluger (1990). The number of female headed households and working mothers are on the increase. They believe that this poverty of women and children are exacerbated and caused by government policy, poorly planned social programmes and demographic changes in family structure. A significant proportion of foster families served by the agency at which this research was conducted fall in the low-income category (personally communicated by staff at a child welfare agency : 1994). Thus, these foster parents, besides being faced with potential problems inherent in foster care have also to contend with ensuring that the foster child's basic needs are met. Very often parents have to be assisted with material aid such as food parcels and clothing.

e) Lack of commitment to the foster child:

Although this aspect has already received some attention under the heading 'motivation of foster parent for fostering', it merits further discussion. Participants in the focus group have noted that foster parents are unlikely to remain committed to the foster child during crises. Due to the lack of biological ties to the child as well as the temporary nature of foster care, foster parents do not see why they should have to tolerate the behaviour problems of the foster child. During times of difficulty, such foster parents are less inclined to go that extra mile as maybe they would have in the case of their own child. This view was confirmed by the following statement:

"The foster parents' lack of perseverance/commitment when the foster child presents with behaviour problems. The foster parents tend to be quick in requesting the termination of a placement" (Appendix D, Speaker B : 123).

This opinion was also expressed by a senior staff member interviewed. Similarly, information obtained from the case records revealed that forty percent of the foster parents who experienced foster placement breakdown were unable to show acceptance or tolerance of the foster child's behaviour. By comparison 50% of the stable foster placements showed

foster parents who were able to demonstrate greater tolerance and acceptance of the behaviour problems presented by the foster child (Appendix A : 106).

To return to the discussion held in the focus group the following quote illustrates participants' feelings regarding this aspect:

"I reckon that they chose to foster, they can choose to stop as well. I just feel that they start feeling that they have done their bit and they are not obliged to continue . . ." (Appendix D, Speaker E : 134).

f) The elderly foster parent and the adolescent foster child:

This appears to be a common phenomenon at the agency at which this study was conducted. It seems that a number of foster parents approached the agency to foster when their own children had either left home or school. They usually requested fairly young children as they felt that these children were less likely to present with problems. However, when these young children reached adolescence, the foster parents were already in their late fifties or sixties. This posed problems in respect of the "generation gap", as highlighted by group members during the focus group:

". . . chances of old foster parents changing their ways are slim" (Appendix D, Speaker D : 123).

"Placing a child in a home where there is such a big age gap should be a danger signal" (Appendix D, Speaker B : 133).

"One of the risk areas is when a child is becoming an adolescent and the foster parent is say 55 years old. The child does not understand its own emotions . . . The foster parents cannot cope because of the great age difference" (Appendix D, Speaker G : 133).

These elderly foster parents often lack insight and understanding of the developmental tasks associated with adolescence. This may lead to misunderstandings and poor communication between the foster parents and the foster child. The foster child then presents with rebellious behaviour which places the placement in jeopardy. Attempts made by the social

workers to develop some insight as to the nature of the child's problems are met with resistance since some of these older foster parents are set in their ways.

The interviews conducted also elicited similar views from senior members of staff. In terms of their experience in the field, one of the major causes of foster placement breakdown was related to this aspect of elderly foster parents with adolescent foster children. They found that these foster parents experienced difficulty coping with the pressure of adolescence. They attributed this to the inadequate preparation of foster parents and adolescents about the difficulties of this developmental stage. It was felt that this is a transitional stage for the foster parents and the foster child and both parties needed help.

g) *Parenting style of the foster parent:*

Participants in the focus-group sessions identified this aspect as a high risk factor which may place the stability of a placement in jeopardy. They noted from their experience in practice that foster parents with rigid parenting styles had low levels of frustration tolerance during periods of difficulty. These parents also at times appeared to have unrealistic expectations of their foster child. In comparison foster parents with a more flexible nature are better able to accommodate the foster child and make him/her feel more accepted. The following quotes elaborate further on this aspect noted by the members of the focus-group:

"I think another quite interesting high risk area would be level of flexibility of foster parents whether they are rigid. Whether they can compromise . . ."
(Appendix D, Speaker B : 156).

". . . the child will run away if it is treated badly every time the stress level goes up. All families have stress, but the more flexible you are, the more you can diffuse the situation . . ."
(Appendix D, Speaker B : 157).

". . . if they are flexible, they can cope with unplanned stress better than if they are rigid. If they are rigid then they cannot cope with that and that could in turn impact on their parenting skills . . ."
(Appendix D, Speaker F : 157).

"Their expectations of the child will also be quite rigid. You have to be home at such and such, you have to do this like that etc. "
(Appendix D, Speaker F : 157).

"How can you compromise, how can you bend. Whether you can negotiate" (Appendix D, Speaker B :157).

The importance of this was further illustrated in information obtained by means of the content analysis of case records. There was greater evidence of flexibility in foster parents of stable foster placements in comparison to those cases where breakdown had occurred (Appendix A : 102). Kline and Overstreet (1972) considered the foster parents ability to adapt and to use their experiences to learn as a good indicator of their ability to cope with problems that may arise in the foster placement. The lack of adaptation and flexibility could be considered a causal factor in foster placement breakdown. Tensions are normal to all families. However according to Kline and Overstreet (1972), the adaptive or flexible person sees most problems realistically. This person would therefore also be open to change.

h) Foster parents inability to cope with access rights of the biological parents:

The inability of some foster parents to accommodate access by biological parents can be attributed to the following as discussed in the focus-group sessions:

- i) The foster parents do not understand the biological parents' right to have access to the child. They do not see such access as meeting the foster child's emotional needs.
- ii) Foster parents fear that problems will arise if access is allowed.
- iii) Foster parents perceive themselves as 'as if' parents and therefore experience access by biological parents as threatening.

Rowe (1976) states that foster parents have unrealistic expectations of foster children and sometimes try to form the child according to their own expectations. They expect the child to drop all affectionate ties with his/her own family and in some situations perceive the social worker and biological parents as unnecessary competitors. The following responses obtained from the focus-group sessions highlights the points of view expressed by participants:

"With some of my removals of placements that have lasted one year long, I have noticed that parents are not informed about access" (Appendix D, Speaker E : 117).

"If the child is attached to the parent, and the foster parent does not allow regular access or makes it difficult by not co-operating for example, saying to the biological mother she can visit but makes her feel uncomfortable when she does" (Appendix D, Speaker C : 160).

". . . lack of understanding by foster parents. They do not understand why the child wants contact with its mother" (Appendix D, Speaker G : 132).

Information obtained by means of the content analysis done on selected case records revealed the following with regard to access:

- (i) In cases assessed as stable, access was not an issue as the biological parents were either deceased or their whereabouts were unknown.
- (ii) Therefore it is clear that the stability of a placement can be negatively affected by the biological parents' access rights. It would appear that in cases where biological parents are untraceable, foster children adapt more readily to their new homes. In contrast, those children who do receive visits from their parents, felt that they had an option and therefore did not make the effort to adjust to their foster family. This in turn affected the long term stability of a placement.

THE FOSTER CHILD

In accordance with research Aim A (Chapter 1:1) additional information was obtained about the nature of foster placement breakdown with regard to high risk factors connected with the foster child and which jeopardised a foster placement.

a) Physical, emotional or sexual abuse:

It should be clarified that in cases where the foster child was identified as being "at risk" because of neglect, physical or sexual abuse, the social workers do have an abuse and neglect manual that could assist them with the management of the case.

b) Behaviour problems:

As found both in literature and through the practical experience of social workers, one of the major causes of foster placement breakdown seem to be the behaviour problems of foster children. This view was confirmed in the information obtained by means of the interview schedule which showed that some children in foster care have had damaging and disturbing experiences. Roberts (1993) states that abused and neglected children have behaviour problems that jeopardize their relationships with peers and adults alike, and they run the risk of precipitating a breakdown. As stated by one respondent behaviour problems were common to most families not just foster families. Foster children however presented with behaviours that required specialized intervention which foster parents were ill equipped to handle.

With regard to cases analysed, behaviour problems played a major role in foster placement breakdown. These behaviour problems were as follows:

- sleeping out of the foster home without permission
- truanting from school
- negative peer influence
- association with gangs
- promiscuous behaviour of the foster child
- stealing
- lying

Plumville

Other reasons accounting for foster placement breakdown were:

- lack of insight of the foster parents
- lack of commitment shown by foster parents
- relationship problems between the foster child and his foster siblings
- the foster child had difficulty in adjusting to his/her foster family.

(Analysis of case records)

These reasons coincided with a number of studies (Donley : 1978, Aldgate and Hawley : 1986, Berridge and Cleaver : 1987) which suggest that problematic behaviour often preceded foster care breakdown.

The discussion about this aspect in the focus-group sessions highlighted that such behaviour problems by the foster child should immediately alert the social worker that the foster placement may be at risk. Drawing on their own practical experience, the participants noted the following problem behaviours as indicators that a breakdown may be imminent:

". . . bunking school, substance abuse, absconding from the foster home . . ." (Appendix D, Speaker F : 162).

"What about underachievement at school. It could be an indicator that something is really wrong at home – a high risk factor" (Appendix D, Speaker B : 163).

Although the causes of these behaviours were not discussed in great detail, research in this regard was recommended. It has however been the participants experience in practice that the foster child's behaviour could either stem from his/her previous traumatic experiences, which resulted in the foster child being in foster care. It could also be attributed to relationship problems between the foster child and the foster family.

One group member noted:

". . . I mean the child lives with the foster parents. You cannot look at the behaviour of the foster child in isolation. You have to assess the entire foster family set up" (Appendix D, Speaker B : 164).

→ what about wider social context

An aspect which failed to receive much attention was the causes of the behaviour problems. It seemed that this could be further researched. A large percentage of children placed into foster care have been traumatised in some way or the other. Behaviour problems were therefore to be expected and foster parents should be prepared for this possibility and equipped with insight and skills to deal with these behaviours. Of course there will be times when the social worker will have to assist the foster parents with either advice, counsel or a referral to a specialized unit. However, the point remains that the foster care of abused and neglected children is a specialist and demanding task requiring knowledge and sensitivity of special needs. The question therefore arose: are foster parents adequately trained for this specialist task? According to Berridge and Cleaver (1987) many foster parents were clearly unprepared for the sort of demands that emotionally deprived children made on them. As one social worker stated in a study: "I suppose we are used to dealing

with difficult kids we sometimes forget just how difficult they are and how hard ordinary families find it to cope. . ." (Berridge and Cleaver, 1987 : 64).

THE SOCIAL WORKER

Having identified risk factors which may jeopardise a foster placement, this study would be incomplete without a discussion of the social worker. The following risk factors were identified through focus-group discussions, content analysis of case records and responses obtained by means of the interview schedule:

a) *Overload:*

A concern expressed by group members throughout the six sessions was that of not being able to intervene in the case in the manner they would like to due to being overloaded.

" . . . let's be honest, do we have the time to deal with these issues, even when cases are referred to a specialized unit, they take time to respond due to a long waiting list" (Appendix D, Speaker C : 124).

The opinion was expressed by one member that case overload led to superficial intervention since social workers did not have the time to do their work thoroughly.

"It is all related to work overload, because if one had more time to work in a more qualitative way with the child and family . . ." (Appendix D, Speaker B : 128).

It was also felt that social workers were equipped to deal with the problems presented but did not have the time.

"It is not that they do not have the skills, they do not have the time" (Appendix D, Speaker G : 129).

"If they lowered our caseloads we would have more quality time with our children" (Appendix D, Speaker C : 130).

Information obtained through the interviews validated the concerns expressed by group members in the focus group sessions.

A particular concern of one supervisor interviewed was that as a result of high caseloads, social workers were not able to maintain regular supervision of foster placements and so were unable to anticipate a crisis. She felt that social workers got to placements experiencing problems too late. Another respondent interviewed shared similar views and queried the social worker's ability to detect problems at an early stage and render the necessary preventative services. The early detection of problems was hindered by the foster parents' inability to admit that problems existed and also by the social workers' high caseloads.

Another respondent stated that social workers were at times overwhelmed by the range of emotions released during a foster placement breakdown. Social workers experienced difficulty dealing with these issues in an in-depth manner due to work overload. It was felt that the approach used by social workers was that of crisis management. Due to high caseloads, social workers were in fact rendering a superficial service. There was no time to do "in-depth" counselling. Consequently problems in the foster placement were left far too late and often led to breakdown and removal.

All three respondents considered "casework overload" as one of the major factors impacting on the more effective management of foster care breakdown. This overload, although acknowledged, is not taken seriously enough. Some social workers have caseloads of up to ninety foster placements to supervise.

This information was further substantiated by data obtained via case records. The length of time that lapsed from the date of the breakdown being reported to the actual transfer of the foster child to an alternative placement ranged from as little as one month to two years!

Further discussion around the problem of overload in the focus group sessions revealed feelings of frustration and a sense of being trapped in a vicious cycle. Practitioners complained that it prevented them from working in a preventative manner and stifled their

creativity. The possibility of their breaking free from this vicious cycle seemed slim, given the increasing caseloads. The present casework method used by social workers was identified as no longer effective. It appears that urgent work is needed for social workers to develop an inexpensive preventative programme as a more realistic method of supervising foster placements (Bloom : 1987).

Although not discussed in the focus-group, the aspect of burn-out is closely linked to overload as described by Smit (1990). A cause of concern to the profession was the finding that 82% of social workers worked overtime, 61% considered their jobs being overloaded and 40% felt that their social work training adequately prepared them for the administrative tasks associated with social work.

b) ***Bureaucratic constraints which impede the effective management of foster placement breakdown:***

Some social workers complained about the agency's preoccupation with bureaucratic requirements for example case records, process notes and reports rather than with the therapeutic needs of the foster family and the foster child.

One supervisor interviewed disagreed with the argument that administrative requirements interfere with the effective management of a foster placement breakdown on the basis that preventative strategies employed by the social worker usually takes place before administrative requirements such as detention reports or transfer reports.

It was agreed that these administrative tasks may seem to be a hinderance and time consuming however it was important to carry them out. The process of putting down on paper what has transpired helps the social worker to think through what it happening and make an assessment. The suggestion was made that reports should be more concise, conveying the essentials.

During session II of the focus-group sessions social workers expressed frustrations concerning bureaucratic requirements which impeded effective service delivery.

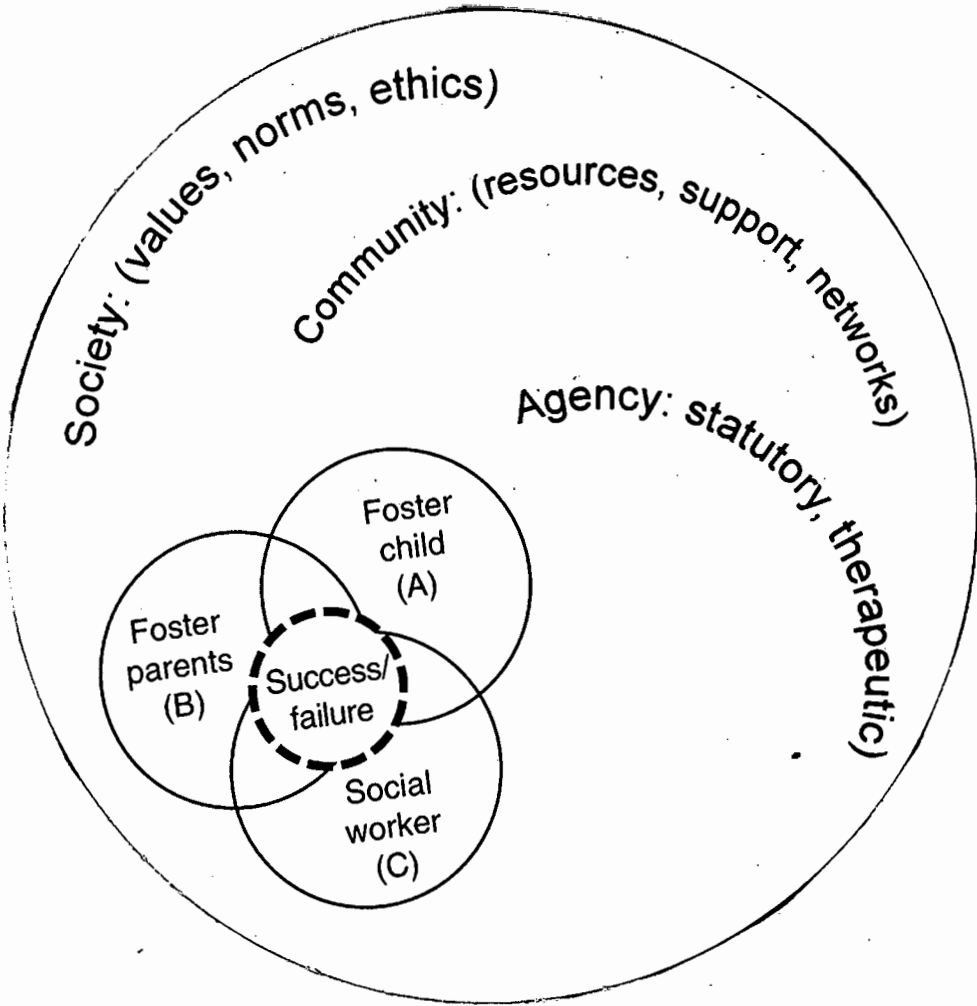
"Bogged down by practical issues" (Appendix D, Speaker C : 129).

"The other thing about the administrative requirements is that when one is busy with a removal . . . you are so busy investigating in order to get all the relevant information that you do not give them much attention: (Appendix D, Speaker G : 129).

Administrative requirements were regarded by group members as a hinderance. However there are issues of accountability attached to record keeping. It is only through meticulous record keeping that a social worker's productivity can be gauged as well as evaluated. Most social workers experience record keeping as time consuming. Other members felt that it could also serve as an excuse used by social workers who are threatened by emotional issues.

The risk factors identified in respect of the foster parents, social worker and foster child are merely to serve as guidelines for social workers. It is by no means suggested that these are the only risk factors. It is hoped that the identification of these risk factors will heighten the awareness of social workers to these problem areas.

4.2.3 Summary of risk factors affecting a foster care placement (Figure 1)



- A. Foster Child:**
 Behaviour problems
 truanting
 substance abuse
 absconding from home
 promiscuity
 stealing, lying; *not revealing*

- B. Foster parents:**
 lack of training
 inability to deal with access
 by biological parents
 presence of other stressors i.e.:
 marital discord
 alcohol abuse
 financial problems
 death in the family
 retrenchment
 health problems
 lack of commitment
 lack of flexibility
 lack of insight

- C. Social Worker:**
 ✓overload ✓
 ✓lack of resources ✓
 ✓bureaucratic constraints ✓
 lack of supervisory input
 agency ethos
 ✓statutory rather than therapeutic emphasis
 ✓hasty decision-making
 lack of guidelines

4.2.4 Problems experienced with the management of foster placement breakdown

In accordance with research Aim B (Chapter 3:33), information was obtained about the problem areas experienced with the management of foster placement breakdown. These problem areas were discussed in terms of information obtained by means of the focus-groups, content analysis of case records and responses obtained via the interview schedule. Thus the process was begun with regard to developing a set of guidelines.

In response to the question of how foster placement breakdowns were managed at their agency, the respondents felt that everything should be done to try and prevent the placement from ending. An attempt should be made to bring the parties together and try to maintain the emotional bond between the foster child and foster parent. If all of this fails then alternatives should be found. The opinion was expressed that foster parents tend to err most when in a crises. In most cases it has been found that the foster child's behaviour had become unmanageable. A breakdown in communication followed. The foster parents did not show tolerance or unconditional acceptance. Social workers due to heavy caseloads were not always timeous in their interventions, and a lack of guidelines or support may make them prone to hasty decisions. One supervisor stated that the first stage he encourages was always aimed at prevention. The social worker should get the family together to discuss the problem and try to save the placement. He acknowledged that at times, the intensity of emotions that emerged from parties concerned during foster placement breakdown, overwhelmed the social worker. Social workers also experienced difficulty dealing with these emotional issues in an in-depth manner, due to work overload.

Two of the respondents interviewed were in agreement that the emotional needs of foster children experiencing foster placement breakdown were not being met. Given the high caseloads of social workers it was doubtful. However it was stated that a conscious attempt was made to focus on the emotional needs of the foster children experiencing breakdown. It was acknowledged that some children are placed at great risk when they are transferred to placements outside the social workers' area of operation, unless effective follow-up work was done. However, with the handing over of cases, there was no guarantee that treatment plans would be followed through as instructed.

With regard to those cases reviewed the following information was obtained concerning existing management procedures used by social workers when faced with a foster placement breakdown.

The nature of services rendered varied: home visits, interviews, contacts with collateral sources and interviews with foster parents. There did not appear to be enough consultation with the foster child. There was also evidence of referrals to outside resources. However the intervention in many situations proved unsuccessful as a result of:

- foster parents being adamant that the foster child should go;
- foster parents being inflexible – not able to engage with the social worker in constructive working relationship;
- child absconding from foster placement;
- child refusing to return to foster placement;
- foster child exhibiting serious behaviour problems and foster parents lacking perseverance, and wanting immediate relief.

In sixty percent of the cases there was evidence of a good relationship between the social worker and the foster parents. In seventy percent of the cases reviewed the main purpose of the social worker's management plan was to find an alternative placement for the foster child. Social workers management plans involved the following:

- helping the foster parents focus on the 'positives';
- highlighting discrepancies in expectations between the foster parents and the foster child;
- liaising with external resources for example children's homes, places of safety or schools of industries;
- strategising to ensure that the foster child is protected from further neglect, physical or sexual abuse.

In ninety percent of the cases there was no evidence of case review meetings being held regularly.

In a significant percentage of the cases reviewed the social workers were put under pressure by the foster parents to finalize the matter quickly. Due to the lack of regular case review meetings, it was usually the foster parents or foster child who determined the ending of a placement except in cases of severe neglect, physical or sexual abuse. In sixty percent of the cases reviewed there was evidence of a social worker making major decisions regarding the foster placement entirely on her own. In four out of ten cases there were some input given by the supervisor but ultimately the decision was made by the social worker.

In eighty percent of the cases there was no evidence of a clear management plan with regard to the foster child. Factors that seem to impede the effective management of foster placement breakdown were the following:

- lack of treatment facilities;
- the limited resources available, all had a long waiting list;
- lack of suitable resources, e.g. places of safety;
- lack of suitable foster parents;
- foster child absconding from family before social worker is able to engage with the family.

There also appeared to be an absence of a clear treatment plan in some cases.

Specific management procedures employed by social workers revealed both similarities and differences in terms of the findings obtained in comparison with the literature reviewed. One is advised by the National Foster Care Association (1992) to openly discuss feelings with parties involved. Fitzgerald (1983) also feels that it is important to establish an open and honest relationship with foster parents and foster child. Aldgate and Hawley (1986) state that panic reactions should be avoided and the following steps should be taken:

- slow down
- assess the situation
- eliminate tendency to assign blame
- examine the capabilities of the foster child and foster family
- negotiate an agreeable plan of action.

Although there was consensus among the respondents that the emotional needs of foster children were not being attended to, no suggestions to improve this was forthcoming. The same can be said of literature reviewed. Suggestions were made such as groupwork but there was no evidence of it being put into practice. The only authors who attempted to be creative in this regard were Elbow and Knight (1987). They advise a 'Breakdown story' for the foster child and well as a 'Goodbye ceremony'.

The point made by Donley (1978) that agencies who experience foster placement breakdown from time to time could do well if they examine their selection and training procedure was shared by some of the respondents who experienced difficulty managing a foster placement breakdown due to the lack of commitment shown by some foster parents. It was felt that the possibility of a foster placement breakdown should be discussed with foster parents regularly.

An additional impediment to the more effective management of foster placement breakdown experience by senior staff members interviewed was the defensive attitude of foster parents. This prevented the social worker from engaging the family in a constructive working relationship toward serving the best interest of the foster child. As stated by Elbow and Knight (1987) families are expected by society to stay together. Parents who do not rear their children are considered as failures. Foster parents once they have been selected felt they had been recognised for their parenting skills, therefore when the placement did not work, they experienced a sense of role failure and loss of self-esteem (National Foster Care Association : 1992). They are therefore resistant to accepting help and blame the social worker and foster child. A very important point noted by one of the senior members of staff was the lack of standard procedures regarding the presentation of cases on the verge of foster placement breakdown. The social workers involved use their discretion and therefore experience anxiety about decisions they have to make. Several authors have highlighted the value of case review meeting when faced with a foster placement breakdown. They stress the importance of case discussions as a vital part of the management plan. It was felt that these discussions would help alleviate feelings of uncertainty and anxiety. This is especially true in cases where social workers may be inclined to act hastily. An interesting and valid opinion expressed by one of the respondents

interviewed was that foster placement breakdown is usually conflicting in its nature. It is therefore a concern that social workers be trained in conflict resolution. Donley (1978) in her article "The dynamics of disruption" highlights the urgent need for social workers to develop conflict resolution skills in order to improve their management of foster placement breakdown.

4.2.5 Decision-making difficulties associated with the ending of a foster placement

A recurring theme throughout the six focus group sessions was the difficulty social workers experience with decision-making when faced with a foster placement breakdown. Group members complained about having to make decisions which affected the lives of their clients. They experienced this as a source of conflict and anxiety given the dilemmas they are sometimes faced with.

"In one of my cases, a two year old child as well as two boys aged six and seven – there were years of allegations of abuse that previous social workers including myself could not validate. The reason why I did not remove was because the foster parents and the foster child had bonded . . . agony to try and make the right decision" (Appendix D, Speaker C : 116).

"I had a similar case where the child was seven/eight months old. The foster child was attached to the foster mother who was very old. Although the foster mother was not able to care for the child adequately, there was a strong emotional bond" (Appendix D, Speaker D : 117).

I have a case where the child has been with her grandparents since she was born because the mother has an alcohol problem. Now the grandparents have the mother living with them as well. I am now in the position where I have to decide whether I should work with the grandparents to help them to get rid of the mother in order to protect the foster child or should I remove the granddaughter out of the house away from the conflict between grandparents and biological mother . . ."

(Appendix D, Speaker B : 117).

"If I think of another case where the children were not in direct danger . . . but we discovered that the foster mother was quite ill. In spite of her illness she was able to care for the children's physical needs . . . I experienced difficulty deciding what to do" (Appendix D, Speaker D : 121).

One group member attributed problems experienced by social workers in making decisions to the training they receive.

". . . so maybe it is our training with our 'ifs' and 'buts'" (Appendix D, Speaker B : 121).

"We also see so many aspects" (Appendix D, Speaker B : 122).

A further problem associated with social workers experiencing difficulty making decisions was the lack of assistance and support available to them in this regard.

"We need assistance and support in making decisions which we currently have to make alone" (Appendix D, Speaker G : 132).

It was also felt that social workers did not receive necessary guidance from supervisors confirming once again the need for regular case discussions.

"I won't make the decision on my own. I would like to talk to others about it" (Appendix D, Speaker B : 118).

It was therefore agreed by group members that joint decision-making mechanisms were needed to assist social workers. After all, the decisions they made impacted on people's lives. Examples given of possible joint decision-making mechanisms were:

- case review meetings;
- guidelines – to facilitate management of foster placement breakdown as well as decision-making associated with this. The need for this was reflected in the following comments made by social workers:

"It is important to discuss it in team meetings" (Appendix D, Speaker E : 118).

"In a way a guideline may be useful as long as it is not used in an inflexible manner" (Appendix D, Speaker D : 122).

"I think a guideline in a way will help you see things on paper. It will help you make a decision, although you still need input from others. That is why we mentioned the last time that we need both" (Appendix D, Speaker G : 132).

"I think it will help you in showing you what you must do. I think what we need are indicators" (Appendix D, Speaker G : 137). }

"We are still going to need case discussions. We are not just going to make decisions according to the guideline. It is still going to be discussed" (Appendix D, Speaker G : 151). }

Another aspect discussed by group members in relation to decision-making was the involvement of clients in this process. It was agreed that clients should be part of the case review meeting.

"You can have the team members, the foster child, biological parents and the foster parents" (Appendix D, Speaker B : 169). }

"However our clients will find it difficult to sit down and open up to strangers" (Appendix D, Speaker B : 169). }

Despite the differing opinions, in principle it was agreed that clients should be included in case review meetings. It was agreed that making decisions about what was in the best interest of the child was not easy and that the present manner of dealing with difficult decisions was not effective. Review meetings, case discussions and guidelines could assist in more effective decision-making.

Clearly the most dominating theme evident throughout the six sessions was the difficulty social workers experienced making decisions. It was apparent that social workers felt overwhelmed and anxious about the decisions they have to make which affected their clients' lives. There were also feelings of resentment at the lack of support and direction from supervisors as well as the absence of guidelines.

In appreciation of the conflicts and concerns expressed by the social workers, Foy (1967) states that foster care practitioners bring to their professional role performance as decision-makers a varied array of individual personality structures and traits. Their profession also provides them with a philosophy orientation to aid them in this role. In view of this complex matrix of interacting variables it is little wonder that professional judgement may differ from one professional to another. What is important is that sufficient time is taken

to weigh up all the factors before a decision is made. The amount of information that often enters a foster care decision presents the worker with difficulties as the processor of this information (Foy : 1967).

One of the group members made the point:

"so maybe it is us, our training with our 'ifs' and 'buts' (Appendix D, Speaker B : 121).

"We also see so many different aspects" (Appendix D, Speaker B : 122).

Rosenblatt and Meyer (1969) believe that social workers experience anxiety about the decisions they have to make, due to a lack of adequate knowledge and the impact of their decisions. The decision affects not only the future welfare of the child but all involved in the child's welfare. The decisions that the social worker is expected to make at times called for knowledge resources that are not available at that moment.

"the worker will have to imagine the kind of interaction likely to take place . . . second, we will have to predict what effects the interaction will have on various members. In particular, how will it affect the child's psychosocial development and functioning . . . This may be extremely complex since the worker may view each unit as having destructive assets and liabilities that cannot easily be compared and thus weighed on the same scale" (Rosenblatt and Meyer : 1969).

Clearly evident in the focus-group discussions was the fact that decision-making in the field of child welfare was stress inducing since these decisions bore important consequences and had to be made in the context of inadequate knowledge. Their perception of the problem was that it caused them anxiety and that they needed assistance from case reviews or guidelines. One speculates in the light of the comments made, whether their expectations of the guideline were not unrealistic. One is only able to make the best professional judgement given the available knowledge of the circumstances. Guidelines are essentially 'aids' toward better decision-making. These guidelines should serve as "reminders" to professionals. Foy (1967) comments that guidelines could provide a valuable frame of reference to assist and not determine foster care decisions.

Lindsey (1992) endorses the group members' feelings regarding decision-making: he states that it poses more awesome responsibilities for the caseworker and are more far-reaching in their potential consequences for the client than those involved in the placement of children in foster care . . . systematically we know next to nothing about how the worker makes these decisions" (Briar, 1963).

Lindsey (1992) states that social workers decision-making ability may be restricted by the following:

- some decisions are made by others before the social worker receives the case;
- certain practices within an agency such as the lack of practice principles that govern the selection of alternative solutions.

"It is not surprising, therefore, that reliability in decision-making is poor and that individual discretion and personal bias have been found to exert a strong influence on the decision-making behaviour of child welfare staff" (Lindsey : 1992).

Lindsey (1992) quotes the following views from Dingwall, Eekelaar and Murray (1983) which once again highlights the concerns expressed by the group members:

". . . child protection raises complex moral and political issues that have not one right technical solution. Practitioners are asked to solve problems everyday that philosophers have argued about for the last two thousand years. These difficulties, are not a justification for avoiding judgements. Moral evaluations can and must be made if children's lives and well-being are to be secured. What matters is that we should not disguise this and pretend it is all a matter of finding better checklists – technical fixes – when the proper decision is a decision about what constitutes a good society" (Dingwall, Eekelaar and Murray : 1983).

An important point reflected upon Dingwall, Eekelaar and Murray (1983) is the view that child protection, which includes foster care, raises complex moral and political issues. This being an important aspect which was overlooked by the group members in their discussion of the difficulties they experienced with regards to decision-making.

Pine (1987) states that child welfare practitioners have been given a mandate by the community to protect the values, morals and norms of society in relation to child rearing

and the right to family membership. Consequently the author, Pine (1987) is of the opinion that ethics, morals are at the heart of child welfare. No aspect of this practice can be examined without exploring ethical issues and questions. Pine (1987) provides valuable insights regarding the difficulty practitioners experience regarding decision-making:

"the ethical aspects of practice decisions in child welfare are frequently overlooked, leaving the practitioner to cope, unsupported, with competing, conflicting and changing demands of practice wisdom, personal professional and societal values, agency policy, laws and community standards . . ."

According to Pine (1987), not all decisions made by social workers are purely ethical in nature. Pressure experienced by social workers who experience overload often lead to very concrete solutions being reached. Although the issues described are familiar to many social workers, they have not been labelled ethical dilemmas, even though burnout is linked to constant dealing with insolvable problems having a moral basis.

Ethical aspects of decision-making are rarely being dealt with, because of the following reasons:

". . . lack of time, lack of training and other agency supports; the notion that competent practice is based on clinical competence not ethical competence; an over emphasis on the need for a non-judgemental stance, ethics is the realm of the philosopher, not the practitioner" (Pine : 1987).

4.2.6 Can poor decision-making be a causal factor in foster placement breakdown?

Donley (1978) states that foster placement breakdown occurs because of one or more of three circumstances:

- (a) The existence of unidentified factors (critical information not recognized by the social worker or foster family).
- (b) The poor assessment of the capacity of the foster parents.
- (c) The emergence of unpredictable circumstances which preclude the stable progress of the foster placement.

There are two concerns that arise out of the above, namely:

- (a) What critical information is being overlooked by social workers and why?
- (b) Why is there a mis-assessment of the capacity of foster parents?

In response Droelling and Johnson (1989) are of the opinion that the cause lies in the lack of a guideline, or measure with which to evaluate placements. Krause (1971) noted the tendency by social workers to judge foster placements subjectively and not by objective criteria. In a series of studies, researchers attempted to assess which factors were more commonly considered in placement assessments and decisions to place children that were made out of these assessments.

Cautley and Aldridge (1976) have also expressed concern about the decision that social workers have to make regarding the future of placements. Even if social workers were to test the validity of their various decisions in this field, they are frequently prevented from doing so by agency structure and procedures, which may reduce their anxiety but also limit their effectiveness. Perhaps the lack of information in this area is related to the fact that the foster home situation is complicated. Not only are there many factors that affect interaction among the foster family members but the definitions of the role of the foster parent and of a successful placement are vague. According to Krause (1971) social workers continue to select foster homes on the basis of subjective judgement. Therefore in his article he attempts to relate certain objective characteristics of the foster parent and foster children that are related to the success/failure of the foster home placements. The success of a foster home is defined in terms of judgements made by the social worker. The ultimate measure of success is the survival of a placement for a length of time. Placements that break down put additional strain on the already overtaxed human and economic resources of social work agencies. Breakdowns also discourage foster parents from further foster parenting.

Taylor and Starr (1967) in a review of literature found that most studies used the social worker's judgement as a criterion for determining success. Even more surprising is the realisation that there is considerable evidence that social and psychological distances between social worker and foster parents tends to bias these judgements. In addition they had conflicting opinions on issues concerning the need for matching children with foster

parents and their definitions of an adequate foster home reflected the middle class values of social workers. This lack of empiricism and objectivity in the approaches to foster home care may be due to social workers shying away from any kind of "measurement". On the other hand it is debatable whether or not social work is more an art or science.

4.2.7 The use of a guideline in the future management of a foster placement breakdown

Foy (1967) points out that it is not surprising that existing guidelines for decision-making in foster home placements are unpragmatic, consisting of abstract norms that are difficult to apply in practice. Foy continues that guidelines needed by social workers for matching children with foster parents should be founded in practice, should be interpreted in relation to each other, not in isolation. Krause (1971) found the following:

- (a) no relationship between outcome of foster home placement and the age, sex or intelligence of foster children;
- (b) placements with foster parents assessed by social workers as having the ability to cope with a child with behaviour problems were no more successful than other foster placements.

This supports Foy's (1967) argument that in making placement decisions, it is necessary to consider the dynamic interplay of many factors and not the individual elements of a situation in isolation. Fanschel (1966) also speaks of foster care as an interactional situation. He notes that foster parents are often assessed as if their characteristics could be separated from those of the children under their care. It has been found that different foster children evoke different responses from different foster parents. Fanschel (1966) states:

"In the final analysis the evaluation of the capacity of applications for the tasks of foster parenting rests on the knowledgeable weighing of interrelated factors in individual and family dynamics. However, the interviewer does need some systematic concepts of individual and family dynamics as a frame of reference within which these operational judgements are made."

It is therefore apparent that the breakdown of a placement results from a number of factors involving the social worker, the foster child and the foster parents. In accordance with research Aim B, the process of developing a set of guidelines was initiated in the focus group sessions after group members had clearly identified a need for a decision-making guideline in order to improve their management of foster placement breakdown. The following information concerning the purpose and format of the guideline was obtained from the focus group discussions.

"In a way then I might be able to pick up something to help clarify . . . as long as it is not used in an inflexible way" (Appendix D, Speaker B : 122).

The benefits of a guideline was described by one member as follows:

"I think the guideline in a way will help you see things on paper. It will help you make a decision, although you might still need input from others" (Appendix D, Speaker G : 132).

Upon discussing the actual format of the guideline questions were raised about its contents.

". . . need a list of perpetuating factors" (Appendix D, Speaker C : 132).

"I think what we need more though is indicators" (Appendix D, Speaker G : 137).

"This would help one manage a case better. If you have certain criteria to look at" (Appendix D, Speaker G : 137).

One member queried if it would be taken seriously enough. She questioned the advisability of people having a choice concerning its usage:

"Do people adhere to guidelines? Not necessarily that is basically up to you if you make use of it or not" (Appendix D, Speaker C : 138).

For this reason it was felt that perhaps a guideline was not the answer but a procedure manual. The reason being that it would be standard procedure for each social worker to use when faced with a foster placement breakdown.

"I think that a guideline is not necessary as people seem to know what to do, but how often does it get done. Therefore if one has a procedure manual, where one can tick off what has been done, this will be more effective than a guideline" (Appendix D, Speaker C : 138).

Not all the group members shared this view, some expressed concern about the inflexibility it would create.

"I have a problem with that, because it is so inflexible. Surely there is an in between? You don't have to have this rule book . . . once you have something like that, then you lose your initiative and creativity. I always have a problem with that. I like guidelines, which is an added tool you can use if you want to . . ." (Appendix D, Speaker B : 138).

Some members still felt that there was a lack of uniformity. One member stated that one was working with families who differed from each other and therefore one needed to be flexible in one's approach. It was agreed that social workers experienced difficulty making decisions when faced with a foster placement breakdown. The inability to make these decisions as well as the delay caused either contributed to the foster placement breakdown or resulted in it not being managed effectively. It was felt that a guideline with clear indicators and steps could assist social workers in that regard.

Group members then discussed the purpose of the guideline and when it could be put to best use.

"My question is then, what, when you say the foster placement has broken down, what does that mean. Now that is where I would need the guideline . . . does that child need to be removed that is where I see your guideline being far more useful. In other words, identifying high risk situations. To me that is the gap. That is where the ambiguity comes in decision-making. Is this really a breakdown, is it really necessary to remove this child, or can one salvage the placement?" (Appendix D, Speaker B : 140).

Thus, the purpose of the guideline would be two-fold:

- (a) To assist the social worker in identifying high risk factors.
- (b) To identify clear steps that need to be taken by the social worker if the foster placement breakdowns.

With regard to the structure or format of the guideline, one member wanted a list that would allow her to tick off certain criteria:

"I know what I want. I want a list that I know can tick off . . ." (Appendix D, Speaker C : 151).

One member felt uncomfortable with this suggestion as she found it inflexible.

"I don't like that. It is so cut and dry. What about your grey areas. I am afraid of this because what must be built into this is flexibility. You don't want to say 'Right - tick, tick, tick; there are so many ticks, right, remove . . .' This is just a guideline, please don't take it on face value" (Appendix D, Speaker B : 151).

Once again it was added that the guideline would be used in conjunction with a case review meeting. It was also pointed out that the guideline would serve the purpose of "containing" social worker when faced with a crisis situation.

"That will also help, I think you said . . . somewhere about being panic struck and you act hastily and by having certain things to do, it helps you to also think more clearly" (Appendix D, Speaker G : 152).

It was also felt that the guideline had to be user friendly. Social workers were overloaded with forms that needed to be completed.

"Yes, I think your guideline has got to be very down to earth and practical if it is going to be of use and it has got to be put in very ordinary language so that everybody just understands. Simple" (Appendix D, Speaker B : 153).

Having highlighted the high risk areas which may predispose a placement to experience a breakdown the question arose as to how it would be used. It was agreed that should three of the high risk areas be identified it should be a signal to the social worker that the placement is in trouble and requires close monitoring.

"I agree that should three or more of the above conditions apply the social worker should be alerted to the fact that the foster placement is in need of more intensive intervention . . ." (Appendix D, Speaker C : 166).

In respect of the actual management of foster placement breakdown it was felt that more use should be made of interim measures as a means of evaluation. This would prevent social workers making decisions hastily and in a state of panic. These interim measures could involve a temporary placement of the foster child with an emergency foster mother or in a children's home – whichever would best meet the foster child's emotional needs under the circumstances. This would allow for emotions to simmer and perhaps for the placement to be salvaged. This emergency placement could last for approximately three months. This will allow for a thorough evaluation to take place.

"I think the purpose of this would be where evaluation and analysis takes place, so that you can learn from what went wrong in the old foster placement . . . what kind of placement would be more suitable for the foster child" (Appendix D, Speaker E : 167).

The next step in the management plan, it was felt, should be the necessary interviews with the parties concerned. Once this had been done, the social worker should present the case at a case review meeting. This should then be followed by meeting with the foster parents and the foster child. This meeting should involve the following:

"The next one is should the decision be that the placement should be saved, the social worker should consider the following contracting with the foster family for three months and if necessary a referral to a specialized unit" (Appendix D, Speaker C : 169).

To conclude, a preliminary set of guidelines was developed on the basis of data obtained from research Aims A and B, thereby complying with research Aim C (Chapter 1:1).

4.2.8 Management guidelines for foster placement breakdown

INTRODUCTION

These guidelines are meant to assist social workers in the effective management of foster placement breakdowns. The following high risk factors associated with the foster parents and the foster child, have been identified and it is suggested that social workers be alerted to the presence of these factors and engage in timeous intervention.

I. FOSTER PARENTS – HIGH RISK FACTORS

- (a) untrained foster parents
- (b) large age discrepancy between foster parents and foster children
- (c) primary motivation for fostering:
 - to supplement income
 - to meet their own needs
 - sense of obligation e.g. foster child is a relative
- (d) additional crises in foster family, for example:
 - marital discord
 - substance abuse
 - financial problems
 - death in family
 - retrenchment
 - health problems (mental/physical)

* Differentiate if any of the above are of a chronic/acute nature.

- (e) lack of support from friends or extended family
- (f) lack of commitment to foster child
- (g) lack of flexibility: the foster parents experiencing difficulty with flexible problem solving
- (h) the foster parents are unable to cope with access rights of the biological parents
- (i) the foster parents are not able to accept the role of the social worker
- (j) the foster parents are reluctant to seek help when problems have been identified

- (k) lack of insight shown by the foster parents in respect of the foster child's emotional and physical needs
- (l) inadequate parenting skills
- (m) unrealistic expectations held by foster parents of foster child

II. FOSTER CHILD – HIGH RISK FACTORS

- (a) physically or sexually abused or neglected in accordance with the criteria in the Child Welfare Society's Abuse and Neglect Manual
- (b) behaviour of foster child:
 - truanting
 - substance abuse
 - absconding from the foster home
 - association with gangs
 - defiant behaviour, e.g. refusal to comply with rules
 - promiscuity
 - stealing
- (c) sudden deterioration in academic performance

III. OTHER RISK FACTORS

Should any one of the above mentioned risk factors exist in conjunction with the following changes in the functioning of the foster family, the social worker must be alerted to the possibility that all is not well:

- There is an increased level of tension in the home.
- People seem to be shouting at each other and the children are scolded more frequently than usual.
- Usual patterns of behaviour change, which interfere with the normal household routines.
- There are additional pressure on the couples relationship which may include disagreements about child management.
- The foster child becomes the centre of attention in the family and takes up all the family time.
- The family feels less positive about their skills as carers.

- The differences between the foster child and the rest of the family become increasingly apparent.
- The carers increase their telephone calls to the placement agency.
- The carers present the agency with a list of minor problems which normally they would cope with.
- Relatives, friends recognise and comment on changes.

IV. THE SOCIAL WORKER'S INTERVENTION PLAN

What is meant by more intensive intervention?

- Contact with collateral sources in respect of foster child's present functioning and circumstances e.g. schools, clinics, and extended family.
- Interviews with child concerned with regards to the problem identified.
- Interviews with the foster parents.
- A joint interview with the foster child and foster parents.

After sufficient information has been gathered, the social worker could present this case to her colleagues.

Case Review Meeting: Social worker presents case to colleagues and supervisor.

A Negotiation of Placement Ending: Should everything fail and an ending of placement is necessary then social worker, foster parents, and foster child meet to terminate the placement in a healthy way.

- NB:** Regardless of what the decision is regarding the future of the placement, the social worker should:
- (a) avoid responding hastily to feelings of anxiety, guilt and anger
 - (b) not assign blame to anyone for what is happening as foster placement breakdown is a complex process usually occurring as a result of several factors
 - (c) allow all concerned to have their say and listen carefully
 - (d) help the family explain to the child what is happening

Should the decision that the child should remain in the placement and attempts to be made to try and save the placement, the social worker should consider the following:

- (a) contracting with the foster parents and foster child for three months
- (b) if necessary refer to a specialized unit e.g. Child and Family Unit.

If the situation in the foster home has become untenable and the child's behaviour causes major disruptions or the child is at risk then an emergency placement at a place of safety or a children's home should be considered.

Where the removal of the child is a temporary arrangement then the social worker should be working extensively both with the child and the foster parents to bring about a replacement in the same home. A three month period could be agreed upon.

After this three month period a case review meeting should be held with foster parents and foster child for a final decision regarding the placement.

Post placement services:

- Evaluation and analysis to be done by social worker with foster parents about what went wrong.
- By means of a counselling interview help foster parents come to terms with the fact that the child will not return.
- One visit by the foster parents after the child has been moved elsewhere should be compulsory.
- If foster parents are still motivated they should be referred to foster care co-ordinator for training.
- Foster child should be given the opportunity to work through the foster placement breakdown either individually or in a group situation.

4.2.9 Summary

The guidelines were presented at the end of the presentation and discussion of findings.

The results were discussed in relation to 5 major themes (Chapter 4 : 44). The following chapter presents the major conclusions and recommendations.

CHAPTER FIVE

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSIONS

a) The nature of foster placement breakdown

The damaging psychological effects of foster placement breakdown on the foster child has long been of concern to the practitioners at the child welfare agency at which this research was conducted. The loss of the foster family reinforces the child's belief that he or she is unloveable and not accepted as a family member, or that foster parents are unreliable and families are only temporary. It is this awareness that motivated the investigation of the nature of foster placement breakdown. The information obtained via the focus-groups, content analysis of case records and reconnaissance interviews with senior staff members established the following:

- the nature of foster placement breakdown is a complex process affected by many variables;
- practitioners' attempts to try and prevent foster placement breakdown by identifying predictive factors associated with stable placements has been unsuccessful. Several studies conducted in this regard revealed many contradictions;
- it is not always possible to prevent a foster placement breakdown;
- it seems the most that can be achieved is that by raising the practitioner's awareness and understanding of the nature of foster placement breakdown it will lead to the more effective management thereof, help to minimise the damaging effects it has on the foster child as well as reduce the incidence thereof;
- it is the multifaceted nature of foster placement breakdown that makes decision-making and management a complex task;
- practitioners agreed that the formulation of a guideline to assist social workers with the management of foster placement breakdown was therefore essential;

- it was decided that this guideline should consist of a list of high risk factors which predispose a foster placement to breakdown as well as management strategies.

b) Risk factors identified

Information in this regard was obtained via the focus group, content analysis of case records and reconnaissance interviews with senior staff members and presented in terms of the three role players, namely, the foster parents, foster child and social worker.

I. FOSTER PARENTS

(i) Training of foster parents:

Although the agency at which this study was conducted, held training sessions for foster parents, some gaps were evident in relation to the following:

- **'related' foster placements:**

It has been found that relatives who take on fostering of children have not been drawn into training. They have not come through the agency's formal screening procedures and therefore get lost in the system in comparison with foster parents who directly approach the agency. Therefore when faced with problems not only are they at a loss as to what to do, they also lack the perseverance and commitment towards the child (personally communicated by staff at child welfare agency, Cape Town : 1994).

- **lack of specialist training:**

In view of the large majority of foster children coming from traumatized backgrounds it is essential that foster parents receive specialized training in order to deal with this demanding task. The present training programme does not focus on specialist knowledge and skills required.

- **ongoing training workshops:**

In addition to the initial training programme that foster parents are expected to attend, the lack of ongoing training workshops was felt to be a weakness in the service provided. Ongoing training workshops would keep foster parents abreast of new developments and would also provide them with support and a sense of empowerment. Foster parents frequently request the termination of a placement because they feel they cannot cope with the foster child's problematic behaviour. Education and training could equip foster parents with the skills to deal with these problems.

(ii) Large age discrepancy between foster parents and foster children:

In a significant percentage of cases reviewed as well as feedback received from the focus groups it became apparent that problems in foster placement occur when children reach the adolescent stage. While this is acknowledged as a difficult developmental stage, a large number of adolescent foster children appear to be in the foster care of elderly foster parents. This generation gap creates difficulties in communication and disciplinary issues are particularly difficult to handle. Training could assist the foster parents in this regard.

(iii) Presence of additional stressors in foster family:

In foster families where other problems/stressors exist, for example marital discord, alcohol abuse, financial problems, death in the family, retrenchment, health problems, the foster parents' level of frustration tolerance is low and are prone to request termination of the placement when problems arise.

(iv) Lack of support from friends or extended family:

It has been found that foster families who are isolated are also vulnerable to foster placement breakdown.

(v) Lack of commitment by foster parents:

A large number of foster parents did not remain committed to their foster children when difficulties arose either because their initial motivation for fostering was suspect or because they lacked the resources to cope.

(vi) Lack of flexibility shown by foster parents:

Social workers complained of being unable to intervene constructively in problematic placements due to some foster parents being inflexible. These parents resist compromise and change. They very often find it difficult to ask the social worker for help and experience the social worker's contacts as a form of criticism or an interference. These foster parents often view visits from the biological parents as a threat.

II. THE FOSTER CHILD

(i) The behaviour of the foster child:

This was cited as the most prevalent reason for foster placement breakdown. Foster parents did not feel equipped to deal with behaviour problems such as the following:

- truanting
- substance abuse
- absconding from the foster home
- gangs
- defiant behaviour
- promiscuity
- stealing.

A good way of monitoring a child's behaviour and general functioning was via his scholastic performance and peer evaluation.

III. THE SOCIAL WORKER

(i) Overload:

Social workers expressed feelings of frustration at being overwhelmed by the number of cases on their caseload. This prevents them from rendering a 'quality' service. They feel that they are working in a reactive manner and not preventatively. They attend to problem areas too late and are sometimes unable to intervene due to pressure. In such a situation they are unable to be proactive in anticipating a breakdown.

(ii) *Inadequacy/inefficiency of casework method:*

In view of the high caseloads that social workers have, they felt that attending to each case by means of the casework method singularly was proving to be both ineffective and inefficient. Social workers should consider developing an alternative and more effective model of inexpensive service delivery, for example ongoing foster parent workshops, groups for foster children and community fostering centres.

(iii) *Lack of resources:*

Very often when faced with problematic behaviour social workers need to make referrals to specialized units. However this is problematic. Firstly because there is a lack of such resources. Secondly the few that are available usually have long waiting lists causing a delay in the problem being attended to. Once again, creative alternatives should be sought.

(iv) *Lack of supervisory direction and guidance:*

All the social workers in the focus-group as well as senior staff members interviewed felt that the present guidance given by supervisors were not adequate. Social workers felt that supervisors were far too concerned about statutory and administrative requirements. The therapeutic needs of the case were not sufficiently addressed. Training for supervisors should be considered.

(v) *Bureaucratic constraints which impede the effective management of foster placement breakdown:*

Social workers were of the opinion that bureaucratic requirements prevented them from dealing adequately with the effects of foster placement breakdown on the foster child and foster family. Issues of accountability were important. Ways and means should be found to balance both statutory and therapeutic issues. Other social workers found that bureaucratic constraints were used as an excuse to avoid emotionally laden placement issues.

(vi) *Lack of conflict resolution skills:*

It was established by the social workers that foster placement breakdown is often characterized by conflict. These social workers were not sufficiently skilled in resolving

conflict adequately and therefore sometimes terminated a placement prematurely. It was felt that social workers could benefit from in-service training in this regard.

c) Problems experienced with the management of foster placement breakdown

(i) Decision-making:

Social workers complained about the major decisions they have to make on their own and which impacts on people's lives. They do not have adequate supervision nor any other decision-making channel/resource that could assist them when confronted with a dilemma. There is a need for a set of guidelines and standard case review meetings to assist social workers with decision-making.

(ii) Guidelines:

In accordance with one of the research aims the process of developing a set of guidelines for the more effective management of foster placement breakdown was started in the focus groups. This group eventually managed to formulate a preliminary set of guidelines which could assist social workers with more effective management of foster care breakdown. It was agreed that a guideline was definitely needed and should be used as part of good practice in a child welfare agency.

(iii) Absence of post-placement services:

It was established those foster children who had experienced foster placement breakdown would benefit from a group experience. However due to practical constraints the establishment of such a group proved difficult. Furthermore the feelings of foster parents also needed to be dealt with since in most cases valuable resources were being lost. Thus, the residual feelings of the foster placement breakdown should be given due consideration.

5.2 RECOMMENDATIONS

(i) The foster parents

The present training programme needs to be reviewed. It should become more specialist and should be provided on an ongoing basis with foster parents being required to attend workshops offered on the various difficulties associated with foster care. There also needs to be closer liaison between the social worker involved in training and social workers responsible for supervising foster placements.

(ii) The foster child

Foster children where appropriate should be involved in the decision-making process that affects their lives. Groupwork should be considered as a method of meeting the foster child's emotional needs.

It has been found that when a foster child reaches the developmental stage of adolescence problems do arise. Groupwork could be used in a preventative manner as peer support is important to adolescents. This could lead to the earlier detection of problems.

(iii) The social worker

The agency and social work teams must find creative ways of reducing social workers' high caseloads. The agency could also do more to improve the social workers' ongoing in-service training programmes (conflict resolution skills, analytical/critical thinking). Social workers need to be supported and guided to make decisions that are in the best interests of the foster child. Case review meetings should become a standard requirement when a case is on the verge of experiencing a breakdown. Supervisors also need to be more alert and involved in the process.

(iv) Post-placement services

It was felt that the establishment of a support group for foster children who have experienced breakdown was essential. When a foster placement ends the family and the foster child experience bereavement. Nonetheless their losses are seldom recognised no process exists to help them deal with their grief. It was therefore felt that grief counselling should form an important part of groupwork offered to foster families who have suffered a foster placement breakdown.

(v) Preliminary set of guidelines

It is recommended that these guidelines be issued in a simple pamphlet form and could be used in various foster care agencies over the next two years, subsequent to which some review of these guidelines should be made. It is further recommended that this guideline be adapted and used in the case of breakdown in placements other than foster care for example adoption and residential care.

(vi) Agency structure and statutory requirements

It is recommended that the agency takes cognizance of some of the issues raised in this report so as to better facilitate its foster care programme. The therapeutic needs of a case require as much attention as the statutory obligations of a case.

(vii) Policy issues and lobbying

It is recommended that the relevant state departments be informed about the major findings for purposes of policy formulation and lobbying on behalf of the foster care programmes.

(viii) Future research

It is recommended that future research be done in the multi-faceted area of foster care. Longitudinal studies would be helpful to understand the dynamics of a successful placement.

Follow-up studies on children who have been in multiple placements may also shed some light on the impact of such placements. Pioneering innovative practice and documenting its impact could also prove beneficial.

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PERSONAL COMMUNICATION

CHILD WELFARE (1993) Personal Communication with Staff.
AGENCY

CHILD WELFARE (1994) Personal Communication with Staff.
AGENCY

A. FOSTER PARENTS:

D.O.B. F/F

F/M

OCCUPATION F/F

F/M

EDUCATIONAL STATUS:

TYPE OF PLACEMENT:

LENGTH OF PLACEMENT:

NO.OF OWN CHILDREN:

AGES:

STANDARDS AT SCHOOL:

1. Do the foster parents show an understanding of the child's patterns of interpersonal relationships?
2. Do they have an understanding of the vulnerable areas in the emotional make-up of the child that may be reactivated in the placement?
3. Do the foster parents present with stability of character and stability as a family unit?
4. Are they able to give affection and care for the child?
5. Do they recognize the temporary nature of the foster placement with the goal being to help the child return to his/her own parents?
6. Are the foster parents able to work co-operatively with the agency in fulfilling a shared responsibility?
7. Do they have the capacity to be giving persons without expecting immediate love and gratitude from the foster child?
8. Are they able to respond to learning experiences that include the use of casework services?
9. Do they possess the maturity needed to cope with the foster child's behaviour and their own feelings in a constructive manner?

10. Did the foster parents decide to foster a child because:
 - (i) companionship for themselves
 - (ii) companionship for their own child
 - (iii) compensation for their inability to adopt
 - (iv) to fill a void created by death of a natural child
 - (v) identification of less fortunate
 - (vi) community service
 - (vii) supplemental income
 - (viii) compensation for loss of own children who have left home
 - (ix) undoing parental deprivation
 - (x) general warmth for children
 - (xi) sense of obligation (child related)
11. Do foster parents have an understanding of the foster child's growth needs?
12. Do they respond appropriately to these needs?
13. Do foster parents have an understanding of difficult behaviour?
14. Do they respond appropriately to difficult behaviour?
15. The foster parents show an attitude of acceptance/tolerance regardless of child's behaviour?
16. The foster parents spend an adequate time helping the child with school work?
17. The foster parents spend time doing fun activities with the child?
18. The foster parents handle visits from the biological parents well?
19. The foster parents treat foster child equally in comparison to other children in the home?
20. The foster parents show ample affection to the foster child?
21. The foster parents take adequate care of the child's medical and other needs?
22. What is the foster mother's level of experience with children?
23. Are the foster parents able to be flexible?
24. Religiousness of the foster parents?
25. What is the foster parents' attitude toward supervision by the social worker?
26. Do the foster parents experience financial problems?

B. FOSTER CHILD:

D.O.B:

SEX:

SCHOOL STD:

DATE OF CCI:

REASON FOR REMOVAL:

REASON FOR CHILD NOT BEING RETURNED TO PARENTS:

1. There has been a significant decrease in the foster child's academic performance
2. The foster child's behaviour has become worse since his placement in foster care
The foster child has not adapted to the family structure
3. The foster child's behaviour at school is satisfactory i.r.o:
 - (i) behaviour in the classroom
 - (ii) relationship with peers
 - (iii) response to discipline
4. The foster child's social behaviour shows signs of empathy, sensitivity, and the development of a conscience
5. The foster child presents with one of the following behaviours:
 - aggressive behaviour
 - substance abuse
 - absconding from the foster home
 - association with gangs
 - defiant behaviour
 - promiscuity
 - stealing, lying
 - bedwetting
 - nightmares
 - withdrawn, sad
6. The foster child has been referred to a specialized unit in respect of the above
7. What has the nature of social work intervention been?
8. The foster child no longer wishes to remain in the placement

9. The foster child does have contact with his biological parents
10. This contact is experienced negatively by the foster child

C. SOCIAL WORKER:

AGE:

LENGTH OF SERVICE:

QUALIFICATION:

NO OF SOCIAL WORKERS INVOLVED IN CASE:

1. Nature of relationship between the social worker and foster parents.
2. Is there evidence of contracts drawn up by the social worker between herself and foster parents?
3. What is the permanency plan for the child?
4. Energy expended by the caseworker in respect of contacts and nature thereof?

D. BREAKDOWN:

1. Date of breakdown reported.
2. Date of foster child's transfer from foster placement
3. What caused the foster placement breakdown?
4. Was this problem of a longstanding nature?
5. What was the nature of services rendered by the social worker to manage the problem?
6. Why was it not successful?
7. Was the breakdown unexpected?
8. In cases where it was unexpected, what was the cause?
9. What precipitated the breakdown?
10. Who contacted and informed the social worker?
11. What was the nature of the relationship between the social worker and the foster parents?

12. What was the social worker's first response in her management of the breakdown?
13. What was the nature of her management plan?
14. Did the social worker receive any support from her supervisor in respect of the management of the foster placement breakdown?
15. What was the nature of this input? – see nature of supervisor's comments in files.
16. Was a case review meeting held with the supervisor and team members in respect of the management of the case?
17. Was a case review meeting held with the foster parents and the foster child?
18. Did the social worker receive pressure from supervisor re administration requirements?
19. Did the social worker experience pressure from the foster parents to remove the foster child as soon as possible?
20. The final decision to remove the child - was this taken alone by the social worker?
21. Did the social worker receive any guidance in respect of decisions related to the child's transfer or did he/she have to make these decisions on her own?
- 22/23. What was the nature of treatment services rendered to:
 - (i) foster child
 - (ii) foster parents
24. What were the practical experience problems experienced by the social worker that interfered with the management of breakdown?
25. What were the social workers' treatment recommendations for follow-up?
26. Number of previous breakdown experienced
27. What were the reasons for these breakdowns?
28. Was the foster child prepared for the transfer?

NAME:

POSITION HELD:

LENGTH OF SERVICE AT CHILD WELFARE:

AGE:

SOCIAL WORK QUALIFICATION:

1. What is your understanding of foster placement breakdown?
2. Is this an area of concern in your department?
3. What is the incidence of foster placement breakdown in your department?
4. What in particular about foster placement breakdown is of concern to you?
5. In your opinion what causes foster placement breakdown?
6. Can foster placement breakdown be prevented?
7. How is foster placement breakdown managed at your agency?
8. Are you satisfied that the emotional needs of the child experiencing foster placement breakdown are being met?
9. In terms of the following related placement breakdown, what impedes the effective management of foster placement breakdown?
 - (i) foster parents
 - (ii) foster child
 - (iii) social worker
 - (iv) agency
 - (v) supervisor
 - (vi) administrative requirements
 - (vii) external resources
10. What would you do to improve the efficacy of the management of foster placement breakdown in respect of:
 - (i) foster parents
 - (ii) foster child
 - (iii) social worker
 - (iv) agency

- (v) supervisor
- (vi) administrative requirements
- (vii) external resources

NAME:

POSITION HELD AT CHILD WELFARE SOCIETY:

LENGTH OF SERVICE AT THIS AGENCY:

AGE:

SOCIAL WORK QUALIFICATION:

YEARS OF EXPERIENCE IN THE FIELD/AREA OF FOSTER CARE:

1. What is your understanding of foster placement breakdown?
2. Is this an area of concern in your department?
3. What is the incidence of foster placement in you department?
4. What in particular about foster placement breakdown is of concern to you?
5. What causes a foster placement breakdown?
6. Can foster placement breakdown be prevented?
7. In what way can it be prevented?
8. How are foster placement breakdowns managed at your agency?
9. Are you satisfied that the emotional needs of the child experiencing a foster placement breakdown are being met?
10. What problems do social workers experience with foster parents when managing a foster placement breakdown?
11. What is it about foster children that impede the more effective management of foster placement breakdowns?
12. In what manner do social workers contribute to the ineffective management of foster placement breakdowns?
13. Which agency related factors impede/hinder the effective management of foster placement breakdowns?
14. Is the supervision that social workers presently adequate in helping them manager foster placement breakdown?
15. In your opinion what aspect of foster placement breakdown do social workers experience the most difficulty dealing with?
16. What are the administrative requirements related to a foster placement breakdown?

17. To what extent does this impede the effective management of the foster placement breakdown?
18. What problems have you experienced with external resources - how has this contributed to foster placement breakdown?
19. In cases where breakdown was managed effectively, what contributed to this?
20. What suggestions would you make to improve the management of foster placement breakdown in respect of the following?
 - (i) Foster parents
 - (ii) Foster child
 - (iii) Social worker
 - (iv) Agency
 - (v) Supervisor
 - (vi) Administrative requirements
 - (vii) External resources

- THEME:-
- Explanation of the purpose of the focus-group sessions.
 - Contracting with group members for six sessions.
 - Discussion regarding the nature of foster placement breakdown.

To start with explaining the purpose of these sessions. In my work I identified that foster placement breakdown was a problem.

It is an area that I thought needed some kind of research because of the effects Foster Placement breakdown has on the child concerned as well as on the foster parents and not excluding the social worker. Some social workers do at times experience it is as quite traumatic or at least feel that there is something that they should have done which they did not do, or if they had perhaps handled foster placement differently, it might not have broken down.

There are certain decisions social workers have to make with regards to a foster placement which they at times have difficulty making and in retrospect wonder whether perhaps the child should have gone to another foster placement or maybe the child would have been better off in a children's home, because possibly, a few months down the line, the new foster placement may also have problems. So one sits with these feelings that perhaps you did not make the right decisions.

What became apparent was that there wasn't a clear guideline which assists social workers in making that decision. There wasn't something that facilitated the process of making a decision that would be in the child's best interest, that would also help the foster parents.

Given that this is a situation similar to that of a child being removed from its parents and in that instance we have the child protection unit involved, which has developed a set of indicators and a 'fancy' abuse management model where there is a set management plan of what to do when a situation like that arises. In some cases I feel that a foster placement breakdown is similar, even though the nature of a case may be different, the child may need to be removed because of abuse or because the behaviour of the child is so bad, foster parents feel that they can't cope. It may not be an emergency but nevertheless the child still has to be taken out of a family that

he has become attached to and as such we owe it to our children to be more organised in our approach to the problem. So on that basis I felt that this was a good area to be researched.

I am not suggesting that in these five sessions we come up with the model answer, but we can start to think of ways to do it differently. We can identify problem areas and discuss how we could make improvements or adjustments.

Focus-group will consist of five sessions, each session has a definite theme, so it's important that we keep to that theme. The purpose is to come up with a draft set of guidelines on how to manage foster parent breakdown in a better manner. So we must identify problem areas and then make suggestions on how to manage these areas better. The draft guideline need only consist of a few pages.

I am preparing contracts for you to sign committing you to the dates agreed upon and to be present for these sessions. I will supply each of you with a copy at our next session. (Five people to attend 5/5 13/5 20/5 and 27/5.)

Let's start with the purpose of today's session and that is to talk about the problems experienced with the management of foster parent breakdown. Can you give examples of a case where you experienced foster parent breakdown and what were the issues that disturbed you? State problems generally experienced?

Circumstances that can lead to a breakdown

- A I find that children who are sexually abused or have a history of abuse, their acting out behaviour is very disturbing for foster parents.
- B Is there a specific age group?
- A I have found the specific age group of the child to be 8-10.
- B Foster parents couldn't handle foster child's acting out.
- C In one of my cases, a 2-year old child as well as 2 boys aged 6 and 7. There were years of allegations of abuse. I needed to get sworn statements from other people. The reason why I did not remove was because the foster parents and foster child had bonded. Social worker went there. Agony trying to make the right decision. However, foster parents were resistant and lacking in insight.

- D I had a similar case where the child was 7/8 months old. The foster child was attached to the foster mother who was very old. Although the foster mother was not able to care for the child adequately, there was a strong emotional bond.
- B I have a case where the child has been with her grandparents since she was born because the mother has an alcoholic problem. Now the grandparents have the mother living with them as well because she has been flopping around the streets for 20 years with her boyfriend. The boyfriend has now died, so the mother is off the streets and has come home. A decision has got to be made because the grandchild is now seeing the mother and until the mothers' circumstances change, the grandparents are torn between their daughter and their granddaughter. I'm in a position where I have got to decide whether I should work with the grandparents and try to get rid of the mother, getting her out of the house so that the child can be protected, or does one remove the granddaughter out of the house and away from the conflictual environment. The grandparents don't know what to do. It's very difficult for the grandparents to tell their daughter to go back into the streets as she keeps on coming home because she has no money and when she gets drunk someone brings her home. The granddaughter is exposed to all this emotional trauma. The child has been with the grandparents since she was born and is secure with them so it's difficult to remove her from this foster home. Very difficult decision.
- C It is difficult to work with biological families.
- E With some of my removals of placements of one year long, I have noticed parents are not informed about access.
- F Difficult decision, because foster parents not properly trained.
- E Social worker noted from the beginning. Foster mother said she did not know what foster care was at the Children's Court Inquiry. Thought she was feeling sad because the commissioner said that the children have to stay with her for two years. Things like that. I had three cases lately where foster parents were not properly informed about foster care.
- E I have had three cases lately....
- F What does that say about foster parents? Were they screened?
- E Not screened foster parents?

- B I think very often when children don't feel secure it is because of foster parents. You can only learn to be parents as you go along and I think maybe you've got to actually, it's not something you can ever prepare them for.
- C But I think screening does help.
- B Generally on a hundred percent level you can never prepare foster parents as children are developing. You have to work with foster parents to help them realise that things are going to be rough and it's not going to be easy, it's going to be lousy, the children are going to be awkward and you've got to actually lower people's expectations.
- D On the other hand, foster parents who have been screened, they feel they should know, therefore when problems crop up, they hesitate to ask for help. Problems arise when after fourteen years, the foster mother comes out with all kinds of problems.
- B You see, sometimes foster parents go into foster care for their own needs and that is where the problem lies very often, because the child is not satisfying their own needs and becomes difficult.
- F I think the issues we identified could be caused, for example, by poor screening, the attitude of the foster parents at the time of placement, doing it for their own need and the other think is the actual management. When you are faced with it, the decisions. None the less they are all related.

Where decision making is concerned, do you feel that you are supported enough when it comes to decision making?

A-G No.

B In terms of what?

F Say for example, you're faced with a dilemma, what do you do? Is it a decision you will have to come to on your own, or can you talk to your supervisor?

B Supervisor is useless. I will talk to the supervisor. I won't make the decision on my own. I would also talk to others about it.

F Do you think that these decisions you should be reaching on your own?

E&A It is important to discuss it in team meetings.

D Support from team can be useful.

G Older workers get less support and input from their Supervisors than new social workers and I think that Supervisors don't realize that we still input as some decisions involve ethical dilemmas, and I feel that either way you are going to lose.

F So what you are all saying is that you don't find that going to a supervisor is always useful? The literature suggests that when foster placement is breaking down, we know that it's the crises point, then at that point you would have a meeting with colleagues, team members, child, and at a later stage another meeting with the foster child. What do you think about that?

C-E-G Sounds like a good idea.

B I also think one must be clear Everyone can sit and be impartial and decide what is best, because at the end of the day it's the client who has to feel comfortable about it. It also helps the social worker not to take too much responsibility. You also put responsibility on the client.

F At the point of breakdown work with them, contract and agree to carry on, and all of a sudden they phone you and say they have had enough. How do you handle that? Because I'm sure that they have a lot of anger feelings towards the foster parents and I have worked with some cases where social workers have in fact just left parents alone. The foster parents have been so fed up that they have not included by the social workers in any way, in the decision making and have gone and made the decision and said, okay I don't want the child any more, the foster child must now go to another home.

After working with the child, counselling the child, doing the right thing, but it's just that the relationship with the foster parents has broken down. Have you had cases like that? (indistinct)

C I had a case where the foster mother was depressed. She was obese and was obviously emotionally unstable and there were lots of factors.

"Ek wil nie die kind hê nie. Vat hulle weg, vat sommer al die kinders weg." We did not do that, we didn't remove. We put them in foster share, just to relieve her. I'm not sure why.

C I think very often there's that kind of panic reaction from foster parents because of things getting too much. It's just a matter of riding through that moment with the

family and then the tough crises when they go back again. Do not overreact personally to foster parents. I really think one has to consciously throw it back to them because it is not for us to take responsibility, it is not for us to convince them. I've tried to.

F So do you think there is a role for crisis intervention?

B I would say sometimes.

F And this in itself may prevent breakdown?

B Yes, I think you can prevent breakdowns very often by the way you handle and treat the foster parent.

C Just exploring other factors, not such focusing on the child.

B Yes.

C To just normalise it.

G This doesn't always happen. I had one foster mother who wanted me to remove the child immediately and at the stage when I spoke to you it was for me. I felt that I couldn't leave the child there. The foster mother said the child was bad and I decided that it would be better to remove the child than to persuade her to keep it.

Changing the subject. I had a case where I had one view and that was I wanted to move the child immediately and I spoke to his grandfather and his stepfather about it, and at that stage when I spoke to you. I knew outright that I couldn't leave the child there because she had all these ideas of how bad the child is. The child is the devil's child and all that kind of thing and I feel that it is not a good thing for the child and we must rather help the mother to keep him. In that instance I decided to rather leave him with the mother than place him with strangers, but in some instances you are not always sure and you can't always do that, I don't think.

F What is your feeling about, your general gut feeling, about the incidence of foster placement breaking down? How do you feel? Do you think that to a large degree you are maybe preventing a lot that could break down and that maybe more should be breaking down?

B Are you talking more about the children's sake or the social worker's sake? When you say break down are you talking about removal? Is breakdown removal?

F Yes.

B Is that the definition?

F Let me give you a definition: I quote the National Foster Care Association premature ending of a placement, 1992. Ending process which requires the removal of the child from the foster parents' home.

As you will see by my case, I'm sure because we looked at the bonding, we prevented its breaking down, for 3 years, but it broke down anyway, and the case I am dealing with now, I have also been very concerned because of an alcoholic foster mother and her attachment to the child.

6 months have changed.

Might be able to prevent breakdowns anyway.

B One wonders if one should not remove them quicker then?

E What does this do to the child though?

D If I think of another case where the children were not in direct danger. We went to visit the children and discovered that the child wasn't in direct danger. We could not decide whether to remove or not. We discovered that the foster mother is actually quite sick. In spite of the foster mother's illness, they agreed with me that foster mother feeds the child and supervises the child well. At the time I really had difficulty deciding what to do.

B I wonder if it is our own needs. Sometimes it is a bit difficult for us to remove.

I can sometimes see that one cannot make clear decisions. It is a bit difficult. Because it's difficult to make these decisions. So maybe it is us, our training, with our ifs and our buts. Like a Sister from Child and Family Unit. She comes from a nursing background, she is not a social worker and she and I were sitting with this case and she said to me "You social workers, can't you make decisions? you are full of ifs and buts and I'm harder than you" and I said "I know, I'm a softie and I can't do it. I think it is difficult for us."

A It is difficult. There are two other foster children. All ifs and buts about why the child should not be removed. Another case of allegations of neglect. Difficulty deciding to remove, children bonded to foster parents, removed younger daughters. Difficult to decide why should you just remove younger child and not older ones. Older one is better able to protect himself.

- B We also see so many different aspects.
- C Guideline? Do you think having a guideline would have in fact helped you? Or do you think it is something that can only be dealt with, something you can discuss in your team meeting, or by having a case review. Agreement that case review would be useful.
- C I had a case of sexual abuse where Child Welfare was called in. The brother of the foster child who was also the grandchild, was allegedly being abused, then the danger of brother being abused too existed but this foster child and this grandmother had bonded.

It was terrible, we didn't remove the boy. Perpetrator was gone anyway and in fact I thought we would take this child back to its mother, but we didn't remove and I thought that just imagine if something had happened, they would have asked me.

So we decided not to remove and if you look at all the criteria, we should have removed.

- B In a way then I might be able to pick up something done to help clarify what is wrong as it is here. As long as it is not used in an inflexible way.

That's the only danger in a guideline, regarding it like that then it won't if you stick to it too rigidly. So it depends on our attitude, we should not become too dependent on it.

In effect you can't use it. Own attitude as well as agreement on need to look at other options or use it as a way of - it reminds me of the clients I had yesterday, who have great difficulty getting rid of their daughter, so what do they say?

- F We will tell her that the Welfare said you must go. Now that is understandable. It is easier for them to say that. It's like uncomfortable for them. Now we have to be careful of that too. So, are you saying that to counter what you need is a case review meeting?

Just another area now in relation to that set of guidelines. Do you have any problems with identifying when a case is on the verge of a breakdown? Is it something you can see quite easily, or is it something that suddenly dawns on you?

- F If it is clear, what are things that start happening that make you realise that a case is on the verge of a breakdown?

- D I am just thinking now of a case allocated to me recently. Some seem to me to be not too clear, but Behavioral Problems are more clear. No definite indicators that the child is going off on the wrong path. Something else might reflect that foster child is insecure. It depends on the child acting out. Problems are then easier to identify.
- F But what actually precipitates the removal?
- D Say you see that the child's not going to school. Smoking, coming in late, these are kinds of characteristics that foster parents complain about.
- F What actually makes you decide that one is on the verge of a breakdown?
- B I think it's the foster parents. At the end of the day they have decided that they are not going to foster the child any more. They come to the social worker only one it is out of control, instead of speaking up the first time the child stays out late or doesn't come home.
- G The foster children say that they can no longer live with foster parents. It depends on the foster parents.
- D Foster parents do not report problems soon enough. Chances of old foster parents changing ways is slim.
- B It depends on the type of placements. Are the placements faulty? This relates to the expectations of the foster parents: Are they going to help out for two years or only six months. I mean, very often children are put in foster care and then comes a time when, for different reasons, other decisions have to be made. Sometimes someone takes on her sister's child, but then her sister never gets her act together and she's still got the child. Now that's creating problems in the family, because they did not expect that they were going to foster this child indefinitely. So that is another aspect. Now they are fed up with their sister, not with the child. The husband can't stand the sister in law.
- F Just before we end, I'm going to listen to the tape again so that at our next session we can highlight what the common problem areas were, so that we can focus on these problems for the next meeting.

The other thing is treatment plans. How do you feel when you remove the child and you have now decided that the child must go to some other foster home or children's home? What are your feelings about what has happened to the child?

Given that the child already somehow feels rejected because it's been taken away from its own parents and so there are feelings of rejection with a very low self-esteem. It then gets removed from another foster placement. These have major physiological implications for that child. The cases you have removed, where the child has been removed from his or her foster placement, do you feel that treatment plans are adequate? What are your feelings about that?

- G I just think that in some cases, not all cases, it sometimes happens that when you have a crisis with a child, if you remove the child and now the child is happy and is settled, when you think about the child you feel relieved that the child is settled and you tend to forget about the child and no treatment is given to the child to keep the child with the new placement and to help him with the pain he goes through.
- C Let's be honest, do we have time to deal with these issues? New social workers are assigned. Even a referral to specialised unit, they take time to respond. What happens when you transferred a case and formulated a plan? There is no guarantee that it will be followed up, especially when you passed on to another social worker. Social worker involved with own cases, own issues, gets priority. In reality, give priority to own cases - do not have the time to get to new cases immediately.
- F Reality of way we work.
- D Should have a special person to deal with the hand over cases, so that children do not get lost in the system.
- A Where do we get the money for this?
- C This would involve too many changes for the child.
- D Didn't feel I wanted to pass one case. Decided to keep case because child trusted her. Everything had changed for the child, new school, family. I am the stable figure, hand over later to another social worker.
- G That sounds like an idea. The social worker is to keep a case until a child is settled, say three months after, or one can have a joint interview with the foster parent and new social worker taking over the case.

Don't feel comfortable handing over cases. Sometimes it's only the social worker that's a stable force in the child's life. New family new school and now they go and change the social worker too.

- B Social worker should be able to hand over a child only when she feels strongly that the time is right. She should be able to choose the replacement, you have an interview together with the client. It can work.
- B I have been to the ACVV with one of my clients. Said to social worker to look after her. Personal touch. You don't know if she is doing this.
- C There is no guarantee that the management plan will be carried through.
- B But that is as much as you can do.
- F How do you feel about how realistic it is to have a group of foster children who have experienced foster placement breakdown. Age difference and children living in difficult area, difficult to set up in reality.
- B The common thing is the breakdown. The fact that they are being removed to somebody else. I don't think one needs to be detailed about it. One could get a group in a particular area if they were removed "x" number of time. You never get a group of kids in the same age group. Need to deal with them individually.
- F So what does this mean? In terms of statistics, in this agency there have been ten to twelve breakdowns over the past year. Not for the whole department, just for our team - Wynberg. That is not a lot. Only last year though.

END OF SESSION

I managed to obtain information regarding the common areas where people have experienced problems with foster placement breakdown. Will organise next session. More literature to be brought in at later stage. Will discuss it fuller. Will fill in gaps next week.

- THEME:-
- Continue discussion regarding the nature of foster placement breakdown.
 - Identification of themes in respect of problem areas identified in the management of foster placement breakdown

F It wasn't too bad, but there were a few people I could not quite hear, eg. Speaker E. It is awkward, but I am just going to have to sort it out for the next four sessions.

B I have a loud voice. So you're going to do that for us.

F Speaker B spoke loudly enough. I could hear everything that you said.

B Oh really. I don't know how to take that.

F It was fairly clear, but I could not quite make out Speaker A and some of the others, but if people could just speak a little louder. New week I will have a microphone. I have just passed this around. It's just a format of the group sessions. You can have a look at it later.

To carry on from where we left off last week, having listened to the tape, the common areas that I identified that everybody was concerned about was that Foster Placement Breakdown is something that can sometimes be prevented and in other instances not. In some situations there is very little that the social worker can do about it. Everyone in the group agreed on this.

Another point is that everyone felt that decision making was the area that they had most difficulty with. Trying to decide what was best for the child and how to deal with Foster Placement breakdown. Foster Placement Breakdown is somehow more definite when a foster parent or foster child initiates it or if the foster parent says they have had enough and I don't want the child any more. That is usually quite final. It is very difficult at this stage to do anything about it.

The other aspect that made these cases difficult is when the case is passed on, with regards to the following through with treatment. If you are receiving a new case then it is difficult for you to follow through with the treatment plan because usually you have your own cases that are your priority, so getting another case is very difficult.

The above mentioned, are the agreed upon common trend and the group also agreed that the groupwork treatment option for children who had suffered family placement breakdown was a good idea, but that there are practical considerations that sometimes prevent this from happening.

This was all I could hear due to the quality of the recording, so I feel that what we need to do in this session is for me to give feedback on the literature and how it ties in with the group's response.

The group needs to organise their thoughts to prevent confusion. The important thing for this session is to discuss the four different areas.

Firstly, the agency itself. What about the agency is problematic or is experienced as a hinderance when you are faced with a foster placement breakdown.

What is it about the social worker? Is it a lack of knowledge? It is the fact that the social worker does not have enough supervision? Is it the lack of support? What is it about the supervisor and then what is it about the foster family?

To get back to the literature. According to an inquiry done by a government department, it was found that not enough was done to ensure that transfer of children was eliminated by means of the thorough selection of foster parents, matching, and then sufficient support systems for both foster child and foster parents. The other reason they gave with regard to the deficiencies in the present management of foster care. Foster children who are transferred from foster care to another institution or another foster placement are usually ill prepared for the foster placement, they often do not understand the true reason for the transfer. In addition many of them have been troubled with feelings which have not been worked through by their remover from their parental home and this aggravates their feelings of hopelessness and pain. They are suggesting that because the social worker is so overloaded, the children's needs are not met. When a child is transferred, it is found that the foster parents often do not maintain contact and the child once again finds himself cut off from the people that are important to him. So even if the child caused the breakdown and now the parents have had enough and don't want the child any more, but there is still a psychological bond.

- C Foster parents avoid contact in order to avoid pain. Social workers also avoid issues to avoid their own pain.
- F There was another article, this time the research was done overseas, where they also commented that social workers were questioned about the intervention, regarding children who have experienced foster placement breakdown and they came up with the following:

That social workers are hesitant to deal with separation issues because first of all they are scared to increase their own emotional burden, secondly there are feelings of guilt experienced by social workers about having contributed the foster placement breakdown.

The other thing that they also found is that social workers are scared to deal with these issues because they are scared of evoking feelings in the child which are going to lead to the child acting out. So they rather just leave it with the hope that things will sort themselves out, because if they are going to start now, by counselling the child about what happened....

- B It is all related to overload because if one had more time to work in a more qualitative way with the child and the family unit for example, then you are immediately working with these emotional issues and you have got the resources and a working rapport.
- C No, I don't think it is only the social worker, it is also in children's homes. The children are not sent for therapy when they are supposed to. They all work together in some peculiar way. I don't think it is only the social worker.
- B You get a place like the Child and Family Unit that specifically deals with emotionally disturbed children or acting out behaviour. It is because we have to work with so many different aspects affecting our work that we cannot go in-depth into the emotional aspects of our work. It requires time.
- F So I think that we are actually touching on the social worker aspect, that it has got to do with time. Do you agree that the children are not getting the kind of treatment that they should get because of time constraints and being overloaded.
- G Sometimes if you give that kind of in-depth therapy to one child, then the other children are basically left behind, because you give so much time to that one child, so somewhere somebody is lost.

Sometimes you spend so much time doing the removal, so at least when that is done you can get on this something else.

- C Bugged down by practical issues. I think one must look at the administrative side in terms of the practical arrangements that have to be made. You are bogged down with practical things...
- F Are you talking about the report writing?
- C Yes or statutory bureaucratic requirements. I do accept what you said, that even social workers do shy away from the emotional issues, then there is another thing that is standard procedure at children's homes, that in the first six weeks you should avoid contact with the child. I think that is cruel. It helps THEM (Children's Home) to deal with the child. When a child is transferred to a new foster home there is to be no contact with the previous people for the first six weeks. I think it should be the opposite. There should be increased contact for the first six weeks, even though the acting out is greater. That helps the child.
- B It makes it harder for the foster parents.
- C Yes it does.
- G The other thing about bureaucratic requirements is that when you are busy with a removal, not when a child wants to be removed, but when there is a problem with the foster parents, you are so into investigating to get all the information, that you don't give much attention to the child.
- F What else about the social worker? Do you feel that the social workers are adequately equipped in terms of their therapeutic skills?
- G It is not that they don't have the skills, they don't have the time.
- B Sometimes probably the awareness is the thing because if you are caught up in all the other stuff, then you actually forget.
- C I also think it is the emotional burden that one likes to shy away from, because of the emotions going in for you as the social worker counts a lot if you deal with emotions.
- B I also think it is a focus. You can actually be consciously not aware of it.
- F Why is it that bureaucratic requirement at times seems to take precedence over the child's emotional needs?
- B Because of external pressures.

- C Less of an emotional burden. It is easier to write a report than deal with a child that is upset and angry.
- B I don't think that that is true for me. I deal with the administrative requirements because I am getting a lot of flack from Head Office or the supervisor. The emotional stuff is your choice. No one is pushing you, asking you why you are not dealing with the pain in this child. The test of the productivity of the social worker is seen more by the volume of administrative tasks accomplished than by her therapeutic intervention.
- G I am just thinking, you said a trend that you noticed is that the actual removal only takes place when either the foster parent or the child complains. So in a way there is a lot more pressure to get the removal done, so in that process, you don't have the time to deal with the emotions. Foster parents and foster child put pressure on the social worker to act immediately.
- E It seems that supervisors should be made to focus on the child's emotional need, not just administrative requirements.
- B To get back to the guidelines and how to problem solve around these issues. Because we work in a bureaucratic structure, a supervisor has got to have a balanced approach to our work. If you supervise a group of people you must make them aware of all the difficult aspects.
- F Are you suggesting that at the moment, supervisors are not that balanced and that it seems to be more administratively orientated?
- G Our supervisor never gives us a time that the report must be in. He does not pressure us, although we do have to have our regulation fifteen reports by a certain date.
- C I still think that precedence because if you look in your diary and your stats, administration takes up a hang of a lot of time.
- G They do pressurise one to hand diary in on time, process notes must be up to date.
- C If they halved our case loads we would have quality time with the children.
- B Also we don't work in a therapeutic environment. It is not containing in that way. Lacks psychodynamic feeling.
- C The court structure runs the staff. Intervene in terms of the Child Care Act.

- B When people communicate they don't communicate on a psychodynamic level, like in other organisations. We operate on a superficial level.
- C Is it not the people/client we work with, who are more concrete in their thinking? If this is true, it is very important that the foster grant come through.
- B Bread and butter comes first. That's the essence. If that is not there, nothing else can be done - bread and butter issues.
- F So are you saying that the problem is therefore not agency related, but that our clients are concrete?
- B It is up to us to become more therapeutic.
- C Not true, need to go beyond this. The social worker should work through the agency.
- B It is easy to say that the organisation must become more therapeutically orientated, but is it realistic?
- E Is there a chance of our case loads dropping? I think there is more likely chance of it increasing.
- G If you look at all the organisations, like CMR, etc I don't think that any of them are that therapeutic, because they also don't have the time for it. It's only FAMSA who specialize in therapy.
- B If you are more therapeutic, do you think it is going to improve you foster care placements. In other words, if you are more therapeutic, are you going to improve your foster care placements and prevent foster care breakdowns, which will in effect decrease your work load?
- C I think you can, because you are dealing with problems right there and then. It is not repressed, coming up five years later as a much greater problem.
- G I can mention an example. I have a child that has been removed four times and now, after the fourth removal we got down to what the problem is. If we had sorted it out all those years ago, then all those removals might not have been necessary. So I definitely think that if we deal with the therapeutic side, it will reduce our work load.
- B It's interesting. If you work from a more positive side and focus on the therapeutic side, you will decrease the admin side.
- E There will be less removals.
- C For some time it could increase workload.

F To get back to the actual management of a breakdown, to get back to the social worker aspect, we said that it has to do with the high case load, but what exactly are the feelings with regard to the social worker management play in respect of dealing with and preventing foster placement breakdown? What needs to be changed?

G We need assistance and support in making decisions which we currently have to make alone.

F We need to distinguish what support is needed. Last week, case review meeting was mentioned as the answer. When faced with this, would you present the case to the group or supervisor and that facilitates decision making? Where then does the guideline come in? What purpose does it then serve?

G I think the guideline in a way will help you to see things on paper. It will help you make a decision, although you still need some input from others. That is why we mentioned the last time, that we need both.

F To get to the guideline. Where should it start? What should it contain? Should it start with a section on when a placement is at risk? Would that be necessary?

It could start with a section called detection, which would include indicators of when you would know that a placement is at a point of breakdown and a list of perpetuating factors. These are the chronic factors that have been there for a while.

C Need a list of perpetuating factors.

F Given your experience, what are perpetuating factors?

G Lack of understanding by foster parents for example. They don't understand why the child wants contact with its mother.

C It is not also lack of training?

B Problems between biological parents and foster parents, especially when biological and foster parents are related, is more common than problems between unrelated biological and foster mothers. It is harder to work with related families as issues become blurred because they are not as objective with one another. They are more emotionally involved with one another.

What is it about a case that is breaking down that makes it different from other cases? For example, the literature says that there is a conflict of interests from the foster parents.

- G One of the risk areas is in unrelated placements, when a child is becoming adolescent and the foster parent is for example 55 years old. The child does not understand its own emotions and adolescence is a very difficult time for the child. The foster parent cannot cope because of the great age difference.
- B Another risk area is unrealistic expectations, when foster parents foster a child for their own needs.
- F Okay, we have all agreed that we need a set of guidelines. Now where do we start? I think we have decided that to have a set of indicators is a good idea.
- B We probably need to start with training. Training of foster parents. What's different between fostering a child, compared to having your own child?
- G Can you put training into guidelines?
- B What aspects of training are you going to use so that the foster parents can be given specific guidelines?
- E Whoever trains the foster parents has to be aware of these aspects.
- B That is why your guidelines must link up with the foster child, because there are very specific aspects about parenting which foster parents are going to be trained in, and they need to be conscious of when having a foster child, rather than your own child.
- F Would the training aspect not come in with the treatment of relatives, because when you are faced with a breakdown, the first thing that I would do is to try to assess what is going on and try to prevent it. If not you are going to have to deal with it in a way that is in a child's best interests. In order to reach that point you need to highlight certain factors that make you aware that the placement is on the verge of breakdown. I am trying to find out where training comes into that.
- B I suppose I was going to use it as a form of comparison. Your question was where do you start a guideline, so I am just trying to find out just where you would start. That is probably why I said that. To use training as a yardstick.
- Placing a child in a home where there is such a big age gap should be a danger signal.
- F What can be done to make things easier on the social worker?
- G Do you think that untrained foster parents are a high risk area?
- C There are higher risks.

- G Maybe we should put it in. That if there is still time you can train the parents. Sometimes it is not that they are bad foster parents, they just need to be trained.
- F What would you say would make it easier for us social workers when there is a possibility of a breakdown? How can this guideline help.
- C There are several crisis factors, not necessarily related to the child, that could lead to Foster Placement Breakdown or recent complaints, example, increase in phone calls.
- F Can I just read something to you: "Strained by the relationship the foster child and foster family experiences an added personal crisis, like death of a close relative or marital discord." I think that is important. That is what I am trying to get at.
- Anyway, okay, so I think that was the other thing. As I said, there are certain things about a foster family that is breaking down that does distinguish it from other Foster Placement problems.
- B Ja that is true. Very important. Look, as I said, it is my experience that it is sometimes the foster child that is presenting behaviour problems, but the foster parents seem to have coped. There are complaints, but you continue giving input and giving support and somehow it manages to sustain itself, but then all of a sudden there are marital problems and it's all over.
- C What about, I'm just thinking of one of my cases now, a problem with behaviour like alcoholism in the foster parents. The foster parent won't complain, but you will find there are behaviour indicators at school, behaviour indicators from the child, that are attention seeking behaviour. That makes you wonder if everything is okay at home.
- F Just to ask you in relation to your own practical experience, in terms of Foster Placement Breakdown, have foster parents endured problems for a long period of time or do they give up quite easily?
- E I can reckon that I feel that they chose to foster, but they can choose to stop as well. I just feel that they start feeling that they have done their bit and they are not obliged to continue and that is the point. Nobody is obliged. There is no law that says you have to keep going for ever and ever, when you foster a child. I am just saying this from a foster parent's perspective. Personally I think that sometimes it is hard for them to actually acknowledge that they cannot do it any longer.

G I think that differs from foster parent to foster parent. It is not always the same. Some will give up easily and others will persevere.

F Just to summarise the different areas that the group has identified as problem areas and the things we need to look at when we are looking at the guidelines. Just to start off with the supervisor. The group seem to feel that the input that a supervisor gives needs to be more balanced. It should not just focus on what the priorities are as far as administration is concerned and should focus on the family concerned and on treatment the foster child needs.

I just want to check with you that is what was said. As far as the agency is concerned, the point was made that the Child Welfare Society is not really a therapeutic agency. Therefore people do not communicate on that level. The point was made that given the kind of clients that we work with and the nature of services we are to render, that sometimes we cannot be as therapeutic as we would like to be.

As far as the foster parents are concerned, the issue related to the Foster Placement Breakdown is that the social workers sometimes feel that the effective management of the foster placement breakdown is impeded as a result of the pressure that they receive from the foster parents and also sometimes from the foster children to act immediately.

I think this is related to the pressure of making some of the decisions. The foster parents are not even prepared to wait, wanting the child removed, so I think we need to concentrate on ways in which to deal with it.

As far as the social workers are concerned, social workers do sometimes tend to shy away from the emotional burden that goes with dealing with the foster placement breakdown and the child.

Then there is also the high case load that prevents the social worker from giving a therapeutic service.

As far as the administration is concerned, there is far too much pressure with regard to it. The process of validating investigation is time consuming.

Then there are external resources. The policy that there should be no contact in the first six weeks between the child and the foster parents. It is really not to the child's benefit. Then we spoke about indicators and so on.

Now I think, given this the next session will probably be a brain storming session in terms of what the possible solutions are. I do have some in terms of the literature and there are some interesting suggestions to getting around these issues, but I need your input as well.

- C Getting around what issues?
- F In terms of developing a guideline I would need to look at problem solving of what you identified as being problems. Part of the research is to have an indicator checklist.

- THEME:-
- Brainstorming: solutions to problem areas identified.
 - Crystallization of ideas into preliminary set of guidelines.

- F Having listened to the last session, the two things that came up for me was firstly the need to clarify two questions before we proceeded. I think it's quite clear it's been decided that a case review was important, everybody said that, to manage foster placement breakdown needed a case review meeting that in addition the guidelines would be useful. Now having gone through the problems experienced during a foster placement breakdown are, it struck me that we seem to know what we need to do about managing the breakdown problems. The foster child needs counselling. The foster parents would also need some counselling as far as dealing with what has happened, why it happened and assisting the child in making the transition to the new placement. This seems clear. So my question is, to what extent is the guideline going to serve a purpose? Does it serve the purpose of identifying when a case is on the verge of breakdown, or is it really going to assist you in terms of actually managing the foster placement breakdown?
- C I think that we can only draw up the criteria to make it clearer when you are on the verge of a breakdown, or not?
- F People don't seem unclear, in my mind, as to what to do and you must please agree or disagree with me on this, what you need to do when faced with foster placement breakdown.
- F It's not that you have a problem with. "if there is a breakdown, what must I do." It seems that people know, How is that guideline going to help you?
- C I think it will help you in showing you what you must do. I think that we need more though are indicators.
- C This would help you to manage the case better. If you have certain criteria to look at.
- F That is also what I concluded, but at the same time I do feel that although we know what to do is so far as managing foster placement breakdown is concerned . . . Okay,

I think that was something I just needed to clarify. Just to go back to what I said as far as management is concerned, we could still improve in certain areas. For example, I think that given what the literature said about the effect of breakdown on the children, it is important enough for us to have a group for children in foster placement breakdown, regardless of certain "excuses" that have been mentioned. I think we should still have such a group. It can be done.

- C I think that maybe we can afford to have a procedural manual again, because people seem to know what to do, but how often does it happen that all the steps are actually taken, so if you have a procedural manual, where you tick off what has been done, means more than just a guideline.

Do people adhere to guidelines? Not necessarily. That's basically up to you if you make use of it or not. I think that as far as a procedural manual is concerned that is also debatable. To what extent, I mean, we have a foster car manual where you have guidelines on what to do, for example, adoption report, Section 34 report, so when you are talking about a procedural manual, it is going to replace that?

- C No I'm talking, like the CCI procedure, You have to do this and this and this. Like you have to. I just mean it's more for accountability, so if you don't do it, then basically . . . It is agency procedure that you have to do it.

- B I have a problem with that, because it is so inflexible. Surely there is an in between? You don't have to have this rule book, it's like, once you have got something like that, they you kind of lose your initiative and creativity. I always have a problem with that. I like guidelines, which is an added tool you can use if you want to. An added tool is always a nice thing to have. It's a guideline though and not a hard and fast rule. I would be comfortable with that. If you are confused you think, oh let's have a look there, maybe that can help me.

- C But with a procedural manual you make sure at least that the child is seen, the parents are seen, that there are say five visits, or whatever, before you remove. That's what I am saying. That's why if you only have a guideline, you are not forced to do it. So I just remove and place them somewhere else. I'm not forced to actually adhere to certain procedure, that is I can only remove once I have seen the child twice, once I have seen the parents and the children so many times.

- B Is that important?
- C I think it is important.
- B I think it depends on the case and it depends on the circumstances. That is why I have a problem with that. because you can't make hard and fast rules about every family.
- C Okay, then you say, you have a crisis, you have to remove, but then you do your interviews afterwards. You don't just remove and then let it hang.
- E I agree in a way with Speaker C that if there is a guideline then at least you are sure that everybody is doing the same thing.
- F You mean procedural manual? Something that is needed to be adhered to.
- E Guideline or procedural manual, whatever.
- F A procedural manual is something that the agency has developed.
- B Factual stuff.
- F Whereas a guideline is something different. You don't necessarily have to stick to it. You can deviate from it.
- B I see a procedural manual more as a book of rules, which are factual. There is no ambiguity about it.
- G Wouldn't you say that everyone sort of does things their own way? There are no rules and maybe it a way by making that thing, whatever you want to call it, procedural manual or guideline, make that as a rule for everybody, then everybody will do things the same way.
- B That is what I am arguing about. We don't know whether that is necessary.
- E That is just what I am thinking, that isn't the idea. That is just going to be a guideline that you can use, if you feel like it. Who is going to use it?
- C But I am just looking back to the children's court enquiry. Look how more detailed we have become. We have to have a treatment plan, permanency plan. The reputed father is required to be at the children's court enquiry and while you are doing the different procedures you have to have the person, you have to have the mother at the court. A few years ago it wasn't so important, but now you have to have it because it is important, because people feel they have been left out, people feel they have not been dealt with properly and that is similar to what we are trying to do here.

- B Let's go back to the original idea of having a guideline. Is it important or is it just something nice to have?
- F I don't know. The initial idea was to help us manage foster family breakdown more effectively. There is the assumption that it is not being managed as effectively as it could be. That we also need something to assist us with decision making and this is where the guideline is expected to help you as far as management is concerned. I have got to see that we are clear on that. You know what you need when you are faced with the foster placement breakdown, but . . .
- B Like what?
- F It seems to me, like for example that when there is a foster placement breakdown, it means that the child is now needing to be removed and an alternative placement needs to be found. But before that in fact happens you need to have a few sessions with the family concerned.
- B My question is then, when you say the foster placement has broken down, what does that mean. Now that is where I would need the guideline, I mean, what do you mean the foster placement has broken down? It is very easy, everybody knows to take a child, I mean that is like, the crux of it is the bits before that, does the child need to be removed? That is where I see your guideline coming in far more useful. In other words, identifying high risk solutions. To me that is the gap. That is where the ambiguity come in decision making. Is this really a breakdown, is it really necessary to remove this child, or can we salvage the placement?
- F I don't know. I think that sometimes it is quite clear. Can we touch on your experiences of foster placement breakdown in respect of what Speaker B has said. Where you have experienced problems with decision making.
- B You can identify certain criteria, there must be a pattern somewhere. There must be some kind of research that was done. In comparison to alcoholism where you have in certain families high risk situations. Like for example maybe a high risk situation may be another crisis in the family.
- C We did mention that.
- E Didn't we?

- B We were talking about that. We brought that up before where you have done it. Something else happening which could put more stress on the family which then brings a high risk factor into the breakdown.
- F If we could just think back to our own cases. If I think of my own experience, when it is apparent that a child needs to be removed when the child is at risk physically; sex abuse, neglect. The case that I had difficulty with is when the child presents behaviour problems. Then it becomes ambiguous.
- B Yes, that is the whole point. The ambiguity of making that decision.
- F So I think if we could possibly clarify the problem of the more obvious signs, for example sexual abuse, physical abuse and neglect. As far as that is concerned, it is not difficult to make a decision. It is quite clear that the child is at risk. Where it becomes difficult is where there are behaviour problems. For example, this one case of mine where the foster parents said that this kind of behaviour they cannot tolerate any longer. So given that at the time the dilemma for me was whether to remove the foster child.
- C Where there are other stress factors at the same time that were there before? Was there any family member that had died, financial difficulty, trauma, added family members, any changes in the family that could be related to the sudden misbehaviour?
- B You see, given you example, now if you identify high risk areas in a family then you are working with that family to prevent foster placement breakdown. That is what you're trying to do. So if you can zoom in at an earlier stage you actually can diffuse an explosive situation. You can help work with the foster parents, because if you can work with them to like say, I have also had children. Recently I had these foster parents come in and they were just about at their wits end and they wanted to give up fostering because these children had run back to their mother and they had run away. So by sitting and talking to them and understanding them and hearing what they had to say it was diffused and the foster placement stayed intact.
- C But if you don't know how long ago, that may have already been too late. That may only now be a temporary stage and then they will run away again. You don't know. Well, what we are doing is we may be working with them, they might run away again,

but running away can be made to be expected. You can work with them. Work with the running away. You don't have to see it in that sense. You can work with it.

G What would you say to children who were running away? I have problems with a child that is running away.

Having helped the foster parents accept or understand the child's running away, you place the child back in this family. Is this what the child really wants?

B I have very clear ideas about that. As far as I am concerned, as I make decisions for children, children are not able to make decisions for themselves, they are too small, they do not know what is good for them. If you have a 12 or 13 year old that wants to go and live with their drug addict mother, they are not making the right decision. Their mother does not want them. That is often why they are not with their mother.

C Often the mothers do want the children.

B No that is different. It is very often, I would say, more often than not, the adult makes better decisions for the children. When they are small. When they are teenagers you almost have to be harder, because they run away at nothing. You asked me about running away. If the child says I don't want to stay here any more, you work with them, you ask them where are they running to, but in the back of your head you are trying to make the child stay.

B Where are they running to?

G The mother.

C Especially teenagers. They could be running away to give you a message. They are unhappy in their present home, but . . .

B My kids often want to run away from me as well and I am their mother. My point is that they have not got another mother to run to. That is the problem. I think this is often the thing with teenagers. They don't like rules and discipline – if they have got an option.

C I think one needs to also look at whether there were any previous complaints of misbehaviour. That they may be defused in the past.

B What is meant with additional stressors?

C This would happen in addition to child's behaviour problems.

F This refers to marital discord, financial problems.

- C Yes, that is right.
- F What other situations have you experienced problems in making decisions?
- C I have a problem at the moment where I am experiencing a decision making dilemma. A child is 15 years old. She is legally in foster care in Bokmakierrie. She goes to school in Hanover Park and lives with her aunt there. The foster mother gives R80,00. There the child should be with the aunt. Aunt does not want to cause problems. If you look at the history of the case, the family has been lying about where the child has been staying I think. The child should be transferred.
- B There is nothing the aunt can do with R80.
- C Exactly, so we discussed it and first it way yes, then it was no, because she isn't the one that brought up the child and does not want to take the child away from her. She feels that this other foster mother should actually be in control of everything, but she does not want the child.
- E Who doesn't
- C The sister and the foster mother.
- E Oh, like the two adults?
- G Is the problem not that the foster mother is attached to the child?
- C If I look back at the history of the case, that family has always been lying to the social worker. Pretending that this child was a problem.
- B They why?
- C Because of the resistance from the family. I would think that it should be transferred.
- B Why? This child does not live in the foster home. The child does not fit. You have a problem with policy. In terms of agency policy the child should be in foster care with her aunt. In terms of your own gut emotions, on a therapeutic level, it is working well for the family. It is obviously a very suitable arrangement. The problem between agency policy and what suits the family. If this wasn't a foster child no one would say anything.
- F That's right. So it's a problem then between agency policy and what is actually best for the case.

- C Look, that's what we also looked at. If you have a problem with a child, nobody would say anything. But just because it is a foster child now we have to clash with the agency policy.
- B I have a lot of problems, which is often what happens on my cases. That is why often agency policy is important because of its structure and organisation. It stops chaos, but it does not allow for clashes with social workers' therapeutic role to clients.
- F This is a longstanding problem. What is ethical in terms of agency policy and what is the social workers' ethical responsibility towards the client.
- B We are working with people, so at the end of the day families make arrangements too and if it is within a family setup, an aunt or a sister, as with your particular case, the child goes to a relation.
- C No, it is the sister of the foster mother.
- B Okay, so there is a sister and a foster mother, the child goes to school during the week and stays with the sister and then goes home to the foster mother on weekends because it is convenient.
- F Are there other problems?
- E I am thinking of one case where the foster mother is quite old, but the children have been with her for ten years, and she is actually getting senile. I am sure that if we remove those children now, she will probably die without them. In a way, I feel the children should be removed and in a way I don't feel that it is right. I feel a bit sorry for the foster mother.
- C I have a similar problem, of an elderly foster mother who since the death of her husband, about five years ago, has gone down more and more in terms of drinking and the child is misbehaving more and more, but she plays it down and now the child is ten. So I feel that in a way she is neglecting the child with her drinking. I feel I need to remove this child, but what is going to happen to that foster mother? She could go into a worse situation and worsen her drinking.
- B It is also attachment to foster children.
- C But is it a drinking problem? I think it has become alcohol dependency.
- F But there is the bond between them.

- C There is emotional bonding between foster mother and foster children. The problem for me is the ethical one. I remove this child and if the foster mother collapse I am responsible for the situation. What about alcohol abuse in the family? How many cases do we have where there is alcohol abuse? Where we are not sure what we should do.
- E There is a lot of it.
- F Especially cases where there is excessive drinking over weekends. The foster father works during the week and stays sober. This drinking over weekends is emotionally affecting the foster child. This child cannot then be described as being at risk.
- C Should one then maybe define that the more closely looked after, like to what extent does it affect the parenting skills of the parent? And to what extent does it affect the child emotionally?
- F I think even if we do not come up with a guideline at the end of these sessions we have identified areas where decision making is difficult. That is what we are saying. But, how is that guideline actually going to help?
- E Every case is different.
- C What about case load analysis forms, they also mention indicators.
- C So maybe the guidelines should be used at the stage where you need a case discussion.
- G That's why I said in the beginning that it is more a case of when do you know that a case is a potential breakdown?
- C That is where I start also.
- F It says here that the Foster Care Association of 1992 are of the opinion that the management of foster care breakdown is part of the social work. Firstly, increased level of tensions in the home. Secondly, people feel we should at each other and the children are shouted at repeatedly. Usually patterns of behaviour change, interfere with normal household routine. There are additional strained family relationships which include the disagreements about child management. There could be other problems like financial problems.

The other factor is foster child becomes centre of attraction. The family feels less positive about the ability as foster parents. The differences between the foster child and the rest of the family become more apparent. The foster parents increase

their telephone calls to the agency. They also present thee agency with minor problems which they could easily have solved themselves and school teachers and relatives also recognise changes in the family.

B Yes, that's right. That's where a guideline must be used.

E What do we still want to add?

B Those are all indicators. Are we supposed to be thinking of others?

F I know this is clear, but I think for research purposes.

G I was just thinking about shouting. A lot of us shout.

C Exactly!

B Then that is fine, because that is normal.

C But they are talking about the change plus I don't think we have such hands on contact, that we know that there is more shouting than before going on in the home.

B That is one example, but you can, they are not saying you are going to pick up on all those things. They were just examples and if there is any of that, that you can pick up on, the it is already alerting you to something. I think that is very real. I mean, like that one where they are actually phoning in on trivial things. It shows their whole coping mechanism is breaking down. So if any of those things are there, are happening, they you can stop it. I think it is very good.

C But I would add though for it to be of use to us we need to come up with our own ideas.

G There are other things, for example when a child runs away.

B Those children are at a severe stage. That is a severe behaviour indicator.

G That might be the first indicator. These are more subtle indicators.

G The should be included as well.

B I am not saying you must not. I am just saying I see a difference.

F The also suggest, in addition to having the above indicators, the following steps in management of foster placement breakdown should be considered. The first step in managing breakdown is to know that it is about to happen. Are there negative changes occurring in foster families that are not associates with normal testing out period? It is important to openly discuss feelings. They also say it is useful to keep a diary of events, noting observations of behaviour situations. The next thing is not

to blame anyone for what has happened. They suggest a case review meeting with foster family and foster child.

Okay, Fitzgerald says here "The paralysing effect of guilt about the failure can be eased off the social worker if he or she moves away from the model of practice based on success or failure. He also suggests the team approach to managing foster placement breakdown. He further suggests a case review meeting during placement, and before the breakdown the social worker should open up relationships with the foster parents and foster child. Openly discuss the breakdown. Consider whether you should try to save the placement and if not you should think about an alternative placement. During breakdown you should make sure that everyone has someone to talk to. You should encourage the family to tell the child what is happening. This separation includes both the child and the family and therefore both should be included. The family should be engaged to help the child. Should also set aside time to work with the child." (Fitzgerald: 1983) So my feeling was, that with some of the literature, was that they gave you their views of it. It wasn't a guideline as such.

B I just thought that while you were reading that bit, it sounded so nice, that we could have all that input on each family. It would be so nice. I mean, but it would take you about a week. We just don't have the time.

C But I just feel, to get off the subject for a bit, as far as it effects foster placement breakdown on the child is concerned, we cannot continue to say we don't have time. I want to make a suggestion that there has to be some form of treatment, example a group.

There has to be enough members/children to justify a group, there must be five or six breakdowns. Or if there are five or six breakdowns the children are in different age groups. Between 5 and 14 years old. You cannot put all these children into one group. So you don't have enough children in one age group to actually make up a group. So what happens then? Then transport is another problem. We have children from Sea Point, Heideveld, Hout Bay and Camps Bay.

F So what are we saying? We have to find transport to get the children there.

C I suggest something else, recruit volunteers.

B You could use the volunteers to transport children.

-
- C Who pays the petrol?
- B They do, because they volunteer.
- E But they volunteer their time, not the petrol. Would you be able to get somebody to take the children?
- F I think that we are getting somewhere. I think we are looking for something to help us in terms of making decisions in cases where decision making is difficult. That is the one thing. The other thing is that once we have decided to remove a child, the placement has broken down completely, we decided that we need to find the best way to help the child cope because in reality we don't have the time to engage in treatment with the child, so you have made suggestions as far as how we can do it. I think that when we have the guideline we should actually put the suggestions of volunteers in there.

idea about when you are faced with foster placement breakdown, to avoid as the literature says what sometimes makes social workers mismanage foster placement breakdown is that they tend to react in a panic state. They let the foster parents' state of panic become their own and they sometimes make decisions that are not in the best interests of the child. So to avoid that they are saying you can also have an emergency foster mother. That would slow down the process, while you are busy making decisions and while you are meeting, and that could also possibly prevent it. So it seems to me that management and prevention kind of go together.

G That is also how I see it.

B So although this particular task group has got to do specifically with management, you could have a spin off from that, that you are actually prevent the breakdown.

B That's right. You can't separate i.e. that sounds good.

B That's much better. It's clearer.

F Now the thing is, as far as management is concerned then, we need now to decide what we need in terms of guidelines.

G We decided what we wanted in the guidelines.

F It wasn't too clear. I think we gave ideas, we divided it up into what were the problems, first of all. We looked at what were the areas that we experienced problems in relation to the supervisor, the agency, the foster parents. What is it about ourselves (social workers) that we need to look at. What were the problems as far as administration was concerned and what were the problems we had with external resources. That makes it clear what the issues were that we experienced problems with but it does not help us in terms of getting the guideline formulated. Where do we need to start? Do we make a start with a heading like "Indicators"?

B Indicators meaning high risk situations? What do you mean by indicators?

F One of the characteristics of a placement that is on the verge of a breakdown.

B So it is high risk?

F What are the things that are there?

C But we looked at those.

F These are the things that we spoke about last week. So maybe that is what we need to do. Maybe we need to make a list.

- G I think at first we have to say, what do they want in the guideline. What is the heading for the guideline? Then we can fill it in, but I don't think we know exactly what we want.
- C I know what I want. I want a list, that I know I can tick off and I would structure it in three groups. The one is the child, any other family influence and the behaviour. The behaviour of the child, the behaviour of the foster parents and other indicators.
- G But what I am saying is where do we go from here? What else do we want in that guideline? Is that all?
- C No, then you go to management.
- G That is what I am saying. How far must the guideline take us? What are the headings going to be?
- C Okay, then you have crisis intervention. Short term and long term. Short terms is like you have three sessions with the parents, two sessions with the child.
- B That is the management side.
- G Should that be on the guideline?
- B Yes! I don't know if we need that?
- F You would need that because this a guideline for management. So you need to give people suggestions of what to do. For example if you look at your sexual abuse manual, they have a list of indicators. For example if so many apply, then you remove the child. I don't know if we can apply the same thing.
- B I don't like that. It is so cut and dried. What about your grey areas? I am afraid of this because what must be built into this is flexibility. You don't want to say right, tick tick tick tick, there are so many ticks, right remove. That is what one has to be really careful of, because we work in a very policy orientated organisation. So we have to be very careful. Do you know what I am saying? One has to put big warning signs somewhere in the guideline and say, "This is just a guideline, please take it at face value. Please don't use it like a bible."
- G We are still going to have case review meetings. We are not just going to make decisions according to the guideline. It is still going to be discussed.
- B So the guideline is just an added tool, to be used and put into perspective.

- G That will also help, I think you said it was somewhere in a book, about being panic struck and you act hastily and by having certain things you can do, it helps you to also think more clearly.
- B Yes, that is right. It helps you to use your thoughts, rather than your feelings. I had, only yesterday a woman phoned in to say she does not want these children any more. I did not panic, I actually felt quite angry. That is what happens to me. I think to myself, I asked her if she went for training, so she said, no, she did not go for training. So I said, well this is the problem with foster placements. I asked her whether she knew what to expect when she became a foster mother, nobody said it was going to be easy, so she said, "Yes, but I did it out of the goodness of my heart, because it was my brother's child, but the children don't want to be with me any more, so they must rather go back to their granny. I don't want them if they don't want to be with me any more". She is so uninformed as a foster parent. I think it is really important to bring this out with your research, that it does not matter, and I have piles of related cases; they never go for training.
- F I agree with that too. I also have piles of related cases and it's either grannies or aunties, that out of a sense of obligation, take the children.
- C But we have asked now that there must be an investigation. Every case. Even if it is an old foster mother, if she gets a new child she must go for training.
- F I have many cases. Those are the ones that you have difficulty with. For example even as far as the social worker's visits, I have a very middle class family, they own their own business and they are the type of family who solve their own problems. They don't phone and they take pride in the fact that they can sort out problems and they are quite irritated with the social worker coming to visit because they take it as an insult. They see it as something they are not doing right, but they don't understand and I have had to explain to them why, so now they have a better understanding. So training is definitely very important, but you still have to get back to the guidelines.
- Yes. I think Speaker C's suggestion is a good place to start, but then it is very similar to this, to this case load analysis, where we maybe divide it up into sections and then identify what it is.

- B It is sort of linked to what we are saying now, because you need to see in the guideline whether they have been for training or not, because if they have not gone for training, they are a high risk family.
- F And you want to add that into the guideline?
- B Yes. I think your guideline has got to be very down to earth and practical, if it is going to be of use and it has got to be put in very ordinary language so that everybody just understands. Simple.
- F So we can start off by having a heading or something with Foster Parents. So the first thing that you mention now is training. Have foster parents received training?
- G Are we now thinking of high risks areas, of foster parents? Maybe you have "Die ouers se ouderdom en hulle se verhouding met die kind." Old age foster parents with teenage foster children.
- F Just write this down. We have got here, age of foster parents. That is usually a generation gap. Is that what you are referring to?
- C Age of foster parents in relation to that of the child?
- B It is also quite important, the foster parent's reason for fostering. Example, money, own needs, obligation.
- C Then you obviously define all those things, because people will get confused. What do you mean by obligation?
- B You must be very specific. I think this already looks too complicated. You have to be very concrete.
- C What do you mean by money? Define. What is too little money? What is the general income? There are statistics. The breadline. If the income is below the breadline there is already a warning signal. So I think you need to define.
- F If foster parent's income is below the breadline.
- B Basically what we are saying is, it is the reason for, it's the motive behind fostering. If it is for a selfish reason.
- C So maybe you can say the, if foster parent's reasons for fostering is anything other than altruistic.
- B I think it has also to do with the lack of own children. They have no idea what it is like to have a child.

- G Do you think that is a problem?
- B It can be. If you foster a child and you don't have any parenting skills, you do it for selfish reasons, you want a child because you don't have a child, then as soon as the child gives any problems you think, oh give it back.
- G I think if they foster a child because they don't have any children of their own, they are better foster parents because they really take that child as their own child. That is what I think.
- C Statistically that is what Tom found out. Most parents who become foster parents, are foster parents because they were fostered themselves. So obviously you already have someone who was neglected by their mother and they will not be able to provide in the same way. So that could be own needs as well. It's like why do we become social workers.
- B That is a good question.
- C It's because we want to feel and maybe they want to feel needed.
- F Some of us become social workers because we have been indoctrinated into helping other people.
- B I became a social worker because I wanted to find out how people's brains worked. I'm still finding out.
- C So with own needs you are saying, an example being if foster parents were foster children. Maybe some of their own needs were not met and that is why they are having foster children. To meet their needs. They want to be needed by a child, not because a child needs them.
- B In other words, as a parent, being a parent, we have to be very unselfish. Children do not satisfy your needs. The more you try that the harder you go and the more you expect children to satisfy your needs the more upset you get and the more disillusioned you become with children. Basically children are there because they need to be looked after, not for them to look after you.
- C That also refers to immature mothers who see the child as an extension of themselves.
- F Immature mother, not related to age.

- B Basically if a mother has been inadequately nurtured when they were growing up, then people are not able to give when they are adults. When they have been deprived in any way.
- F That does not only apply to foster mothers, it can apply to foster fathers as well.
- B So I think, in terms of this, it is really important to explore the reasons why parents want to foster. Explore quite thoroughly and that would come into training.
- F I am not quite sure what the training screening situation is at the moment, but something that did come up about the quality of screening done, is that because people are desperate for foster parents, it has been lowered.
- B I agree with you. You have got to bring in practical implications. And this is what you sit with. This is idealistic. What we are saying is idealistic it is your goal, but it is always the lack of foster parents, and the number of children that need to be put somewhere, that you have to lower standards.
- F Those are all reasons for screening more thoroughly. What else do we want to add to that?
- B High risk areas.
- C Marital discord. You could even have a drinking problem here. Substance abuse. Any other personal problems. What do you mean by any other personal problems? Marital discord is general conflict at home. Arguments, fighting, verbal abuse, physical abuse. Just the husband and wife. Not being able to get on with one another. Substance abuse.
- F I just have a feeling that we are going to do this every week.
- C No we must just work through this and we must try to implement it and see if it works.
- G Financial problems.
- C Yes well there must be other income besides the foster grant.
- G What I understood was that the foster grant was the reason why they fostered children. They are fostering because of the grant. They don't have any income.
- G Financial problems can start at a later stage.

- B Another high risk area could be isolation. Like a single foster mother or a single foster father. They have not got much support. They have not got friends or family support. They are sitting there battling away on their own.
- B I think another high risk area is when you have a difference between say the husband and wife or the couple living together, in terms of whether they want to foster this child or not. In other words, it could be a family where say the foster mother is fostering her sister's child, but her husband does not approve.
- E Is that not a problem that should have been sorted out before fostering?
- F I don't think that they would be accepted as foster parents, but I think that the situation you are referring to, very often with related cases, they do get chosen.
- B Yes, then the high risk comes when there is disagreement between the couple in terms of whether they want to keep this child or not.
- C I think that financial problems do play a role in the sense that it is part of the stress level. So if the husband or both lose their job or get retrenched, this could just be part of all the other problems, then the child also starts playing up becoming misbehaved. So that is just the stress level.
- G So you won't remove because of financial problems, but financial problems can lead to other things.
- B I think another quite interesting high risk area would be, level of flexibility of foster parents. Whether they are very rigid. Whether they can compromise, whether they can go with the flow.
- C Would flexibility not fall in with meeting the child's needs?
- B Not necessarily. You have a crisis situation. A child suddenly falls down and breaks his arm. The foster mother has had a stressful day, she comes home and the child has left his blazer and all his books at school and she has to cook and her husband come home and he has had a bad day, and now your level of flexibility comes in here. Where you have to cope with ten different things all at once. Now if you are a very rigid person, you can't handle it, because you cannot with all these different things happening all at once. You probably have a fight with your husband, you probably shout and scream at the child and they will have a nervous breakdown or you can respond in a more calm way and say, Okay, let's go to school and get your stuff. The

- husband can start doing the cooking, or you could ask him to help by going to the school and fetching ...
- C I think what you are saying is quite normal. I would also have a fight with my husband and scream at the child. If the child then runs away, then I think there will be more stress.
- B Yes, but this builds up. The child will only run away if it is treated badly every time the stress level goes up. All families have stress, but the more flexible you are, the more you can diffuse the situations, which could eventually prevent the child from running away. Are you with me?
- C Not really.
- F I think if they have a level of flexibility, they can cope with unplanned stress better than if they are rigid. If they are rigid then they cannot cope with that and that could impact on their parenting skills as far as the child is concerned.
- B And the happiness of the child living in the foster home.
- F Their expectations of the child will also be quite rigid. You have got to be home at such and such a time, you have got to do this, etc.
- G What I was thinking of, for example, a foster mother who wants a child home at 7 o'clock, it does not matter whether he is 15, 18, the time is still 7 o'clock, and the child wants to be set in at 10 and the mother is not willing to compromise.
- F I agree with you.
- C I also agree with you, but how do you define the level of flexibility? I have here Level of Flexibility.
- F Are they able to compromise.
- C Is that not stress?
- B No, it is not stress, it is being able to bend. It is able to compromise. It is those things.
- C If I look at all the discussions we have had. If somebody reads that, they need to understand immediately what is meant. Therefore if we are saying level of flexibility then the reader needs to understand.
- B How you can compromise, how you can bend. Whether you can negotiate.

- F Would problem solving also go in there? If you are rigid it would be part of it. I think especially in relation to teenagers. That is just one example. What else is there in relation to foster parents that we need to look at? The example here is attitude problems from birth parents, regarding access.
- G That can lead to a breakdown.
- B You see that also comes into compromise and flexibility. How open are the foster parents to the children seeing their biological parents. It is a very important aspect. It can create a lot of problems if they are not. Especially if the children want to see their biological parents and the biological parents want to see their children, then as a foster parent you have to understand it is a critical thing.
- C What about co-operation with the social worker? How do you define co-operation?
- B Whether they are able to co-operate with the social worker. Whether they are able to just recognise that they could benefit from help. Whether they have the insight to realise it.
- E This is not something that will lead to a breakdown.
- C This is it, you will need ... This is like a high risk area. So obviously if you have more than one, if you only have the foster parents no co-operating with the social worker, obviously that is not enough. I think what we need to define is that you will need at least three to five risk areas. I know that is why I removed the children.
- B Absolutely.
- G I had a case this week, I don't know whether you will consider it a high risk area, where the foster mother does not realise when the child is wrong, she basically thinks the child is an angel and she always takes the child's side. At school we have had problems, but according to her the teachers are wrong.
- C Over protectiveness. But when would removal take place in that case? Probably when the child goes out of the way.
- B In other words she is not able to discipline the child.
- G It's not really that, she just does not want to deal with the problem. It is easier for her to think that the child is okay.
- C I have a case where when there is a problem at school the children are just placed into another school.

- G That is precisely what she is doing now.
- B The child is not wrong, it is the school that is wrong. That is common, because parents don't like to recognise that their children could be wrong.
- C Over identification of the child. No, over protectiveness.
I think it is more avoidance. Avoidance of problems because people today are generally quite stressed and they deny that there are problems because that is going to be quite disruptive if she was to accept that this child was problematic.
- B It is just a normal reaction to not wanting to face reality.
- C Well I think that I can imagine that if this foster mother is avoiding that kind of problem then she avoids other problems in her life as well.
- F Do you think that that basically covers the foster parents? Can we move on?
- B Did you put co-operation with social worker?
- F Yes, I put there foster parents' ability to handle access. Foster parents' ability to handle the role of the social worker.
- B That is not specific enough. What does that mean? We have heard that millions of times. It is very difficult to reach out and ask for help. That is basic. When you break your arm you go to the doctor, it is easy. But when you need help on a psychological and emotional level, it is very difficult to accept that. I think that is the crux of that. As you said, a lot of foster parents feel insulted if you interfere with their running of their home.
- G Would that lead to breakdown?
- B It could.
- G Is it a high risk area?
- B Yes. What happens is the foster parents, only when it is almost at the end of the road, do they actually come and say to you, take this child.
- G I agree, but it could go the other way round as well.
- B There is a balance though.
- G I was wondering whether it was a high risk area.
- B The only reason that it could be a high risk area, is when there are particular problems going on and they are not telling you, because they don't want you to think that there are problems because they take it personally.

- G When are you going to say the foster parents is not co-operating.
- C When there are more than a certain number of criteria. More than three or five.
- B Yes, you never use one.
- G But I am speaking specifically about co-operation. When are you going to tick that off.
- C When I experience that the foster mother is not co-operating and resisting to come to the office. She does not respond to my phone calls. When I do home visits, she does not want to listen to the social worker and only wants to give her story. She is resistant to going to any kind of training. That is not co-operation.
- G You see, I see when a child has been with the foster mother for a long time, and that foster mother is willing to see you. She is not eager to attend meetings. She does not really need that. Now when are you going to say this mother needs to co-operate and when she doesn't? When are you going to say that?
- C When there are areas of concern, like there have been allegations that they are confused, there are allegations that the children are ill-treated, then I go and discuss it with the foster mother and she said, "I don't need any parenting skills because I have done that for the past "x" number of years. I don't need any treatment." That is unco-operativeness.
- B There are certain foster parents who you don't need to work with at all, because everything is fine. You don't need to visit them and they don't need to phone you. I have thousands of cases like that and I don't go and visit people that don't need to be visited. In fact I don't visit people very often at all. I get them to come to the office, but I know what you are saying. Be careful. Just because they don't contact you, does not mean that everything is fine.
- F Can we go on to the foster child or is there something you want to add to this?
- G I was just wondering about the access.
- F I have got here: Foster parents' ability to handle access.
- G When is that a high risk area. I just want clarity about it. I did not know this. Because I don't agree with that either.
- C I think it could become a high risk if the child is attached to the parent, and the foster parent does not allow regular access, or makes it difficult by not co-operating, saying

that the mother can come on Saturday and then the family goes out. Or the foster mother says yes you can come and when she does, she does not make the mother feel welcome in the house. Because of this the child starts to rebel against the foster mother.

B What is your experience with access?

G I don't really have a problem with it. My one foster mother does not feel positive about it, but she allows it and the child is going to the mother. I told her to come to me when there are problems.

C I have a problem where a biological mother who is personally disordered. So she always complains to me about not being allowed to have the child, but I also know the way of the foster mother and I know that the child does not want to go. But I don't think that that could lead to breakdown.

F I just want to clarify something before we move on to the foster child. Say for example we have these lists of indicators and say three apply, then what do we do?

G If three apply then one is alert. That's what.

C Then one can start with intervention?

B Not necessarily. It just makes you aware.

C It means that the family gets more attention.

B Correct. So one has to be very careful with a guideline. Don't go and think, Oh red light, or green light.

C It's an orange light.

B Yes, it is a warning signal.

F What was the first one? Training. Have foster parents received training. I think I am just a bit concerned. It seems to me that we are actually using this in a sense, but the difference will be that with this particular guideline, you need to be quite clear as far as management is concerned, otherwise there is going to be no difference.

C The difference is that you don't do this with every single case.

B It is different. The focus is different. The emphasis is different.

G It will probably look different. It might have similar indicators, but it is different. That is why I asked about access problems.

- F I think what we should decide on today is that our next session must be to go purely to management. That will be our last session before evaluation. I think we must be quite clear. What do we mean when we say identify three of these. We are alerted but then what must we do. Are we just alerted or must we call the family in for family therapy sessions?
- B I would say we are alerted and that is it.
- C I agree with you. We are alerted, but you must do something with it.
- B You can focus more on that family. You can fill them in, go and visit them, that is why you want it.
- F Say for example, you are already faced with a breakdown. I think you are going to have to divide management into two parts. Probably putting it under the heading "Case on the verge of breakdown" and then the heading "Breakdown" would be the second stage. What then would your management be? Those are the kinds of questions that we need to think about.
- G Maybe you can put it in one. If it is a breakdown these are the steps. You can also evaluate whether there is time for certain steps in between.
- B I think it is simple. Before breakdown and after breakdown. Before breakdown, during breakdown and after breakdown. Have you got your pointers? Before breakdown those were the things that would occur. During breakdown is the next step, but you still wanted to do high risk areas for the child. Put there before breakdown.
- F That makes things clear.
- C We spoke about the general things, abuse, physical abuse, neglect, all the normal criteria that we use when we meet our parents.
- F Shouldn't you write down first what we have? From this one? Physical abuse, sexual abuse, neglect, behaviour. The first thing was the child's behaviour. The other thing that I have written here, we have already discussed. That is related to the foster parents. Behaviour would include bunking school, substance abuse, absconding from their foster home.
- B These are all kind of big areas.
- F Association with gangs.

- G Does that include discipline problems?
- B Those things that you have mentioned now are major behaviour problems. You know what I mean. They are very major problems before breakdown.
- F Are there other behaviour problems that you can think of? I am just thinking of one of my cases. Where the foster mother first wanted the child to be removed. When she tells the child to be in at 10 o'clock, she comes in at 12 o'clock at night. In the afternoons she is out all the time. That kind of thing. Not listening.
- B Well that is not major stuff. When they start bunking school, substance abuse, that is major stuff compared to not listening to the foster mother, but it is still an issue.
- F How would one word that?
- B Just not listening to the foster mother/parents.
- G Can't you just put it down as discipline problems?
- B That is very broad. What does that mean?
- B Not listening, not co-operating, not adhering to rules, as set out by foster parents.
- F What else as far as the foster child?
- B What about underachievement at school? I mean in terms of emotional problems. When there is a change in their achievement at school. It could be an indicator that something is really wrong at home. A high risk area.
- F These are high risk areas when a case is on the verge of breakdown.
- B If you have got a child that gets 80% in maths normally and then suddenly over a period of time he is getting 40%.
- G What I am saying is that is like an indicator that something is wrong, but it is not really the problem that will lead to a breakdown.
- E So maybe we should put that under behaviour then.
- F If a child all of a sudden does badly, that is an indicator, but not something that can cause a breakdown.
- C Oh, but it can be because if there are quite severe emotional problems then ...
- F That is what I am saying, is that it is an indicator of something else that is wrong.
- C Well, that is what you want. That is a concrete indicator that you can actually see and the teacher can then alert you. You need to be alerted, that is what this is all about. You may not know that there are emotional problems going on at home. The only

way you know is by the child underachieving at school. I know that from my own experience. I know what you are saying, but what I am saying is you are going to put that down as a high risk area when you tick off ...

C Yes, but it is just one of many. You cannot use it in isolation. You can use none of them in isolation. So for example you could say substance abuse and change of academic performance.

B Or you could have something like marital conflict, low achieving, you have to actually use your brain. You have to put it all together. If there is a marital problem at home, or the child is underachieving at school, then you are getting a picture. You must not see this separately. The "Foster Child" section of indicators must be seen in conjunction with the "Foster Parents" section of indicators.

B Absolutely. I mean the child lives with the foster parents. You cannot look at the behaviour of the child in isolation. You have got to look at what is happening in the whole family setup.

G And if somebody else is filling in that form and they see high risk area. What is a high risk area in poor performance at school. How do they mark that off? Is poor performance really a high risk area?

B No, I am not saying that, I am saying a change in performance. A child may always be low academically, you cannot take that. Only when there is a change in performance.

G What I am saying is that if there is a change in performance at school, you must first look at what has led to that.

C But that is what was said. You have to look at it in relation to the foster parents, not on its own. I just feel that it is an indicator, not a high risk area and we are not looking at indicators.

B I just feel that it is an indicator, not a high risk area and we are not looking at indicators.

G But we are looking at indicators.

B We are not.

G Well what are we looking at?

C At high risk areas.

THEME:- • Compiling preliminary set of guidelines

- F Last session we made a list of all the criteria before breakdown. So today we are going to look at during breakdown. It needs to be more focused.
- C You drew up a questionnaire or something, can't we compare what you drew up?
- F It's not like this. It has an Indicator Checklist written at the top and then a whole list of indicators. It's not words, it is basically statements pertaining to characteristics of family placement breakdown which I have had to stick off as it applies to that case or not.
- C Is there anything similar to what we have put here?
- F In a sense it is similar in that it has some of the things we have put here.
- G I still experience problems with childless foster parents. No I don't believe that is true. But I also find a childless couple are better. I think in a way that if a childless couple foster a baby, that parent would be a better foster parent than others who have their own child.
- F Okay let's start here.
- C I like the list of indicators, because I find that better than saying before breakdown, during breakdown and after breakdown. If you have a list of indicators, you just tick off and you say that if you have more than X amount then this is what you do. Then you go into management. You do X, Y and Z.
- F We can still have something like that. I hear what you are saying but this is not what this is going to be like eventually, but the reason why during breakdown is here is that during breakdown is also synonymous with management. During breakdown is what the social worker should be doing. Because before breakdown, if these things apply then there are certain things that we would do for example call people in, have interviews, you would assess if a referral to a specialised unit is necessary, then you do that. But during breakdown is slightly different.
- C So are you still having risk indicators during breakdown or won't you have that?

- E All you have is management during breakdown. The indicators are all here for before breakdown.
- C I tell you why, because we decided to draw up a guideline before breakdown, during breakdown and after breakdown. I am just wondering, if that is a good idea.
- G I think speaker B has a suggestion and I don't know if she means that we have to look at what we must do before, during and after breakdown.
- C I think that is relevant, but to use the same list for before, during and after. No the indicators are for before. During breakdown it is already broken down. It does make sense, but I was just wondering whether we are talking the same language.
- F I am just thinking now, during breakdown would be slightly different. I just wondered if one could not say something like, should more than three indicators exist that we have already mentioned, and in addition to what I mentioned before when I spoke about the high tension in the home, lots of screaming, foster parents should phone the social worker more often than usual. That would probably be what would happen during breakdown. Before breakdown you sometimes just have these things, you could have the fact that the foster parent have not received training and they are inflexible. These are warning signs that things are not well, but it does not necessarily mean that the placement is going to break down. When it is breaking down then the foster mother is phoning often. You have a better idea that she is not coping.
- C I think that foster placement breakdown is, when the foster parent says I don't want to keep this child or when the child says, Cheers guys, I don't want to live here any more. Breaking down is when one of the parties says, no further, I have had enough. Or the social worker decides.
- F Breakdown is when the placement ends. Be it that the foster child does not want to be there any more or the foster parents don't want the child, or the child is being sexually abused, whatever.
- C I agree that should three or more of the above conditions apply the social worker should be alerted to the fact that the foster placement is in need of more intensive intervention. And what is meant by more intensive intervention is like from 1 to 5. It must be very clear.

- F Can I just make a distinction here between when one reaches the point where you have decided whether you are going to save the placement or not. So if you have decided you are going to save this then you would probably either contract with that family for about 3 months. Would that be the norm? And if necessary refer the child to a specialised unit or what ever the case may be, or other resources if you feel the need. But in a situation where for example you have decided a child is to be placed elsewhere, the concern was the social worker is under pressure to find a placement immediately and the way they deal with that is to make more use of emergency placements. I don't think that that is a good idea. How do you people feel about that? When actually making that decision, instead of feeling the need to find the next best placement, that in the interim that while that decision is being made, we can rather make use of emergency foster parents.
- Remember we spoke about using children's homes as interim placements.
- F So you would agree with this?
- C You see I feel a children's home is a more neutral place, a place of safety. In another foster home, bonding may take place.
- F I think the purpose of this would be where evaluation and analysis takes place, so that you can learn from what went wrong in the old foster placement and if it does not re-occur you can determine that the child is perhaps not suitable for foster placement and maybe a children's home would be a better idea.
- G In a way they are placing the child in an emergency home and this gives one a chance to do this.
- F Because I think what is happening now is that the foster parents sometimes phone us, but we are under such pressure, that we don't actually evaluate properly.
- What we are talking about now is management. More so than the indicators. I don't think that we have actually sorted that bit out. However, I think we can stay here. I don't want to confuse people. We are jumping all over the place. We can continue talking about management, but I don't think we have sorted out the first section.
- C Sorry, it is my fault. Okay, so have we changed the emergency foster parent to the emergency home?

- F Would a placement in a children's home for approximately three months be too long for a child?
- G No I don't think so. It's a good place for a child because during that time you can ask for an assessment, a psychological assessment, they do that.
- F The other suggestion I have here has more to do with training than with what we are doing, but I was thinking that if one could make a suggestion to the social worker who does the screening, that when foster parents agree to become foster parents or are approved that they sign an agreement with the agency, a working agreement, where they say that in an event of a breakdown, because at this point they should be educated that a breakdown is possible, in event of a breakdown, they will give the agency approximately 3 months to sort it out. Because I think a lot of foster parents can have unrealistic expectations therefore they are not prepared to wait.
- G Some parents do, but the problem is when the child runs away and ends the placement prematurely. It is difficult to place these children in a children's home.
- C I think it can be negotiated. At least for 6 weeks or so.
So what we are saying here is a period of 6 weeks to three months.
- G I also don't think 3 months, I think if we could make it a must for 3 months. We can work out the problems within 4 weeks or replace the child.
- F I am just wondering now, before we jump in, I wonder if I should go through this? Actually read through it. Okay. Should more than three of the above criteria apply, the social worker should be alerted to the fact that the foster placement is in need of more intensive intervention and I have got here, with the exception of 2.A which would be managed according to the abuse and neglect manual. That is if the child is being sexually abused. What is meant with intensive intervention. Contact with the collateral source in respect of the foster child's present functioning in the total sense. It would include interviews with the child concerned in respect of the problem identified, interviews with the foster parents and interviews with both the foster parents and the foster child. I think that is standard procedure. We do that already. That is what we do when there is a problem.
- G You mentioned, for instance, three interviews. Are we not going to make it more specific? May be it would be better to just leave it.

F After the co-joint interviews, one would then reach the point where a case review is then required. I felt that it should not just be a closed meeting between the social worker, here colleague and her supervisor or senior, but also a case review with the foster child and foster parents. I don't know if I am overlapping what I have already said.

G When is the meeting between all, including the foster parents and foster child?

F It would be probably be when you have come back from your meeting with your team members and you have made an assessment, so it is all a kind of finalising; coming together and reaching a plan of action.

G I think that that should in any case be done.

B Well I do think it is a valid point, that you could have a case review meeting with the social workers, because a case review is different to the normal interview. With the normal interview you talked about problems, but with a case review you look at the reasons why the child was placed there, where must they go to, what happened and what caused the breakdown. You can have the whole team, plus the child, plus the biological mother and the foster mother, when you present the case to your colleagues and have the foster parents of the child there.

G Our clients would find it difficult to set down and open up to strangers.

F So what must happen here is that you go to case review with your colleagues first so that they can help you with decision making and then go back to the foster parents and the child, but then that discussion should involve them, because it is not that you are going back with your decision, because we could make that mistake that we decide without our colleagues and then go back and tell the foster parents what we have decided. We should keep in mind the importance of getting them involved in decision making, so that they do not feel that decisions are being made for them.

Okay, now the next thing we have here is decision making in future management of foster child, in terms of what would be in the best interests of the child. That is the premise on which decisions are made. It is not the next step, it is just a thought.

The next one is should the decision be that the placement should be saved, the social worker should consider the following: contracting with the foster family for three months and if necessary a referral to a specialised unit. If the placement has already

broken down, as this often occurs unexpectedly, because social workers never know when foster parents or a foster child intending to end a placement.

- C I would not, as a social worker, say never knows. I think I would not even say "as this often occurs unexpectedly", because if a placement has broken down, it does sometimes happen unexpectedly, but I would not say "as it often occurs" and "a social worker never knows". You have your risk factors. If a placement has broken down you do the following, not as it often happens because a social worker is not really important.
- G But I think what speaker F is trying to say there is if it happens without your seeing the risk factors.
- C Then say, if placement has already broken down unexpectedly. I would just say if placement breaks down unexpectedly, that is what you do.
- F Scratch out everything else.
- C Fine
- F I need to decide now whether this is necessary as well. Avoid responding hastily to fears of anxiety, anger or guilt, projected on to her by foster parents or a child.
- C Can't we just say, avoid responding hastily to feelings of anxiety, guilt or anger. Not the projected on to her by foster parents. It does not matter, you can have feelings of anxiety etc. for any kind of reason, it need not necessarily be a projection. It could be you own guilt.
- F You are right. It is not always from foster parents. Don't assign blame to anyone for what is happening, as foster placement breakdown is complex process, usually occurring as a result of several factors.
- C I just wonder if we can't say just breakdown fullstop. Leave the rest again.
- F Fine, and allow all concerned to have a say. Listen carefully. It sounds obvious. You know what I mean.
- C But still I think treat it as reminders. Don't over respond with your feelings. Don't assign blame. Allow everybody to have a say. It is easier to say to this, do that do that. Why is not important at that stage.
- G You should know why.

- F Help the family explain to the child what is happening. Then I think it does not flow so nicely because now I feel one should have continued here with further steps for the social worker. You know what I am saying. It does not quite flow into the next point. If the foster parents and foster child can no longer be with each other, a placement with an emergency foster parent or a children's home should be considered for a period of three months. A working agreement should be drawn up in respect of this arrangement for a final decision regarding placement to be made after three months. Obviously this can be reworded again and edited as we are doing.
- C I just think that with each other a placement works can be left out. If the foster parent and foster child can no longer bear to be under the same roof, an emergency foster placement should be considered. Should arranged.
- F What we should say is, an emergency placement with a foster parent or children's home.
- G A place of safety. I had a case where the foster mother once had a big fight with the foster child, to the point where they both felt that this was not going to work. But a couple of months down the line, she regretted that, people change, and what you feel at the time is not necessarily what you feel in future. So this kind of thing gives one the opportunity to kind of calm down. And in that case if I place a child into a place of safety, the child could have gone back.
- F And then of course some or other working agreement. That was just an afterthought. The next point is quite long here. When foster parents are approved, they should agree in writing, as part of their working agreement with the agency, to give a social worker approximately three months' notice. As you give a social worker approximately three months' notice. As you see though it is not just the foster parents. The foster child sometimes does not want to be with the foster parents any more.
- C It might not be such a bad idea if like with teenagers. Impulsive teenagers who just decide to leave.
- ^ Yes, but when they are placed in foster care they are not always teenagers and you can't expect them to sign an agreement then.

- F So it is then when the foster parents want to end a placement. Then I have got, post-placement services, an evaluation and analysis to be done by social worker with foster parents about what went wrong.
- G I don't like it, should be post-breakdown. It was after the placement has broken down.
- C It can be post placement as well.
- G I think we need to distinguish here if this is across the board or this only in situations where the child is now in a place of safety.
- F Say for example the child does not go into a placement.
- G I was thinking that we basically only have three month period in a place of safety with the emergency thing, where placement has broken down unexpectedly, and then you are saying the foster parents must give us three months' notice, now if they give us three months' notice, must we still place the child in a place of safety?
- F I think so. Not necessarily with every case. I think the exception those children that are at risk. I think that this applies to situations where the child is quite clearly at risk, you are not going to try to put the child back. Then that would fall away.
- G So in a way even if it is in abuse case, it would be better for a child to go where he can get treatment, i.e. a place of safety.
- C I am specifically thinking about the removal of the poor children, where in a sense it would have been extremely difficult to say, listen, these are the problems we are observing, if they don't improve, we remove. Because this is like, I get feedback from neighbours or from mothers, that they are drinking. I am not there, I have never seen them drunk, I have seen the physically abuse, the children don't talk to me, but they are at risk. They had to removed.
- G So what are you doing?
- C What I am saying that this does not always work. The three months. I am a social worker and I have decided that this placement needs to end.
- G The three months' notice is just when the foster parents want to end placement.
- C We can say here, if the placement breaks down unexpectedly. Say if I as the social worker decides that this placement has to end. What are my guidelines?
- G In a way, if you are the social worker and you remove the child and place the child in a place of safety for three months and you feel that you can still work on the

drinking problem, the children might go back. I think in a way it also helps the foster parents. You are giving them a chance.

F Is there a chance of something like this coming off?

G What I know is that Tenteden does take children when you don't have a plan of action yet. With them you can ask for an evaluation and assessment and they can help you from their side. Then you can make a decision out should the child go to and institution or foster home. I don't know about the other institutions.

C Annie Starke does not take children who do not go to school, and they won't take a three year old or so.

G Tom said that he is trying to sort that out with Annie Starke for that problem.

F So what you are saying is that the problem is already being addressed, so it could become a reality when children go to a place of safety.

The next point here, evaluation analysis done by social worker when foster parents can't help themselves. This could happen during the three months.

G I think what you suggested previously about evaluation, working with the foster parents, having interviews with them, so that the same mistake does not happen again. I think that should go forward.

C You have already done the evaluation by deciding, at the time of case review, and decided that it is not going to work, so it is not a very good question. It is a repeat.

Shouldn't post placement services focus on reconstruction of the foster placement? If that is possible, or coming to terms with the child not returning.

F My feeling is that in reality we don't often help foster parents come to terms with the child not being returned. Sometimes we do, but in instances where it has broken down and we have decided that the child will not be going back, we tend to forget about those foster parents. We concentrate on the new placement and getting that to work.

C But I still think that that should be a post placement service. It is like a bereavement visit. One session. Let's say like it was said here. Interviews with foster parents on coming to terms with the breakdown. That could be interview or interviews.

G My problem is just that I see my clients after it has broken down. Some of them even attend our meetings afterwards, but when is it enough. When can you terminate the whole thing and decide you can go on now? It is your own decision.

- C You have the same problem here. This is only a guideline.
- G You can assess that.
- C How do you assess when they say they are fine now?
- C Look I think that is a matter between you and your foster parents. You come to a decision and say we have been seeing each other for the past six months, I get the feeling, being a social worker that it is enough now.
- F Your interest is in the child and your focus is on the new placement to ensure that things go well. So you are not really concerned about the old couple.
- C I think that one visit should be compulsory after breakdown and removal.
- F Then possibly, I was thinking, I don't know if this falls within our role, but I think what happens sometimes is we are losing foster parents who could foster again. Do you think so? A foster placement that breaks down, it is because the foster parents are not making an effort, that they don't have the skills? Perhaps they are not right for that child, but they could be right for another child. What should we be doing? Should we only have one visit as compulsory and should we feel that they still have potential we should refer them back for training? That is if they are still interested. If they are still motivated and suitable.
- G Say for instance a case where the child has run away and it is really not the foster parents' fault, and that foster parent is still interested in fostering again, should that parent also go for training again? Say she is a good foster parent.
- F Maybe the training would help her work through, because the social worker might be somewhat hesitant.
- G So you feel that if the foster parent does not want to foster again, she must go for training again?
- F I don't disagree or agree, I am just not sure.
- C The post placement service first, did we scrap evaluating analysis done by social worker or are we keeping that?
- F No you changed that to reconstruction or coming to terms. You are either going to reconstruct placement or you are going to help the foster parent come to terms with the child's not returning.
- C And number G? Number G is No service. Is that just a comment?

- F Yes, that is definitely just a comment. Okay, scrap that one as well.
And then, foster parents should be engaged to help child move?
- E That is not post breakdown
- C Exactly! I think we should scrap that one, because we are saying the breakdown has already taken place, a place of safety for the child has already been arranged. So maybe foster parents should be engaged to help the child move, should be part of number A, whatever, Roman H, F.
- F So you are saying that when a child is moved, you should actually go with it. This might be necessary with some cases, but this should be applied with discretion. At times it may be necessary and at times not. I think with younger children it may be necessary, but with teenagers, they are so fed-up they don't want to see the foster parents.
- C Well still think that foster parents should be engaged to help, if it doesn't work it doesn't work, but you should still try.
- F So this must be F. Okay, now the next thing is about helping the foster child work through the breakdown and his feelings. What are we going to do there? Do I kind of go back to what we said about a group, if necessary, and that we are going to have to make use of volunteers. We did say that practically it is not feasible because people are living all over the show, but if somebody would take the responsibility to get a group of volunteers organised, maybe for the Hanover Park area, if the children can be fetched this side and given a central point where they can meet.
- G I don't know about the age groups. Maybe what we can do is have a monthly or six monthly list, of children and their ages, and then is we see that there is a need for a group, or there is possibility that a group can be made up, then we can do that. Every month write down in your diary.
- F So in fact we must assess whether there is a potential for a group, but in the meantime, if there isn't then the responsibility lies with the social worker of the case to deal with it. But what happens if the child is in a place of safety? Do you then arrange to see the child at the institute?
- G I get invited usually. But I still think that is where the child is going to stay for three months. I think it is difficult because that is where the child is going to stay for three

months, that is where the child will be on a day to day basis. The child care worker could be the key person to help here.

G But I just think that with the three months interim placement, that the social worker should be there because the child might still be returned.

C Yes, but I still think that the work will be done on the new placement.

F I am just a bit concerned, I think the reason why we are doing this is because we are concerned about the effect the breakdown has on the child and the separation the child has to experience, so we as social workers are then saying that the child care worker must work with the foster child. The child is experiencing another separation and should have something to hold on to.

You know what I am saying, that the loss of foster parent, in a sense, although there is this possibility of him going back, but he has been separated from them because it is not working and goes into a totally new placement and then he has got to kind of establish a relationship with the child care worker, about what has happened.

C He needs a link with the foster agency.

F You do?

C Yes.

F But what about his relationship with that social worker, who might be continuously supervising the placement thereafter? It is just more people involved. Let's be realistic.

C I don't think that it is realistic that we are going to give intensive service to a child that for three months is not going to be debatable. It is unrealistic. You do it maybe on a one monthly basis. Every four weeks.

G Now what are you going to do with the child that is with an emergency mother?

C The same. The social worker is still the liaison officer, the mediator. I do not think that you can expect of the social worker to do therapeutic work there.

G If a child is with an emergency mother, who is going to work through that child's feelings?

C The foster mother. The emergency foster mother, with the help of the social worker. Obviously you keep in contact, but I don't think it is realistic that you as the social worker are going to be able to go there on a regular basis to help this child move. It is idealistic, wonderful, but I wonder if it is realistic.

Well I think it is also depends on the age. If I look at this little child that was a three year old, I went first, I went two days later, then a week later, then two weeks later, because I am the link, and she needs to have a positive link from outside. She needs it, but with the boy at Annie Starke, where I went a week later, I had telephonic contact with the child and I have not been for three weeks. I am just linking with them on a telephonic level, to see how they are doing, because I would like to see them more often. I have not been able to.

G I am just thinking about when I placed this child, and I was so glad to be rid of his problem and what did I find out later? That one of his problems is people leaving his life all the time and I did the same thing to him.

C But are you really leaving? You are still here. You are still the social worker.

G No, but I did not see him for how long.

C That is fine.

G He needs physical contact. He does not need telephonic contact.

F It might not be realistic, but I do think we need contact with the child. Help build in, into the child, the whole separation, helping him deal with the fact that he has been separated and the loss he feels is not him. So it seems also that the social worker can counsel where she can.

I still think that the social worker should be making more of an effort as far as group visits is are concerned. I think the children are being lost a little bit. If they can have something like a group.

C I think a group is good. They need something, but this group thing should be done by the agency. Group should be done by the agency at which child is placed.

- THEME:-
- Reaching consensus
 - Termination and evaluation

- F I just want to reiterate what I said earlier and that is that I thought, just before we start evaluating, to start clarifying the first section of the guideline. The rough guideline that we drew up. People indicated in the previous session that the section before breakdown needs to be refined. So if we can go through that for this session and then we can evaluate afterwards. The other point that I wanted to pick up on before we start that, was that Speaker C mentioned she had a problem with regard to the heading before breakdown, during breakdown, after breakdown. Have you managed to sort that out? I think we eventually decided that it would stay like that.
- G I think it was only the last one, we said Post Breakdown Service, we must just change the Post Placement to Post Breakdown and then we decided everything else stays the same.
- F Fine, so if we can just get started with the first section. It says here fore parents. In terms of the wording I think that there will be a language and grammar problem, but that will be sorted out, but just to start off with the first one. We felt that if these indicators should apply then social workers should be alerted to the fact that the case needs intensive intervention.
- C Sorry, don't we just say there are indicators. It does not say anywhere, at the top it says Guidelines for Effective Management, it says before breakdown foster parents, it does not say that they are indicators. Maybe it should be part of the heading. The second part actually says Case Review and Post Breakdown Service, that is the management. So before breakdown is actually not management, it is indicators or risk factors.
- F So before breakdown you have risk factors, and then you have your heading, Foster Parents.
- C Risk Factors that could lead to breakdown.
- B Or just High Risk Areas, you have got the word breakdown already. The first one, Risk areas that lead to breakdown, are you happy with that?

- C Yes, that's fine. No, Speaker B is saying not to repeat the word breakdown.
- G Just make it simple, before breakdown – High Risk Areas.
- F Okay, then under the heading Foster Parents, Foster Parents have not received training. Untrained foster parents. Are we going to look at grammar now too?
- C We could, it would make things easier. Untrained foster parents. That would be the first one. Then you can just say, age discrepancy between foster parents and foster child. Large age difference.
- F Okay. For example. Then you can say, motivation for fostering.
- C I would leave out, this has been primarily to meet the needs of the child, I would leave that out and just say Primary Motivation for fostering. 1. Money; 2. Own needs; 3. Sense of obligation.
- B The clearer and simpler, the better.
- G That number four that you have put there, childless couples, are you going to keep that in there?
- F I have marked that off there, so it is out. I don't think that childless couples should be encouraged to foster, especially if they have intentions of adopting because very often that becomes a very difficult placement to supervise as they can't deal with access. They have their own expectations to adopt.
- G Could you perhaps word it in another way. Childless couples where adoption is a feasibility. I don't think that would be a problem.
- F It depends on the case. In a situation where adoption is not appropriate, and the child was returned to the mother, then it is problematic.
- C Childless couple lack of child rearing experience.
- F Does this fit in here or should this be on its own?
- G You must look now whether the motivation for fostering is a problem.
- B Repeat that bit again.
- F Motivation for fostering. High risk areas, (a) foster grant; (b) their own needs; (c) sense of obligation.
- B I think basically that if your motivation is at fault, there could be a problem if, it is just to get a foster grant. It is not a serious problem.
- C If your primary motivation is money, yes it is a problem.

- B Not necessarily, because you could have this child for ages, but just to get a foster grant brings in a bit of income.
- C No, that is not a problem. A problem is if you keep a child for the money and not for love. That is exactly what we are saying. We said that the foster parents motivation for fostering: 1. money.
- B Oh, I see, Primary Motivation.
- G Maybe you should add those words in there.
- C You should add primary motivation.
- F The next point is additional crisis in foster family. Is it necessary to say for example, Marital Discord, Physical Abuse, Sex Abuse, fear of retrenchment, health problems (mental or physical)? Yes.
- B I just keep on thinking how wordy this all gets, when you are just looking at criteria.
- C It needs to be quite clear.
- C That is why you need examples, to make it all clear.
- F When you are listing criteria, it has go to be precise, but it must not be sentences, should be in point form.
- B Then you don't have to set out examples because we know that additional crisis are in a foster family. What we have to be alert to are the additional crisis, we don't need it to be spelled out to us, we know what they are.
- C No, I think you have got to be specific to help the social worker.
- B Then you can give one example, you don't need to give ten, because when you are reading it you get tired of reading all the examples.
- G But would it not be easier if you have a list to tick off? There is financial problems, there is health problems, etc. You see it in front of you and you don't have to still think.
- B Do you read all that stuff about explanations?
- G I do!
- C That is what the guideline is for.
- B But it is so laborious.
- C But only then can you do it properly.
- B I don't agree. I think that if there is additional crisis in a family, you know that.

- C But your interpretation of additional crisis is different to mine. So if you have examples, you clarify it for everybody.
- B What happens if there is a crisis that does not appear on the book? What are you going to do then? Then there are going to be problems because people are going to say, Oh dear, this is not on the form, this is not an additional crisis then.
- C You have to be flexible as well.
- F The next one is Isolation of Foster Parents. Does one need to say lack of support from family and friends?
- B But that is what it means to be isolated.
- C You need to be clear about your terms. You need to define the word isolation, so that people understand.
- B You don't even have to put the word isolation. You can put lack of family support, or lack of support. Why put isolation?
- F The next one is Isolation of Foster Parents. Does one need to say lack of support from family and friends?
- B But that is what it means to be isolated.
- C You need to be clear about your terms. You need to define the word isolation, so that people understand.
- B You don't even have to put the word isolation. You can put lack of family support, or lack of support. Why put isolation?
- F The next one is Level of Commitment to Foster Child is not shared by Foster Parents. If the mother is more involved than the father. Disagreement between foster parents about fostering a child.
- G What I understood about this, was if there is a new crisis and the one wants to keep the child, but the other one does not. Don't you think that in that case it is going to break down? Isn't it a level of commitment by foster parents, irrespective if one agrees and the other one does not?
- C Lack of commitment in marriage?
- B Commitment is a difficult word. What do you mean by that? You just say, disagreements between the foster parents.
- C If you say lack of commitment to foster child?

- B You very seldom get two adults who are equally committed in looking after a child. It is actually quite frightening. Either the father is a better father and the mother is more of a "Joller" or the mother is a better mother and the father is more of a "Joller".
- G Do you think this is a high risk area?
- F This is different thought, but maybe we should change it to just Lack of Commitment to foster child, where foster parents are not prepared to persevere when there are problems.
- Level of flexibility. Do foster parents negotiate and compromise in terms of problem solving or are they too rigid? Are you satisfied with that?
- C Yes, it is fine.
- F Foster parents' ability to handle access by the biological parents.
- C Hang on. If it is a problem then maybe Foster Parents' inability to handle access. Handle access?
- F Handle is not such a nice word. The foster parents' inability to cope with the role of the social worker.
- B Are you meaning they don't understand the role or the involvement of the social worker?
- C What about inability to accept access by biological parents, and foster parents' inability to accept the role of the social worker?
- B The access one is definitely coping. I don't think thought that foster parents cope with a role. You have got to say accept for that one.
- F Can the foster parents ask for help when problems have been identified?
- B Is this not linked to the one above?
- F No.
- C The foster parents ability to ask for help. No, let's leave it as it is.
- F The next one is level of insight shown by foster parents in respect of the foster child's emotional and physical needs.
- G Are we saying that this is another high risk area?
- C Lack of insight!
- F Just that? Lack of insight by foster parents.
- C What about lack of insight into the child's emotional and physical needs?

- F Okay. The next one thing might be related to the one about additional stresses or additional crisis in the family. It seems to be saying the same things.
- G Yes.
- F So, I think we can delete it.
- B Yes, but my only problem there is what we could differentiate between chronic crisis and acute crisis, to use those words. The difference between accumulative crisis, it is like an ongoing sore tooth, it progressively gets worse and worse, acute is like a sudden crisis, like a death in a family or someone must go into hospital suddenly, or losing a job. I don't know if you have to bring it in?
- C Marital discord could also be chronic, substance abuse could be chronic, financial problems could be chronic, death in the family is acute, retrenchment is acute.
- B Maybe you could just say there are chronic and acute crises. When we say the additional crisis in a family. We could have two columns and list them under each column when you set it out.
- F But my question is, what is the purpose of that for the social worker? How is that going to help us?
- G I think there is more chance of chronic problems leading to breakdown.
- C Yes.
- F Okay, next thing. Poor parenting skills, for example discipline. What do we mean by poor parenting skills?
- B It just means that the parents are unable to cope with them.
- C So maybe we should actually change it from poor to inadequate parenting skills.
- B Or lack of parenting skills. This is a heavy one, a difficult one. You could have a whole group on this.
- F Next one. Unrealistic expectations of foster child. That sound like the foster child has an unrealistic expectations. You are actually wanting to say that the foster parents have got unrealistic expectations. Well then, unrealistic expectations of foster parents.
- C But the foster parents do not have unrealistic expectations of themselves.
- F Foster parents have unrealistic expectations of foster child.
- B Or you could just say, unrealistic expectations. It could be both ways.
- C That is very wide, then what do you mean by unrealistic expectations?

- B Just write unrealistic expectations because that is very common.
- F I think the situation that I am thinking of that is particularly common, is where the child that is fostered is with parents who are highly educated and they have unrealistic expectations of the child and the child can't afford that. They force the child, and the child starts acting out. I am going to leave it as unrealistic expectations.
- B Yes, because it is under the heading foster parents.
- F The next one, Foster Parents' ability to cope with stress.
- B But that is to do with flexibility. Rigid.
- F Is it?
- B Yes.
- F Sometimes you have foster mothers who, it doesn't necessarily mean that she is rigid, but you have foster mothers who because of their inability to cope with stress, will phone you about five times a day, wanting to do something immediately. They cannot cope.
- But rigidity is definitely related.
- B But that is also related to level of stress or lack of being able to deal with stress.
- You get stressful when you are a rigid person. Flexible people don't get so stressed.
- C You say she phoned you five times a day to do little things, that means that her stress level is very low, and it also relates to additional stresses in her life, doesn't it?
- B I think that is an added one.
- F Then we are going on to foster child. The first indicator there is The Foster Child is physically, emotionally and sexually abused. Physically, emotionally or sexually abused or neglected as set out by Child Welfare Agencies abuse and neglect.
- B You have already got Foster Child as your heading, so why can't you just put physical, emotional, sexual abuse, as set out by Child Welfare. In accordance with Child Welfare Abuse Manual.
- F And then it is Behaviour of foster child. Association with gangs, promiscuity.
- B All those behaviour things. It is good to actually point out specific behaviour. Is there anything you want to change here?
- C No it is fine.

- F Is that all that we need under foster child?
- C Is this foster child refused to adhere to rules as set out by foster parents, are you going to leave that out? No leave it in.
- F I just want to define behaviour.
- B This can be a problem. The foster child refuses to abide by the rules. What happens if you are dealing with a teenager? You have got to negotiate rules.
- C It is not one, you need a few risk factors.
- B I am just saying that particular example.
- F I tried to make a list of behaviours of the problematic foster child behaviours.
- C What do you mean by difficult?
- G I would leave it like that. I would usually draw up a contract and have the foster mother and child sitting there hearing the rules, but it can even afterwards still not work, because the child still does not listen.
- F A concrete example is where the foster mother, and it is not a serious problem yet, but she has been complaining that the foster child, instead of doing his homework in the afternoon, is going out and she has tried to stop him, but when he gets the opportunity he slip out. It is not a major problem yet, but it can develop into one. That is a discipline issue.
- C Now what do you mean, the discipline should be made one and those that last for more than three months?
- B Where was that?
- F I have got here in brackets, after all the lists I gave you about the behaviour of the foster child, I made a note here in brackets, saying that a distinction should be made between one of incident and those that last for more than three months.
- B Absolutely, yes.
- G Would you say it is a risk if the child disappeared once? Would you see that as a risk?
- C Then you obviously would not use this guideline if it only happened once. You would use this when you are worried. Then you look here.
- F That is a very good point. Then I have got Change in academic performance of foster child.

- C What about Decrease in academic performance.. Because change could be for the better.
- B True, quite right.
- F Deterioration is better because some children always do poorly.
- G Can you say sudden decrease?
- C Sudden deterioration.
- F That is all that we have got under foster child. It seems so inadequate.
- G Let's think. When is a foster child removed? When he misbehaves or when he is sexually abused or neglected. Hang on, but what else. Because you see, physical, sexual or emotional abuse is a big thing and each of these manuals, physical, sexual or emotional neglect are quite lengthy manuals. This is about work that has not already been done.
- So it is just misbehaviour, and this looks like it is only four lines, but although it looks a little it is very complex. I don't think there are other reasons why you remove a child.
- B That's right.
- G I just want to add with this sudden decrease in academic performance, I don't really think that we very often remove because of this.
- B It is just an indication that there is something amiss. It can be emotional abuse or something.
- F I am not just going to hand this in to the agency, this will be done over and over until you are satisfied. Before we end off, I would just like to take a few minutes to evaluate, where you are free to say a little about how you experienced this group, what do you feel about it.
- B That is a mouthful. Where do you want to start.
- F Maybe you can start with what you feel could have been done better.
- C I think that people who committed themselves should have done so. They should not verbally commit themselves and then physically disappear.
- B I agree with that. I think you did very well.
- F Did I not give too little input?

- B No, I think that the fact that you did not give too much input allowed us to be able to formulate our own ideas.
- F How did you feel about being recorded? Did it make you feel uncomfortable?
- B No, I forgot about it.
- C I think it has helped me to look at my own cases and think about what I did to prevent the breakdown. That has really helped me and has been a very useful exercise. It refreshed us and brought us back to our own cases.