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**An Exploration of Social Worker Perception with Respect to the
Declaration of Commitment Program of
Winnipeg Child and Family Services**

By Edith Kovacs

**A Practicum Report Submitted to the Faculty of Graduate Studies
in Partial Fulfilment of the Requirements**

**For the Degree of
Master of Social Work**

**Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba**

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**An Exploration of Social Worker Perception with Respect to the Declaration of
Commitment Programs of Winnipeg Child and Family Services**

BY

Edith Kovacs

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree**

of

Master of Social Work

EDITH KOVACS©1999

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ABSTRACT

There is an increasing number of children adrift in the foster care system. For many reasons these numbers continue to grow. Studies indicate that a state of impermanence and multiple moves as often associated with foster care, results in a population of children experiencing greater emotional and behavioural problems. Literature suggests that significant benefits may be experienced by the creation of legal permanence for children and their foster families. The Declaration of Commitment Program was created in 1995 to assist in the development of this stability and permanence. This practicum report examines participating social workers' perceptions of this program, as well as their understanding of and value for the concept and practice of permanency planning in case management practice.

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CHAPTER I

INTRODUCTION

There is an increasing number of children adrift in the foster care system and in legally impermanent situations, and the numbers of children living in foster care continues to grow (Maluccio and Fein, 1986). Adoption and reunification endeavours are simply insufficient to alleviate the problem of the increasing number of children in care with complex needs. Foster care will continue to remain a commonly used alternative for many of these children (Pecora, Whittaker, and Maluccio, 1992).

Children in foster care know or sense the impermanence of their placement. The resulting insecurity may be compounded by the child's confusion about who they belong to or feeling like they belong to no one.

Melina (1997) indicates that a child who enters the foster care system is more likely to return home permanently if reunified soon after the child's removal from the home. Studies consistently indicate that the longer a child is in foster care, the more likely it is that she/he will never return home permanently (Lindsey, 1994; Maluccio, Fein, and Olmstead, 1986; Melina, 1997).

The lack of attachment experienced by some children in foster care is often exacerbated by numerous placement changes. This may create increasingly serious behaviour and emotional problems that diminish a child's chances of returning to their natural home, their chances of being adopted, or maintaining their present placement. Long-term foster care can provide some measure of stability to children provided that a plan which articulates longevity and permanence has been established (Steinhauer, 1991).

The literature indicates that there may be significant benefit in the creation of legal permanence for children and their foster families. Child welfare systems acknowledge the increasing number of children adrift in foster care, many with limited chances for reunification with biological families or for adoption. Hence, the sense of impermanence is a critical issue that child welfare systems generally acknowledge that they must address. As a result, there is growing discussion and studies being focused on the creation of legal permanence for children who are identified as at risk for becoming permanent fixtures in the foster care system.

Available literature describes a permanent home as one that is intended to exist indefinitely, not necessarily to last forever (Shireman, 1983). As such permanency describes intent, hence the provision of legislation in order to support the permanency of foster homes is an important step toward instilling a sense of stability and continuity, both for foster child and foster family (Maluccio and Fein, 1985).

There is a fiscal impact associated with increasing numbers of children in foster care, coupled with growing emotional and behavioural problems. In an atmosphere of budget restraints and cutbacks, the search for more foster homes and more specialized foster parents capable of addressing attachment disorder related behaviour problems, places an ever increasing demand for money allocated to special rates. Conceivably, improving a child's sense of permanence would ameliorate some of the behaviour problems associated with attachment difficulty and improve successes for eventual adoption or permanent placement.

In October 1996 in an effort to address these issues, Winnipeg Child and Family Services embarked upon an initiative now known as the Declaration of Commitment Program. The Declaration of Commitment Program is based on the philosophy that every child is entitled to a sense of permanency, identity, security, stability and belonging. Eligible children are permanent

wards of the Agency who have been in their foster homes for a minimum of two years. A series of meetings and activities culminates with the signing of the Declaration of Commitment agreement, with an accompanying ceremony and celebration. The agreement reaffirms the foster parent-foster child commitment and states the Agency's commitment to supporting this permanent family relationship.

The writer is an employee of Winnipeg Child and Family Services and, over the years, has witnessed an increasing number of children remain in what was once intended as temporary foster care. The primary goal of child welfare practice is to reunite children with their natural families wherever possible. Unfortunately, decisions of reunification cannot be carried out until various family related issues are addressed. Hence, an unsuccessful attempt is not recognized as such for some period of time, at which point, children have languished in foster care and can be considered "adrift".

Clearly, many foster children remain in agency care to age of majority. Planning for these children is crucial to prevent numerous placement changes which only add to issues related to attachment disorders, self-esteem, and identity.

This practicum describes the development and acquisition of skills related to the process of gathering information with respect to social workers' perceptions of the Declaration of Commitment Program. During the course of meetings with the Continuum of Care Committee, whose role is to ensure all permanent wards have a long-term plan, information sought and issues to be explored were identified. It was decided a survey would best gather the information required. This practicum also describes the results of the survey which is an exploratory study aimed at examining social workers' perceptions of the Declaration of Commitment Program. As a practicum experience, the writer has gathered data from family service social workers and foster

support workers who have client children and foster families participating in the program.

It is intended that the resulting information will provide Winnipeg Child and Family Services with an analysis of the Declaration of Commitment Program and the perceived success thereof.

Learning Objectives

The objectives of this practicum were to develop and acquire skills related to the process of information collection. The writer met with the Continuum of Care Committee to determine pertinent issues with respect to social workers' perceptions of the Declaration of Commitment Program. After isolating the information sought, a survey was chosen as the method of information gathering. The resulting data provide Winnipeg Child and Family Services with information of the Declaration of Commitment Program, based on the perceptions and experiences of the identified staff. An additional aspect of this study was to examine the impact of the Declaration of Commitment Program as perceived by participating foster parents and foster children and was conducted by the Child and Family Services Research Group, Faculty of Social Work, University of Manitoba (Frankel and Guberman, 1999).

These skills include:

1. Development of small group facilitation skills.
2. The identification of an appropriate means of gathering information.
3. The development of the instrument.
4. The administration of the survey to identified social workers.
5. The compilation, description and analysis of resulting data.

In addition to learning about information gathering, surveys and survey development, further goals were to investigate the awareness social workers of Winnipeg Child and Family

Services have regarding the Declaration of Commitment Program and the concept of permanency planning, to acquire further information regarding permanency planning concepts, and to acquire and develop skills required in/for survey development and subsequent analysis.

CHAPTER II

LITERATURE REVIEW

The concept of permanency planning encompasses social work practice from an administrative, clinical and legal perspective. As such, the literature reviewed is drawn from these areas. A large body of literature emerged during the 1980s regarding the impact of long-term care on children. The findings are often contradictory as some studies indicate negligible effect on children while others report significant negative effects. Regardless where the research disagrees, all studies indicate that numerous placement changes and transitions do not better the quality of life for children in foster care. However, some studies still suggest that due to the complexities of research and the associated methodological limitations, there is a paucity of current data with respect to the impact of long-term foster care and multiple moves.

This review will, therefore, explore suggestions and solutions regarding the plight of these children including clinical and administrative recommendations of permanency planning, the legalization of long-term foster care and the incorporation of children in the planning for their permanence.

These elements support the argument for the development of the Declaration of Commitment Program as implemented by Winnipeg Child and Family Services. The ingredients identified in the literature that are necessary for successful permanency planning and optimal prognoses for children are found in the Declaration of Commitment Program.

Permanency Planning

Permanency planning emphasizes the right of every child to a stable home. It demands that there be an effort to keep children out of substitute care or once there, to quickly move them back into their own homes, into adoptive homes or into some other permanent living arrangement.

There is a consensus that children need and have a right to a stable, permanent home and that a child's own home and parents are best (Maluccio, Fein, and Olmstead, 1986).

There has been a population of children within the child welfare system who have received relatively little attention in permanency planning endeavours. These children, for many reasons, cannot be returned home or are determined ineligible for adoption.

There appears to be a major contradiction between traditional foster care and adoptive care, as there is a decreasing number of healthy infants available for adoption and an increase in the number of older, disturbed and/or multiple handicapped children requiring long-term placement. Despite the temporary purposes of foster care, it is more often than not a permanent status for the child (Maluccio, Fein, and Olmstead, 1986).

A child's sense of permanence and not legal status of placement is what instills a sense of belonging and is related to a child's sense of wellbeing (Fein et al, 1983; Maluccio et al, 1980). Every effort should be made to protect and support placements when children are successfully bonded within families that meet their developmental and psychological needs (Goldstein, Freud, and Solnit, 1973). The emphasis on permanency planning since the early 1980s has resulted in new program development and an effort to identify and effectively deal with barriers to permanent placement (Miller, Fein, Bishop, Stillwell, and Murray, 1984).

Foster care emerged as a means of rescuing "good" children from "bad" parents and raising these children to become productive citizens. "Over time, the concept evolved as a temporary measure until the child was reunited with his/her parents. If reunification was not eventual, foster care would provide a substitute but stable home with caregivers who were essentially surrogate parents" (Maluccio and Fein, 1986, p. 114). As the needs of children coming into care are becoming more complex, adoption or reunification become less likely. Hence,

greater attention is demanded by this growing group of children, many of whom will spend years in agency care.

Maas and Engler (1959) were early critics of the system and concluded, after an American nation-wide study, that the majority of children in foster care were unlikely to return to their own homes. The foster children's future plans appeared indefinite and there appeared to be little sense of stability in their living arrangements. Later studies confirmed that many children who entered the system were likely to grow up in out-of-home placements (Fanshel and Shinn, 1978). These studies revealed that there was little consideration for the permanent planning for these children. Other studies highlighted the deleterious consequences of living in foster care and the impact instability and lack of permanence had on children in care.

Lahti and his colleagues (1978) stated that a child's sense of wellbeing is most closely related to the child's sense of permanence and not the actual legal status of placement. Maluccio and Fein (1980) concurred with this finding, indicating that it is the nature of the placement and the relationships therein that instills the sense of permanence. Affirming the relationship with legal assurance can only further encourage or solidify the commitment between foster parents and child, diminishing the chances of placement breakdown.

The permanency planning movement emerged as a result of documented inefficiencies and abuses within the child welfare system in the 1960s. Earlier opponents to long-term foster care failed to distinguish between the negative effects of foster care drift and the stability offered by planned permanent foster care (Steinhauer, 1991). Some writers, however, highlighted the damage resulting from the tenuous status of foster care and confirmed the difficulty children experience in the development of identity, meaningful relationships, and the achievement of a sense of belonging (Bryce and Ehlert, 1971). Little empirical evidence is available regarding the

effects of the child welfare system and permanency planning (Maluccio and Fein, 1987; Stetzer and Bloksberg, 1987; Steinhauer, 1991). “Only a few studies of long-term foster care exist and those appear to have a number of methodological problems that make it impossible to draw firm conclusions” (Setzer and Bloksberg, 1987, p. 67).

Wiltse (1979) and Ward et al (1978) conclude that despite a lack of proof that continued foster care is “demonstrable disastrous”, the achievement of permanency in living arrangements with the continuity of primary relationships emerge as the critical variable, while the difference between foster versus adoptive homes is not. Much of the recent literature focuses on permanency planning with respect to adoption and reunification with natural families. There also appears to be an emerging body of literature regarding kinship placement and less formalized living arrangements. Less information is available regarding children in long-term care.

The Adoption Assistance and Child Welfare Act (PL-96-272) passed in the United States in 1980 was created in response to concerns that too many children were languishing in foster care (Melina, 1997). The Act mandated permanency planning services for children coming into care through such means as subsidized adoption, procedural reforms, and preventative and supportive services to families (Pecora, Whittaker, and Maluccio, 1984). The primary objective of the Act was the reduction in foster care drift (Maluccio, Fein, and Olmstead, 1986). This was the federal government’s first attempt to develop a national policy regarding child welfare (Levy and Orland, 1998).

In order to receive funds for support services for children, individual states must endorse the Adoptions Assistance and Child Welfare Act of 1980. Although permanent and long-term foster care goals have been included in recent amendments and the Act has been successful in shaping philosophy and some measure of child welfare practice, PL-96-272 has not demonstrated

nearly the level of effectiveness some proponents had envisioned (Maluccio, Fein, and Olmstead, 1984). Political agendas and funding cutbacks left the social service system unable to provide the services necessary to address significant issues (Levy and Orland, 1998; D. Lindsey, 1994).

These results were noted by the Casey Foundation who released a study suggesting the quality of foster care had deteriorated, primarily due to cutbacks in federal funds and a hesitancy to intervene in “family problems” (Kamerman and Kahn, 1989).

“In November 1997, President Clinton signed into law the most significant overhaul of the nation’s foster care system in 17 years - the Adoption and Safe Families Act. This legislation is designed to improve the safety of children, to promote adoption and other permanent homes, and to support families. It includes an adoption incentive plan where states are paid bonuses for each foster child adopted and for each special needs adoption. The law also requires states to document reasonable efforts to place a child for adoption (including kinship care), and provides health care coverage to all special needs children who receive adoption assistance. States continues to be required to make reasonable efforts to reunify families; however, the child’s health and safety is the paramount concern” (Levy and Orland, 1998, p. 214).

Canadian Context

In Canada, child welfare is a provincial responsibility. British Columbia became the first province to develop a small pilot project in 1977 based on the American Oregon Project which demonstrated a decrease in the number of children in care as a result of permanency planning practices in case management. Some elements of the project were replicated and incorporated in to case practice in several parts of the province. Despite the apparent success of this practice, “neither permanency planning as a concept nor the use of it to influence legislation, policy, program and practice has been a factor in British Columbia or Canada generally” (Robinson, 1985, p. 164).

Some provinces have enacted legislation that does mandate permanency planning. Various provinces have begun the permanency planning practices as was demonstrated by the

Oregon Project. Permanency planning requires top level administrative agreement, endorsement and active participation. As a result, case planning reflects early planning for children, case tracking and effective decision making to limit the years spent waiting in foster care.

At this time, Manitoba does not have legislation mandating permanency planning, however the Child and Family Services Act (1985) does acknowledge the need for permanency planning as contained in the Manitoba Provincial Standards Manual (1986) which was revised in 1999. As stated in the manual, a child has a right to a long-term permanency plan as outlined in the Child and Family Services Act, Part I, Section 7(1)(h). It is a stated goal that the child have a long-term service plan at the point of admission to permanent care or within six months of transfer to a permanent ward worker. Native agency involvement is included where appropriate in long-term service plans. It is also outlined that Declaration of Commitment contracts be considered.

Compared to permanency planning, subsidized adoption appears to have received more attention. Subsidized adoption policies and procedures exist in Ontario, Quebec, New Brunswick and the Yukon. Manitoba does have provisions for subsidized adoption, particularly if the child has a physical or mental condition that will make caring for the child far more expensive than usual, and if there are siblings who should be adopted together (Bill 47(34)). This bill was recently amended in 1997.

Clinical Implications

Children in care have mental health needs that are different from the general population of children. For this population of children, stability and permanence are critical for the resolution of mental and emotional difficulties (Taber and Proch, 1987). Developmental tasks can be achieved only if the child is not constantly moving and adapting to a new environment.

The consideration of parent-child attachment is crucial for permanency planning because it

is the rationale behind the goal of providing children with a stable and continuous relationship with the parent or another caretaker (Grigsby, 1994). The development of parent-child attachment is critical in assisting the child to master core developmental processes (Scheiderman, Connors, Fribourg, Gries, and M. Gonzales, 1988).

Because multiple moves create a growing sense of learned helplessness, children begin to feel they have no effect on their environment, which can result in childhood depression. This depression and its various behavioural manifestations can contribute to further moves (Fein et al, 1983; Zimmerman, 1988). As such, a child's ability to bond is discouraged with each placement change (Slette, Hagen, and Maier, 1993). More moves create more damage to the child and increases disturbing behaviour which continues to raise the cost of out-of-home care for that child (Sisto, 1979). Establishing permanence as early as possible is critical to effect the documented increase in placement breakdown as the child's age and time in care increases Fanshel and Shinn, 1978; Olsen, 1982; Taber and Proch, 1987). It is, therefore, important to assist the child in "developing an inner sense of psychological permanence during which themes of relationships with biological and "adoptive" families can be addressed" (Scheiderman, Connors, Fribourg, Gries, and Gonzales, 1988, p. 34).

Age appropriate understanding of reasons for placement should be reworked over time to "accommodate cognitive damage as well as circumstantial damage that are critical in the prevention of interval negative attribution" (Zimmerman, 1988, p. 42). If there is appropriate management and treatment of children in foster care, then the possibility of reducing foster home breakdown and extrusion of children can occur (Steinhauer, 1991). Breakdown of the foster home is often due to the unmanageable and trying behaviours of children, and only adds to the child's poor self-image and to the severity of any conduct disorder. Each time failure is

experienced and the child has to leave the home, their prognosis is likely to deteriorate (Levy and Orlans, 1998). Canada, England, the United States, and Israel have developed models of foster parent training so that foster parents may become parent-counsellors or parent-therapists. Essentially the foster homes are organized into a kind of therapeutic milieu. A number of alternative models of foster care have been designed and evaluated under experimental conditions. For example, a parent-therapist program was developed by the Chedoke-McMaster Centre in Hamilton, Ontario as an alternative to residential treatment for emotionally disturbed children and early adolescents. It combines the aspects of institutional, family and foster care while minimizing the risks and disadvantages (Steinhauer, 1991). These models, when evaluated, have shown positive results in terms of increased stability of placements and expressed satisfaction of foster parents and children.

The emphasis on permanency planning must include consideration for helping foster children to grow developmentally while in care, with an increased focus on mental health. "It has been suggested in some literature that case management and policy development with respect to permanency planning has pre-empted the concern for the emotional difficulties manifested by children in care" (Zimmerman, 1988, p. 39).

Zimmerman (1988) suggests that characteristics associated with children who have experienced multiple moves in foster care include an incapacity to maintain mutually satisfying personal relationships, especially those involving trust and intimacy with loved ones. She indicates that the result is a vicious circle that may exacerbate the problem throughout the child's life. Zimmerman concludes that when these children become adults, they often in turn neglect, reject or victimize their own children. Steinhauer (1991) concurs with this notion and states that the incidence of pathology in the next generation is likely to be increased.

However, Steinhauer (1991) also indicates that it is important to note that it is not yet possible to be sure whether the damage that is attributed to long-term care is an inevitable result of fostering or of inadequate and inconsistent caseworker services, or even of myths perpetuated by disillusioned workers and clinicians to rationalize their own feelings of frustration, disappointment and failure. It is also unknown how many young people who develop successfully in long-term care disappear from the system and are therefore not available for follow-up studies.

Long-Term Foster Care

Foster care was meant to be time limited for all but a small number of children in order to avoid the drifting of children in care and to promote permanency planning for each child (Pecora, Whittaker, and Maluccio, 1992). A recent study confirms the negative influence of age on a child's selection for adoption (Schmidt-Tieszen and McDonald, 1998). Younger children are more frequently returned home through family reunification or are adopted with greater ease than older children (Pecora, Whittaker, and Maluccio, 1992). Reunification and subsidized adoption does, to some extent, reduce the number of children in care, however foster care will remain the solution for many children (Derdeyn, 1977). Thus, permanency planning for older children is more likely to result in long-term foster care than reunification or adoption. As a result, many of the children in long-term care tend to be older and, due to the belief they are unadoptable, are more frequently not made legally free for adoption (Testa, Shook, Cohen, and Woods, 1996).

Barth (1993) encourages a renewed conviction that older children are indeed adoptable and challenges the belief that forsaking an alternate adoptive placement for an older child in order to preserve attachment in a long-term foster placement is mistake.

“Given the largely vapid research supporting theories of bonding and attachment, children should not be denied the opportunity to be adopted because they are judged to be attached to temporary caregivers or judged to be incapable of

developing future attachments” (Barth, 1993, p. 290).

It appears that the lack of financial remuneration impacts negatively upon adoption decisions of older children (Schmidt-Tieszen and McDonald, 1998). Subsidized adoption for older children is a key element in permanency planning (Barth, 1993).

Earlier studies appeared to focus attention on the impact of long-term foster care. In later years, research appears to have become more focused. Issues such as the impact of multiple moves on children, move related attachment disorders, and identity formation are discussed (Hess, 1982; Levy and Orlans, 1998; Schmidt-Tieszen and McDonald, 1998). Findings in some post placement studies suggest that adults who were once children in care generally function adequately as adults and express satisfaction with the primary relationships in their lives (Festinger, 1983; Maluccio, 1985). However, Steinhauer contradicts these findings. He stated that despite the lack of adequately controlled follow-up studies, “the overwhelming general impression is that few foster children made successful adjustments as adults although these cases most accessible to review were ones with multiple problems” (Steinhauer, 1991, pg. 5). Bryce and Ehlert (1971) describe the damage resulting in the child’s ability to develop a healthy identity, a sense of belonging, the establishment of meaningful relationships with people and have difficulty dealing with developmental tasks.

Steinhauer (1991) and Lahti et al (1978) found that a child’s perception of permanence was the key to the level of adjustment and health more so than the child’s actual status in a legally permanent placement, whether this be adoption or reunification (Maluccio and Fein, 1985). Gardner (1992) concurred with this notion in a study which revealed that children in care consistently relate to their foster family rather than their biological family as “kin.” She further states “there is no evidence that these children in care prefer to live with their biological families”

(Gardner, 1992, p. 161). The results have implications for family foster-care policies with respect to the primacy of the biological bond.

Children remaining in long-term care tend to be from minority and poverty stricken families. Children from minority families (especially Black, Hispanic and Native Americans) in earlier American studies were disproportionately represented in foster care (Maas and Engler, 1959; Pecora, Whittaker, and Maluccio, 1992; Schyrie and Schroeder, 1978). In Canada, First Nations people make up only about 2% of the population, but their children are over-represented in state care. These children are taken into care four to five times as often as non-Native children (Armitage, 1993; Warry, 1991). "Once minority children enter the system, the system fails to evaluate their plight accurately which has resulted in insufficient, inadequate and often times inappropriate and damaging child welfare services" (Brown and Bailey-Etta, 1997, p. 74). Permanency planning with First Nations children is inadequate and especially concerning as First Nations children are over-represented in the child welfare system and are adopted at about half the rate of Caucasian children (Barth, 1997).

Increases in poverty, homelessness and substance abuse in recent decades have encouraged growing numbers of children coming into care (Pecora, Whittaker, and Maluccio, 1992). The number of officially reported cases of child abuse and neglect, as well as the severity of maltreatment reported is much greater for children from low income families than for others (Brown and Bailey-Etta, 1997).

Some studies of children in out-of home care have found that their academic performance is below grade level and that they suffer from low self-esteem (Barth, 1988; Fanshel and Shinn, 1978). ".....It is not known however whether these problems are associated with placement in care or with the circumstances present at the time of placement such as poverty, family conflict,

or child abuse and neglect” (Johnson, Voken, and Voss, 1995, p. 961).

Of the literature reviewed, findings appear inconclusive or even contradictory but suggest an absence of data with respect to the negative impact of foster care. At best, research literature suggests little difference if any between foster care graduates and their peers in the general population (Fanshel and Shinn, 1978; Festinger, 1975; Maluccio and Fein, 1985). Most, if not all, of the available evaluative research on the effect of long-term care was carried out prior to the recent emphasis on permanency planning (Pecora, Whittaker, and Maluccio, 1992) or it examined the situations of children who were placed prior to that emphasis. Therefore, there appears to be limited information and analysis of the recent and changing population of children in care.

Maluccio and Fein (1985) reviewed 12 studies and agreed that there is a complex set of factors that affect the outcome of foster care placement that have resulted in methodological limitations within the research. This consists of small samples, lack of comparison groups, biased sampling, limited outcome measures and retrospective data collection” (Pecora, Whittaker, and Maluccio, 1992, p. 330). Maluccio and Fein also indicate that the development of research procedures that allow valid evaluations and comparisons of children in long-term care are difficult.

It appears that research in the area of long-term foster care is contradictory and that research methods have proven to be complex and limiting. Studies have revealed that children growing up in foster care thought their situation resembled growing up in one’s own family (Festinger, 1983; Maluccio and Fein, 1985). Other reports indicate children who grow up in foster care feel different than other children - reflecting an awareness their families are not like others (Fanshel and Shinn, 1978; Festinger, 1983). Providing information is critical in giving children the opportunity to develop self-awareness.

It appears that children in care may be receiving inadequate attention, information and supports. Wilson and Conroy (1999) stated that “One of the deficits found in the child welfare system was the lack of input the children had in writing their permanency plans.”

Studies of family perceptions of children in foster care demonstrate that children express a greater need for more background information. Some children have described themselves as having no roots (Festinger, 1983) and wanting to know more about themselves, and finding that gaps in their knowledge have created problems in their lives (Kahn, 1979). Children have also regularly reported confusion about their siblings and a desire to see them (Zimmerman, 1982).

One study indicated that some “children felt they had not been given an explanation for being removed from their homes or that they had been misled by the information that had been provided” (Johnson, Yoken, and Voss, 1995, p. 970). Long-term impact nor consequences were discussed.

As a result of more studies being released regarding children’s perceptions of being in care, more progressive case work may occur. The Declaration of Commitment Program at Winnipeg Child and Family Services attempts to address the needs of children in care and attempts to provide information and support to process this information toward the development or improvement in the child’s sense of identity, stability and permanence.

Social Work Practice with Respect to Permanency Planning

Child welfare practice, in the area of permanency planning, should incorporate a more consistent view of human and family development and their realities; consideration should be given to gender, racial and cultural identity (Pecora, Whittaker, and Maluccio, 1992). “In addition, policies, services and practice should reflect current knowledge about the development of women, minorities and other special populations....” (Pecora, Whittaker, and Maluccio, p. 42).

In a recent study, Gleeson, O'Donnell, and Bonecutter (1997) found that child and family services caseworkers must strive for cultural competence that includes efforts to become increasingly self-aware, to value diversity and to gain knowledge of traditional strengths of the cultures of children with whom they work. Barth (1997) confirms that although much attention has been given towards the hiring of ethnically competent social workers, there is no consistent research evidence that would suggest the potential impact of this strategy. Ongoing social worker education and sensitization is important in terms of developing skills and awareness within practice and case management. Appropriate training can result in shifts in attitude and case management style (Pecora, Delewski, Booth, Haapala, and Kinney, 1985).

There is a clinical and administrative element to the process of permanency planning. The literature, although somewhat general, identifies programming and case management methods that include: systematic planning and practice strategies to be conducted within a specific time frame, as well as case reviews, (Gebel, 1996; Maluccio, Fein, and Olmstead, 1986; Pecora, Whittaker, and Maluccio, 1992; Taber and Proch, 1987). The clinical aspect underscores the importance of incorporating an awareness of attachment theory within child welfare practice and permanency planning (Grigsby, 1994; Hegar, 1993; Hess, 1982).

There is a high incidence of psychopathology among children in care. Addressing issues of permanency is considered as crucial as treatment goals and objects. "Children in care have mental health needs that are qualitatively and quantitatively different from the general population of children..." (Schneiderman, Connors, Fribourg, Gries, and Gonzales, 1988, p. 39). Hence worker education, experience and knowledge is crucial in appropriate and effective case managing and planning toward permanence. Early permanency planning and establishment of stability is crucial to discourage the tendency of frequency of moves in care increasing with age and time in

care as developmental tasks can be achieved only if the child is not constantly moving and investing energy in adaptation to new situations (Taber and Proch, 1987).

“The complexity of the needs of children coming into care is increasing while the revenues available for caring for them is shrinking. This has increased the demands on worker’s caseloads. This pressure forces a shift in case management efforts away from planned or preventative interventions and addresses only bureaucratic demands, leaving limited time available for the most basic of crisis management endeavours” (Steinhauer, 1991, p. 227).

Ongoing systemic neglect, however unintended, is a major factor in placement breakdown and worker burnout, both of which eventually add to the human and economic costs of inadequate resources and insufficient services (Steinhauer, 1991). Limited attention to therapeutic and clinical issues as experienced by children in care and foster families has become a significant factor in placement breakdown and poor prognosis of children in care (Grigsby, 1994; Hegar, 1993).

Grace Sisto (1979) discusses a decision making model designed to assist case management procedures in an attempt to revise case practice and revise agency strategy in dealing with children in care. “Rapid societal changes and an increased awareness of children’s needs have encouraged the growth of a bureaucratic system that has become unresponsive to the children it was designed to protect” (Sisto, 1979, p. 103).

A decision making model based on case management procedures will more steadily promote short-term intervention by social workers. This will emphasize specific case plans and goals set within a time frame work. The social worker functions as a planner/facilitator and joint decision maker (Sisto, 1979). “Critical aspects of the decision making model are: concise delineation of the problem; setting of case goals within specific time frames; identification of intermediaries and an established client contact schedule (Sisto, 1979, p. 108).

It is important to note, however, that despite research and evident information, case work or managerial policy does not consistently reflect an awareness of the impact/trauma caused by separation (Palmer, 1976).

Legalization of Long-Term Foster Care

Due to the increasing number of available and yet unadoptable children in the child welfare system, other forms of long-term placement have begun to emerge which exist on a continuum between adoption and foster care. In a sense, forms of foster care are emerging that are much closer to adoption than permanent foster care (Steinhauer, 1991). "Formalization of long-term foster care arrangements might be expected to have a positive impact on the identity crisis of adolescence" (McGowan and Meezan, 1983, p. 382). Permanent foster care, as a legal arrangement, should be considered in situations where emotional attachment has developed between foster parent and child (Derdeyn, 1977). A legal arrangement would enhance the sense of stability and permanence and may be indicated in situations where adoption is unlikely due to age, need and other variables. The literature indicates a need to establish a sense of permanence via a definitive legal status. Legal classification and terminology may be valuable in so far as they reinforce and sanction existing commitments (Shireman, 1983). This may serve at least as a ritual in continuing the emotional connectedness within the family.

An explicit contract between foster parents, agency and child confirms the placement and expresses foster parent's intent until age of majority without compromising financial and administrative support. The Declaration of Commitment Program as initiated by Winnipeg Child and Family Services (1996), for example, encourages not only the solidification of the emotional commitment between child and foster parent, but explicitly confirms the agency's sanction and support for the maintenance of the foster family relationship. The idea is that by freeing up

emotional energy and reducing the fear of placement change, the foster family may be afforded a greater sense of comfort and so be able to facilitate a deepening of the foster parent/child bond.

Planned long-term foster care, complimented by contractual agreement, is addressed by Jean Shireman (1983). She discusses the importance of providing permanency for children in foster care to ensure children's sense of identity, their ability to learn and trust in relationships and so they experience as minimal damage as possible.

Shireman (1983) found literature to suggest that long-term foster care, for some foster families, may feel like adoption. Other foster parents have likened their role to biological parenting. Thus, there may already be a sense of permanence in many foster homes which can be enhanced by long-term agreements.

Gardner (1993) found no evidence that children prefer to live with their biological families compared to adoptive families. The findings suggest that it is possible for "children to settle into permanent family foster care in ways that enable them to have a permanent family of their own" (p. 173). However, comparison of outcomes of long-term foster care and adoptive care have produced contradictory findings with respect to adjustment (Shireman and Palmer, 1976) hence there are no conclusive findings advocating adoption as the preferred state.

In response to the growing trend of foster family formalization, there is also an emerging trend towards the professionalization of foster parenting. This is referred to increasingly as therapeutic foster care and is aimed at caring for children and youth with special needs such as emotional and behavioural problems as well as cognitive and scholastic difficulties (Gonzales, 1988; Hudson and Galloway, 1989; Taber and Proch, 1987; Zimmerman, 1988). Different types of family foster care may need to be developed to meet the various needs and issues of children including elements of diagnostic placement, respite care, specialized/therapeutic care, etc.

Permanent foster care could provide stability for a child if the foster parents are able to make a long-term commitment and could be assured of financial compensation and agency sanction (McGowan and Meezan, 1983).

Conclusion

The number of children in foster care and the severity and complexity of their problems have been increasing rapidly over the years. The child welfare system appears overwhelmed by the nature and demand of needs these children face. Funding cuts, staff shortages and growing caseloads have resulted in system burnout. This is evident by limited numbers of foster homes prepared for and skilled to care for challenging children. Fewer children are returning home and many of them are deemed as unadoptable, therefore there is an increasing number of children in long-term foster care. Considerate and timely planning is crucial towards encouraging the development of children into healthy adults.

Despite the fact that permanency planning is a sound child welfare practice and is based on proven research, "Canadians have had to look to the United States for leadership both in a philosophical and practical sense". An evaluation of the effectiveness of programs serving children in long-term care in Canada has seldom been undertaken" (Levitt, 1985, p. 176). In Canada, there is a growing recognition of the value of permanency planning, however it is not yet a matter of significant political or national policy. A philosophical and political commitment is the first step and must be endorsed by the child welfare agency's objective.

CHAPTER III

THE PRACTICUM EXPERIENCE

The Declaration of Commitment Program is based on the philosophy that every child is entitled to a sense of permanency, identity, security, stability and belonging. The children who were identified for this program are permanent wards who have been in foster care for two or more years. Selected children and their foster families become involved in a process designed to solidify child and foster parent commitment to a long-term, if not permanent, living arrangement. Although no legal process nor legislation exists in Manitoba at this time, the process is formalized by the signing of the Declaration of Commitment or Permanency Planning agreement.

The program's design is to ease foster children and families through an established process that includes reviewing life and placement history, working through the child's perception of their life experiences, relationship building, problem solving and exploring/understanding feelings. These steps are intended to provide the child an opportunity to develop a greater understanding of their past and a sense of identity as a permanent and significant member of the family. For the foster parent, it is intended to provide an opportunity to explore their long-term commitment to the child, develop a greater understanding of their child and their relationship with the child.

Children and their respective foster families are identified and selected by the agency Continuum of Permanent Care Committee based on the assessment that a committed and long-term placement is in the best interests of the child and family. The program specifically identifies those children for whom the option of natural family reunification is no longer viable.

The identified children and their foster parents embark on a process facilitated by specialized permanency planning social workers who aim to solidify foster parent's commitment to long-term care and the child's sense of permanence in the home. As indicated in this practicum

report, children and foster families who go through this process tend to experience overall better functioning and stability compared to those families who have a limited sense of permanence and commitment.

Setting

The setting for this practicum was Winnipeg Child and Family Services which, at the time of instrument creation and survey dissemination, was divided into distinct “catchment” areas intended to provide area specific services. Areas are described as combinations of north, south, east, west, and central.

The Child and Family Services Research Group was approached by Winnipeg Child and Family Services to gather information regarding the impact of the Declaration of Commitment Program from the perspective of agency social workers, foster parents and children in care. The latter group was surveyed and interviewed by a separate component of the Child and Family Services Research Group. For the purposes of this practicum study, the writer investigated the perceptions and impressions of the former group in collaboration with the study.

Participants/Clients

The identified client can be considered to be the Continuum of Care Committee of Winnipeg Child and Family Services, representing agency management as a whole. The Continuum of Care Committee is comprised of representatives of management and the permanency planning workers.

The client could also be considered to be the population of foster children and foster parents this program serves, as essentially the program is geared to improve the quality and stability of life for foster children within their foster homes.

Children and foster families are selected based on the child’s eligibility. Eligible children

are permanent wards of the agency who have been in their foster home for a minimum of two years. Adoption by another family is not seen as an option for these children.

Social workers are requested to evaluate the program which serves their clients and may indirectly benefit from the program's success in terms of reduced workload stress and crisis, however would not be considered clients to the extent that the aforementioned are.

The participants in this practicum include: (1) the Continuum of Care Committee; and (2) the social workers, both family service and foster support, who have participated in the Declaration of Commitment Program. It is important to note that case workers and foster support workers, although providing a different service, are given the same survey. Both are asked to share their impressions in terms of the impact of the Declaration of Commitment Program, but from a different perspective. Foster support workers, in providing information to the foster family, are generally more involved in the daily workings and experiences of the foster child and family. The case worker is involved in the biological family system, including extended family, foster family, collaterals and other helpers. Their perception of progress may tend to be more global and determined by the impression of others.

The sample of social workers is limited to social workers whose cases have been referred to the Declaration of Commitment Program and have participated in at least one case conference including the foster family, foster child, social workers (family service and foster support) and the permanency planning social worker. Cases that were active up to and including March 1998 were included in the study and gathered from the time of the program's inception in March 1996. This included those cases with families who did go on to complete the Declaration of Commitment Program and who signed the Declaration of Commitment papers and those who did not. The rationale was to capture perceptions of satisfaction at as many stages of the program and ranges

of experience as possible.

There were 111 referrals to the program between the program's inception in March 1996 and March 1998. Of those referrals, 93 were accepted. Attached to these referrals are case managers and foster support workers to whom surveys were sent. A total of 82 surveys were distributed.

Instrument Development

The writer met with members of the Continuum of Care Committee to begin the process of instrument development. After numerous "brainstorming" sessions, a series of issues and questions were identified that committee members felt they wanted to know about the Declaration of Commitment Program, social worker perception of the program, and information about the social workers to be panelled. The committee expressed an interest in not only social worker perception of the Declaration of Commitment Program, but also information regarding social worker understanding and awareness of the concepts related to permanency planning for children in foster care.

The writer met with the Continuum of Care Committee several times in attempts to come to consensus regarding the items to be panelled by the social workers. The first and earlier meetings consisted of brainstorming sessions during which committee members discussed areas of interest and concern with respect to the Declaration of Commitment program and the practice and awareness, or lack thereof, of permanency planning by front line workers at Winnipeg Child and Family Services.

All committee members expressed approval and support for the Declaration of Commitment Program and its goals. Concerned interest was expressed with respect to social worker awareness of the program. The committee expressed general concern with respect to

social worker awareness of the Declaration of Commitment Program and social worker knowledge and skill with respect to permanency planning and the elements associated with it.

Some of the issues discussed include:

- Do workers know about the Declaration of Commitment Program?
- How helpful/beneficial did workers find the Declaration of Commitment Program?
- What do social workers know about permanency planning?
- How important do social workers think permanency planning is?

There was discussion about exploring social workers' beliefs and comprehension regarding permanency planning which is separate from questions regarding the operationalization of permanency planning, i.e. the Declaration of Commitment Program. Questions and issues were separated into a series pertaining to three themes: questions about social worker demographics; questions regarding programming and outcome; and questions regarding social workers' belief systems.

Group process facilitation proved to be a valuable experience for the writer. The writer, as a front line worker, was required to assume a position of instruction and coordination with a committee comprised of generally upper-management staff of Winnipeg Child and Family Services. Hence, the writer was conscious of the shift in the position of "authority" and had to remain motivated and focused with respect to the role of group facilitator. The role required that the writer keep committee members focused on the tasks, while allowing necessary discussion and extrapolation of key issues. Time management, summarizing and paraphrasing lengthy discussions, redirecting topics toward more relevance, and providing a distilled list of salient issues discussed were among the group facilitation skills developed.

Group dynamics proved interesting. All group members demonstrated a positive and collaborative working relationship, appearing to be comfortable with challenging and expanding one another's ideas and comments. Nonetheless, due to the wide diversity of interest, skill and experience, group consensus on the prioritization of issues to be explored within the survey was not possible. The writer discovered the line between collaboration and decision making. It was simply not feasible to include all elements and ideas expressed by the group in the survey, hence the writer's position as facilitator included the role of decision maker. Suggestions and ideas were prioritized according to group interest and relevance to the research. The results were being regularly shared with the committee. The final series of survey questions were approved by the committee.

Sample Selection

An identified member of Winnipeg Child and Family Services management obtained the names of all social workers who have had families involved with the Declaration of Commitment program from the time of program inception (March 1996) to cut off (March 1998). The social workers were initially identified by the Continuum of Care Committee.

The agency Continuum of Care Committee identifies permanent wards and their respective foster parents for whom a long-term placement agreement would be consistent with the best interests of the child. Identified permanent wards and their foster parents are then referred to a permanent planning social worker. Situations are assessed in collaboration with agency collaterals and, if appropriate, permanent planning options are explored with the foster parent.

The names were applied to envelopes containing the surveys and a self-addressed, stamped envelope. Another agency personnel distributed the package to identified workers through interagency mail.

Prior to survey distribution, Ethics Committee approval was granted (found in Appendixes).

Survey Format

A literature review of survey research is generally consistent. Main concepts as well as advantages and disadvantages have been reported. "The survey is made of research in which a standardized questionnaire is administered to some selected sample in order to describe the characteristics or opinions of the whole population" (Powers, Meenagham, and Toomey, 1985, p. 118). The survey method is frequently chosen as it is cost effective, assures anonymity and allows for data collection within a population too large to be directly observed or personally interviewed (Converse and Presser, 1986; Dillman, 1978). It is commonplace that all survey questions must be pretested but there is no commonly shared practice about how to go about it. The mailed questionnaire is most frequently used according to Powers, Meenagham, and Toomey (1985).

Survey questions, when kept short and concise, may help in the avoidance of some confusing constructions, i.e. double-barrelled questions, the use of double negatives. Wording should be kept concrete and specific to avoid misinterpretation, simple and direct wording of questions (Converse and Presser, 1986; Cozlon, 1989). Closed questions are more specific than open-ended questions and force respondents to choose - essentially communicating the same frame of reference to all respondents.

Research has demonstrated that many more people will choose "don't know" when that alternative is explicitly offered (Grinnell, 1988; Powers, Meenagham, and Toomey, 1985; Rubin and Babbie, 1989). Therefore, neutral scales have not been used to ensure respondents take a position and not choose a scale's mid-point. For example, a "4" in a scale of 1 to 7. Even numbered Likert scales such as 1 to 6 are used.

Literature consistently reports that surveys should begin with a brief introduction and specific questions. They should look uncluttered with threatening, mundane or sensitive questions placed last (Converse and Presser, 1986; Cozlon, 1989). Questionnaire characteristics which encourage greater return rates are: 1) easy to complete; 2) short versus long; 3) fixed-alternative rather than open-ended answers; 4) on coloured paper; 5) sent with cover letter endorsements from people of recognized status; 6) have return envelope enclosed; 7) send second and third reminders; 8) offers some incentive like free gifts or services, shared information, etc.; 9) appeal to subject's sense of social or intellectual responsibility (Grinnell, 1988). The increase in the rate of return, the greater the possibility that the sample is representative (Powers, Meenaghham, and Toomey, 1985).

"Mailed, self-administered questionnaires generally provide the least expensive study. They also take less time and less staff, maximize standardization of questions, and reduce bias which might be caused by interviews. They offer the most anonymity for sensitive topics" (Converse and Presser, 1986, p. 14).

Researchers have acknowledged some disadvantages: generally very low return rates; researcher has no control over who does complete the survey or the order in which the questions are handled; and it is difficult to gauge whether the questions have been answered honestly (Converse and Presser, 1986; Dillman, 1978; Rubin and Babbie, 1989). The weakest link in surveying is often the researcher's inability to count and carry through a precisely ordered and timed implementation process to increase the response rate (Dillman, 1978).

External validity is the degree to which the answers given by a sample randomly drawn from a population can be generalized to the whole population. A slow response rate, therefore, places external validity in question. Designing a survey to increase the response rate improves the

validity of the findings. Reliability refers to the stability of the instrument - it does not change what and how it measures from one time to another (Converse and Presser, 1986; Grinnell, 1988).

Instrumentation

The issues discussed by the Continuum of Care Committee were distilled by the writer into specific statements which were again brought to the Committee for final approval.

Consensus was not feasible with each item, however the Committee was able to prioritize areas they wished explored by the study.

The survey format was chosen in consideration of the size of the population to be studied and the financial and time constraints. As research indicates, the mailed questionnaire is most frequently used and generally the least expensive in terms of financial cost and time. Mailed questionnaires also ensure anonymity and reduce bias which may be caused by interviews. They can reach a large number of people in a relatively short amount of time (Powers, Meenagh, and Toomey, 1985).

The majority of questions are written in a Likert scale format. Although the majority of questions were forced choice questions with scaling, there were open-ended questions and requests for comments as well. There were some non-solicited responses as well that were evaluated for relevance. The survey was pretested by three social workers of Winnipeg Child and Family Services who recommended minor adjustments in sentence structure and more spacing in the format.

Some errors in scaling including a numerical reversal and the omission of a number were not noted. Generally, the survey and its format were well received. The completed surveys were returned to the former identified agency personnel who prepared the surveys by removing the identifying information. The surveys were initially sent out in June 1998. Twenty-seven surveys

were returned over sporadic intervals of time.

The second wave of surveys were mailed out in September 1998 despite research indicating that second waves should follow two to three weeks after the first mailing to achieve the maximum response. However, due to the event of summer holidays and other difficulties, the second wave was released in September 1998. An additional 13 were returned, 3 of which were incomplete as the identified employees were no longer employees of Winnipeg Child and Family Services (2) or stated that they had never participated in the program (1).

The data was compiled into raw score tables and into tables describing the mode, mean, standard deviation, minimum and maximum, as well as the total number of respondents to each question. The data was separated into two groups: responses from family service workers and foster support workers. T-tests were run to evaluate any significant difference between the responses of the two groups. The results determine whether the groups are different and need to be treated as two separate populations.

Limitations

There are several factors which contribute to the limitations of this study. Thirty-seven out of a possible 82 surveys were returned, indicating a response rate of less than 50%. The external validity is therefore a concern to the writer as it becomes difficult to generalize the responses to the entire population of social workers who have participated in the Declaration of Commitment Program. Other limitations include the fact that the survey was retrospective and that responses may be based on one or two exceptional cases. Social workers' morale and workload may also have affected the outcome of the study.

CHAPTER IV

FINDINGS AND DISCUSSION

Thirty-seven of 82 surveys were returned which is a response rate of 45.12%. Although this is a relatively low response rate, research indicates self-administered, mailed surveys have a generally low response rate (Dillon, 1985). Given the amount of paperwork, general workload and social work morale, this rate is not surprising.

The survey is comprised of three sections. The findings are presented and discussed similarly. The first section explores some demographic information; the second involves a detailed quantitative description of social workers' perceptions of key elements of the Declaration of Commitment Program; and the third explores social workers' belief systems and qualitative descriptions with respect to permanency planning in relation to the Declaration of Commitment Program.

The survey results were divided into two separate samples. Foster support social worker and family service social worker responses were treated separately as was indicated by the results of t-tests, measuring the differences between sub-samples. The results indicate significant differences in at least five questions. This finding, in addition to the difference in job description and demographics, provides the argument for presenting both populations.

The t-statistic provides a measure of difference between responses of family service social workers and foster support social workers. The p-value indicates the strength, or probability of the difference, occurring due to something other than chance.

Demographic Information

Demographics indicate that foster support social workers have worked in the child welfare field (table 1, p. 35) for an average of 14.70 years ($sd = 6.65$) and at Winnipeg Child and Family

Table 1**Number of Years at Winnipeg Child and Family Services**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum
Foster Support	11	13.19	5.37	4.50	25.00
Family Service	25	7.60	4.36	1.08	16.00

$t = 3.304$

$p = 0.002$

Services (table 2, p. 37) for an average of 13.19 years ($sd = 5.37$). The difference between foster support social worker and family service social worker is significant ($t = 3.304$, $p = 0.002$).

Family service social workers have worked in the child welfare field for an average of 8.85 years ($sd = 5.32$) and at Winnipeg Child and Family Services for an average of 7.60 years ($sd = 4.36$).

The difference between foster support social workers and family service social workers is significant ($t = 2.791$, $p = 0.009$). Employment as foster support social worker requires child welfare experience, hence they have more years of experience in general compared to family service social workers.

Responses indicate foster support social workers referred an average of 6.5 families ($sd = 3.87$) of which an average of 2.6 families ($sd = 2.12$) signed the Declaration of Commitment (table 3, p. 38 and table 4, p. 39). The difference between the population is significant ($t = 3.748$, $p = 0.001$). Family service social workers referred an average of 2.44 families ($sd = 2.43$) of which an average of 1.40 families ($sd = 1.76$) signed the Declaration of Commitment.

Despite making up less than half of the survey respondents, foster support social workers had three times more families referred to the Declaration of Commitment Program and were successful in signing the Declaration of Commitment twice as often as family service social workers. This is reflective of the foster support social workers' role which focuses primarily on the needs of and relationships with foster families.

Eight family service social workers were involved with the case at the time of referral and 16 were not the referring social worker, with 11 still being involved at the time of survey completion. One foster support social worker was involved with the case at the time of referral and 10 were not, with three still being involved at the time of survey completion. Family service social workers tend to have higher case loads and thus are more likely to have higher case

Table 2**Number of Years in Child Welfare.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum
Foster Support	11	14.7	6.65	3.17	25.00
Family Service	24	8.85	5.32	1.08	22.08

$t = 2.791$

$p = 0.009$

Table 3**Number of Cases Referred to the Declaration of Commitment Program.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum
Foster Support	10	6.50	3.87	1.00	13.00
Family Service	25	2.44	2.43	0.00	9.00

t = 3.748

p = 0.001

Table 4**Number of Families Who Signed the Declaration of Commitment.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum
Foster Support	10	2.60	2.12	0.00	6.00
Family Service	25	1.40	1.76	0.00	9.00

t = 1.723

p = 0.094

turnovers which may explain the larger/higher number of case involvement.

Quantitative Description of Social Workers' Perceptions

The following findings describe social workers' perceptions of the Declaration of Commitment Program. The whole population of social workers are discussed, except where significance between family service social workers and foster support social workers is indicated.

Respondents found the Declaration of Commitment Program helpful to to both foster children and foster parents (table 5, p. 41 and table 6, p. 42). They expressed that their contacts with permanency planning social workers was helpful (table 7, p. 43) and found reviewing birth family history with the child (table 8, p. 44) to be very helpful.

Respondents found reviewing placement history with the child (table 9, p. 45) and having an opportunity to be involved in the planning of their future (table 10, p. 46) to be very helpful. They found the Declaration of Commitment Program to be valuable with respect to children developing a greater awareness of their past (table 11, p. 47), as well as children developing a greater understanding of their past (table 12, p. 48).

In terms of the Declaration of Commitment Program effecting more stability within the foster family (table 13, p. 49), respondents believed the program had a beneficial impact on promoting stability. Respondents also experienced the Declaration of Commitment Program as having a positive effect on the functioning of the foster family unit (table 14, p. 50).

Social workers indicated that they did not believe that the Declaration of Commitment Program particularly affected children's understanding of self, compared to other foster children in long-term care (table 15, p. 51). Foster support social workers were less convinced with a mean of 1.25 (sd = 0.46) than family service social workers with a mean of 2.86 (sd = 1.67). The difference between the two groups is significant ($t = 2.668$, $p = 0.013$).

Table 5**Social Worker's Experience with Respect to the Declaration of Commitment Program's****Helpfulness to Foster Child.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	9	4.89	1.62	1.0	6.0	6.0
Family Service	25	4.52	1.66	1.0	6.0	6.0

*Scale of 1 to 6

t = 0.575

p = 0.569

Table 6**Social Worker's Experience with Respect to the Declaration of Commitment Program's****Helpfulness To Foster Parent.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	8	4.25	1.83	1.0	6.0	5.0
Family Service	25	4.68	1.49	1.0	6.0	6.0

*Scale of 1 to 6

t = -0.672

p = 0.507

Table 7**Social Worker Experience with Respect to Contact with Permanency Planning Worker.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	8	4.75	1.04	3.0	6.0	5.0
Family Service	23	3.65	1.82	1.0	6.0	4.0

*Scale of 1 to 6

t = 1.603

p = 0.120

Table 8**Child Having an Opportunity to Review Birth Family History.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	10	5.70	0.48	5.0	6.0	6.0
Family Service	22	4.73	1.52	1.0	6.0	6.0

*Scale of 1 to 6

t = 1.967

p = 0.059

Table 9**Child Having an Opportunity to Review Placement History.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	9	5.67	0.50	5.0	6.0	6.0
Family Service	20	4.65	1.69	1.0	6.0	6.0

*Scale of 1 to 6

t = 1.750

p = 0.091

Table 10**Child Having an Opportunity to be Involved in the Planning of their Future.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	9	5.89	0.33	5.0	6.0	6.0
Family Service	20	4.60	1.50	1.0	6.0	6.0

*Scale of 1 to 6

t = 2.524

p = 0.180

Table 11**Child Developing a Greater Awareness of their Past.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	9	5.78	0.44	5.0	6.0	6.0
Family Service	21	4.86	1.62	1.0	6.0	6.0

*Scale of 1 to 6

t = 1.662

p = 0.108

Table 12**Child Developing a Greater Understanding of their Past.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	9	5.78	0.44	5.0	6.0	6.0
Family Service	21	4.86	1.62	1.0	6.0	6.0

*Scale of 1 to 6

t = 1.662

p = 0.108

Table 13**Effect of the Declaration of Commitment Program on Foster Family Stability.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	10	5.20	1.23	4.0	5.0	4.0
Family Service	23	5.26	1.10	4.0	7.0	4,5

*Scale of 1 to 7

t = -0.141

p = 0.889

Table 14**Effect of the Declaration of Commitment Program on Foster Family's Ability to Weather a Crisis.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	10	4.90	1.10	4.0	7.0	4.0
Family Service	24	4.83	1.13	4.0	7.0	4.0

*Scale of 1 to 7

t = 0.158

p = 0.876

Table 15

Social Worker Recognition of Children in the Declaration of Commitment Program Having a Better Understanding of Themselves Compared to Other Permanent Ward Children in Long-term Care.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	8	1.25	0.46	1.0	2.0	1.0
Family Service	22	2.86	1.67	1.0	7.0	1.0

*Scale of 1 to 7

t = 2.668

p = 0.013

Of interest is the low score attributed to the Declaration of Commitment Program providing children with a better understanding of themselves. Family service social workers scored 20% higher in approval than foster support social workers, however both populations indicated their experience that the Declaration of Commitment Program had little, if any, impact on children gaining greater understanding of themselves. This score could indicate that social workers believe that children already have a strong awareness/understanding of themselves prior to program involvement. This interpretation is more plausible than assuming the Declaration of Commitment Program is greatly lacking in this regard, as all other responses regarding the Declaration of Commitment Program's impact have been positive.

Qualitative Description of Social Workers' Perceptions

Social workers were generally neutral in their belief that consideration of permanency planning in case planning with children in long-term care is important (table 16, p. 53). This question was intended to gauge social worker understanding and perception of the value of permanency planning in case management. The response is concerning to the writer. If social workers do not believe permanency planning is very important, then it likely follows that social workers are not cognizant of permanency planning for children and this may contribute to children languishing in impermanence. This question does not explore experience with the Declaration of Commitment Program, but explores a belief system regarding professional practice and knowledge.

Despite exhibiting neutrality at the value of permanency planning itself in the previous question, social workers agreed that programs promoting permanency planning are very valuable (table 17, p. 54). There is an apparent discrepancy between these two responses. Perhaps it is difficult for social workers to conceptualize permanency planning in an abstract form versus when

Table 16**Social Worker Perception of the Importance of Permanency Planning with Children in Long-Term****Care.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	10	3.00	0.00	3.0	3.0	3.0
Family Service	24	2.83	0.48	1.0	3.0	3.0

*Scale of 1 to 4

t = 1.085

p = 0.286

Table 17**Programs that Promote Permanency Planning are Valuable.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	10	5.70	0.48	5.0	6.0	6.0
Family Service	25	5.04	1.46	1.0	6.0	6.0

*Scale of 1 to 6

t = 1.391

p = 0.174

presented in the context of a program.

This question follows the concept of the previous question in that the definition of permanency planning is provided and respondents are asked whether a program that promotes permanency planning is valuable. Essentially this question again measures the importance social workers place with permanency planning.

The next segment of the survey provides an interpretation of social workers' satisfaction regarding elements of the operationalized Declaration of Commitment Program at Winnipeg Child and Family Services. This interpretation was inferred by comparing social workers' perceptions of their actual experience with the program and their ideal expectation of such a program. Although almost all scores of actual experience are lower than ideal expectation, the differences are not great, suggesting general satisfaction with the Winnipeg Child and Family Services program. This consistency is not a surprise as an ideal expectation will rarely, if ever, be matched by an actual experience. Nonetheless, all responses indicate actual experience of the Declaration of Commitment Program fall short of the ideal expectation, although not by much. One can infer that social workers are satisfied with the Declaration of Commitment Program.

Respondents felt that the Declaration of Commitment Program ideally increases the sense of permanence for the foster child (table 18, p. 56). Foster support social workers have higher expectations of an ideal Declaration of Commitment Program than family service social workers.

It could be argued that foster support social workers are less satisfied with the program because they are more involved on a day-to-day basis with foster family functioning and hence are more critical of programming limitations.

Respondents have higher expectations that a Declaration of Commitment Program should ideally provide a greater sense of belonging for the foster child (table 19, p. 57). The actual

Table 18

The Declaration of Commitment Program Increases the Sense of Permanence for the Foster Child.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	6.64	0.50	6.0	7.0	7.0
Foster Support Actual	10	4.70	1.89	1.0	6.0	6.0
Family Service Ideal	24	5.85	1.84	1.0	7.0	7.0
Family Service Actual	22	4.89	1.98	1.0	7.0	5.0

*Scale of 1 to 7

Table 19**The Declaration of Commitment Provides a Greater Sense of Belonging for the Foster Child.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	6.64	0.50	6.0	7.0	7.0
Foster Support Actual	9	5.44	1.74	1.0	7.0	6.0
Family Service Ideal	23	5.67	2.04	1.0	7.0	7.0
Family Service Actual	22	4.41	2.22	1.0	7.0	7.0

*Scale of 1 to 7

experience of respondents is lower, hence their satisfaction with the program in this appears to range from above neutral for family service social workers to moderately satisfied for foster support social workers.

Respondents believe a Declaration of Commitment Program should significantly reduce the possibility of a placement breakdown (table 20, p. 59). Social workers indicate their neutrality in their belief that the program actually reduces the possibility of a placement breakdown. In effect, it could be argued the total respondents, on average, have not experienced the program affecting placement stability. Family service social workers, in particular, may be more realistic or perhaps pessimistic with respect to the Declaration of Commitment Program's ability to completely effect foster home stability.

With respect to a child's level of commitment to resolving problems with foster parents, respondents moderately agree the Declaration of Commitment Program should increase commitment (table 21, p. 60). Social workers were neutral with respect to the Declaration of Commitment Program affecting the child's level of commitment to resolving problems with the foster parents. It may be argued that social workers believe other variables affect the child's commitment.

In general, respondents agree the Declaration of Commitment Program both ideally and actually affects foster parent level of commitment to resolving problems with the foster child (table 22, p. 61).

Respondents indicated they believe the Declaration of Commitment Program would ideally raise their level of commitment to resolving problems within their foster families (table 23, p. 62). In terms of their actual experience, respondents found the Declaration of Commitment Program did not have any significant affect on their commitment to resolving problems within the foster

Table 20**The Declaration of Commitment Reduces the Possibility of a Placement Breakdown.**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	5.18	1.33	3.0	7.0	5.0
Foster Support Actual	7	4.29	1.98	1.0	7.0	5.0
Family Service Ideal	24	5.10	1.83	1.0	7.0	6.0
Family Service Actual	19	4.05	2.15	1.0	7.0	1,2,5,6,7

*Scale of 1 to 7

Table 21

The Declaration of Commitment Program Increases the Child's Level of Commitment to Resolving Problems with the Foster Parents.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	5.59	1.20	3.5	7.0	5,6,7
Foster Support Actual	8	4.25	1.75	1.0	6.0	5
Family Service Ideal	24	5.35	1.84	1.0	7.0	6,7
Family Service Actual	20	4.00	2.05	1.0	7.0	5

*Scale of 1 to 7

Table 22

The Declaration of Commitment Program Increases the Foster Parent's Level of Commitment to Resolving Problems with the Child.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	5.55	2.07	1.0	7.0	7.0
Foster Support Actual	9	5.11	1.62	3.0	7.0	6.0
Family Service Ideal	24	5.60	1.73	1.0	7.0	5,7
Family Service Actual	21	4.55	1.82	1.0	7.0	5

*Scale of 1 to 7

Table 23

The Declaration of Commitment Increases our own Level of Commitment as a Social Worker to Resolving Problems within the Family.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	5.55	1.97	2.0	7.0	7.0
Foster Support Actual	9	4.56	2.13	1.0	7.0	6.0
Family Service Ideal	24	4.38	2.36	1.0	7.0	7.0
Family Service Actual	23	4.24	2.19	1.0	7.0	1,5,7

*Scale of 1 to 7

family. It could be argued that the program had less impact on foster support social workers' commitment, the implication being that significant commitment already exists and would not be affected to any considerable degree by the Declaration of Commitment Program.

Respondents are in agreement that the Declaration of Commitment Program would ideally improve the general functioning of the foster child (table 24, p. 64). Based on their actual experience, foster support social workers moderately found the program to improve the child's general functioning, whereas family service social workers scored below neutral indicating some disagreement with this statement. This score is not interpreted as the Declaration of Commitment Program being detrimental to the child's functioning, but rather that family service social workers believe the Declaration of Commitment Program does not affect the general functioning of the child. This may indicate social workers experience other variables at play which more explicitly affect the child's functioning. It is difficult to ascertain how the absence of the program might have impacted a child's functioning.

Respondents believe that ideally the Declaration of Commitment Program should strongly contribute to the stability experienced by the foster child (table 25, p. 65). Social worker experience of the program is that the Declaration of Commitment Program, in actuality, did not meet their ideal expectation, although more so for foster support social workers than family service social workers. The difference between actual and ideal was greater however for foster support social workers which indicates their experience falls short of their ideal expectation.

Similar results as above are indicated with respect to stability experienced by foster parents (table 26, p. 66). Foster support social workers are slightly less convinced of the impact on foster parents as opposed to the impact on stability for children as described above, perhaps because foster parents are generally or expected to be more stable and functional than the foster

Table 24

The Declaration of Commitment Program Improves the General Functioning of the Foster Child.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	5.55	1.21	4.0	7.0	4,6,7
Foster Support Actual	9	4.78	0.83	4.0	6.0	4.0
Family Service Ideal	24	4.79	2.28	1.0	7.0	7.0
Family Service Actual	21	3.79	1.94	1.0	7.0	5.0

*Scale of 1 to 7

Table 25

The Declaration of Commitment Program Contributes to the Stability Experienced by the Foster Child.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	6.36	0.81	5.0	7.0	7.0
Foster Support Actual	9	5.17	1.12	3.0	6.5	5,6
Family Service Ideal	24	5.33	2.12	1.0	7.0	7.0
Family Service Actual	24	4.44	1.94	1.0	7.0	5,6

*Scale of 1 to 7

Table 26

The Declaration of Commitment Program Contributes to the Stability Experienced by the Foster Parents.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	6.09	1.04	4.0	7.0	7.0
Foster Support Actual	9	5.22	1.48	3.0	7.0	5.0
Family Service Ideal	24	5.40	2.04	1.0	7.0	7.0
Family Service Actual	22	4.52	1.96	1.0	7.0	5.0

*Scale of 1 to 7

children they care for. This trend is repeated when looking at the actual experience of foster support social workers and family service social workers.

Respondents strongly agree the Declaration of Commitment Program would ideally improve the child's potential for life success (table 27, p. 68). Again, perception of actual experience with respect to improvement of the child's potential for life success is less.

Respondents strongly agree the Declaration of Commitment Program ideally improves the child's potential for developmental functioning or growth (table 28, p. 69). The scores are virtually identical to the previous question as both examine a similar consideration with respect to child development and functioning.

A test of difference was conducted on this series of actual versus ideal questions in order to establish a sense of social worker satisfaction of the Declaration of Commitment Program. Social worker ideal expectation of the program as described was statistically compared to social worker actual experience of the program.

A t-test indicated the results were significant, thus experiences of social workers of the Declaration of Commitment Program did fall below their expectations. This is an expected finding as an actual experience of an event (in this case, a program) will generally fall short of a perceived ideal experience.

Despite the fact that, on average, the Declaration of Commitment Program did not meet ideals, results indicate social workers are generally satisfied with the Declaration of Commitment Program. All values describing ideal experience are greater by approximately one scale value than actual experience (table 29, p. 70). As evident in table 29, a strong significance is demonstrated between the ideal and actual experiences of the total population.

Table 27**The Declaration of Commitment Program Improves the Child's Potential for Life Success**

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	6.18	0.87	4.0	7.0	6.0
Foster Support Actual	8	5.25	1.28	3.0	7.0	6.0
Family Service Ideal	23	5.20	1.97	1.0	7.0	6,7
Family Service Actual	20	4.48	1.96	1.0	7.0	5.0

*Scale of 1 to 7

Table 28

The Declaration of Commitment Program Improves the Child's Potential for Developmental Functioning Or Growth.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support Ideal	11	6.18	0.98	4.0	7.0	7.0
Foster Support Actual	8	5.25	1.28	3.0	7.0	6.0
Family Service Ideal	24	5.10	1.67	1.5	7.0	6,7
Family Service Actual	22	4.39	1.75	1.0	7.0	3.0

*Scale of 1 to 7

Table 29

Satisfaction of Declaration of Commitment Program of Total Respondents as Measured by Difference Between *Ideal* and *Actual* Values

Statement	Mean Difference	t	p
Increases sense of permanence for foster child	1.250	3.745	0.000
Provides greater sense of belonging for foster child	1.177	3.738	0.000
Reduces the possibility of placement breakdown	1.000	2.964	0.003
Increases child's level of commitment to resolving problems within family	1.304	4.457	0.000
Increases foster parent's level of commitment to resolving problems within family	1.100	4.309	0.000
Increases social worker level of commitment to resolving problems within family	0.547	2.420	0.011
Improves general functioning of foster child	0.683	4.012	0.000
Contributes to stability of foster child	0.939	5.061	0.000
Contributes to stability of foster parents	0.839	4.817	0.000
Improves child's potential for life success	0.679	2.929	0.003
Improves child's potential for developmental functioning and growth	0.700	3.751	0.000

Qualitative Descriptions of the Declaration of Commitment Program

The remainder of the survey requested written responses to open-ended questions and, in general, demonstrated results equivalent to those in the quantitative portion of the survey.

In response to the question regarding action taken should an abuse allegation be made in a Declaration of Commitment family, it is apparent both foster support and family service social workers would likely remove the child, although the scores indicate a more neutral reaction/response than a definitive act of removal (table 30, p. 72).

Natural families, when demonstrating inappropriate parenting/behaviour, are generally offered supports, “direction”, guidance, etc. One would expect to see more of this reaction and response versus the “quick to remove” action that has traditionally occurred. If Declaration of Commitment families are to truly be viewed as having significant commitment, one might expect that workers would be more hesitant to remove children for “behavioural infractions” by foster parents.

The above question was designed to determine whether social workers allow Declaration of Commitment families the greater latitude they allow natural families. Foster families are governed by codes and behavioural expectations as agency employees and children tend to be removed as a result of abuse allegations. Often the same allegations occurring in a biological home would likely not result in immediate removal as the agency’s philosophy encourages that children remain at home with families during investigations provided that risk is minimal. It is evident that Declaration of Commitment families are not treated in this manner and experience the same consideration as foster families. In the writer’s opinion, this most strongly indicates a lack of appreciation and understanding of the bond of commitment as experienced in the Declaration of Commitment family. In the social workers’ defence, however, many actions of removal are

Table 30

Likelihood of Removing a Child from a Declaration of Commitment Family in the Face of an Abuse Investigation (Compared to a Child from a Non-Declaration of Commitment Family.

	Number of Responses	Mean	Standard Deviation	Minimum	Maximum	Mode
Foster Support	9	3.33	1.32	1.0	5.0	4.0
Family Service	16	3.63	1.71	1.0	6.0	5.0

*Scale of 1 to 7

governed by strict guidelines. Until policies and procedures are changed, it is unlikely that social workers will “risk” leaving children in less clear situations without agency and supervisory sanction and support.

Another question asks “Considering a family who has completed the Declaration of Commitment Program (and with respect to “non-child protection” related issues), would your response to this family in times of crisis be similar to: natural/biological family; foster family; not sure?”

This question continues the attempt to gain insight into social worker response to “regular foster family” and those foster families that have declared their commitment as a family and to the foster child. It appears the Declaration of Commitment families are viewed and treated as foster families and the commitment which sets them apart in some aspects of the system is not acknowledged nor recognized by most workers. Even if recognized, the Declaration of Commitment family appears to receive no additional consideration than do “regular” foster families.

A greater percentage of foster support social workers would respond to a Declaration of Commitment family during times of crisis as they would to a natural/biological family, although numerically this is 2 workers of a possible 11 compared to 1 out of a possible 23 family service social workers. Approximately 40% of foster support social workers were unsure and 50% would respond as they would to natural families. Twenty-five percent (25%) of family service social workers were unsure, while approximately 66% would respond as they would to foster families.

In addition to the previous questions, 12 open-ended questions were included and interspersed throughout the questionnaire to allow social workers opportunity to express opinions

and ideas that were not included:

How helpful do you believe the Declaration of Commitment Program has been to foster parents?

Over half of the total respondents (7 of 13) answered in the positive with comments including the Declaration of Commitment Program increasing the sense of stability, commitment and permanence. Two commented they felt the program benefited the foster parent more so than the child who really didn't understand. Two other comments reported the foster children had special needs and were, thus, difficult to assess. Other comments indicated workers were not clear what was being asked of them, answering vaguely or unintelligibly. Clearly, the comments related to a case-to-case experience.

Please comment on the value of the Declaration of Commitment Program in regards to each of the following. Please indicate other situations that you may have found valuable or not valuable.

Of the 16 responses, half (8) found the program clearly and completely valuable to the foster family. There were three comments recommending follow-up meetings and/or counselling to address issues that surface as a result of the signing.

Another comment indicated the program and process heightened the child's "foster" status and reduced "hope of returning to birth mother" which coincided with another comment that indicated the child was not psychologically ready to review birth history and address related issues. Two responses indicated the impression the Declaration of Commitment worker was not thorough.

Under more ideal conditions, one worker found "the actual ceremony on the day of the signing was very memorable for the child and family."

How would you describe the effect of the program on foster families in areas of stability and ability to weather a crisis. Comments.

Six responses of the 11 clearly indicated the foster parents who signed were already committed and the program really made no difference in terms of weathering a crisis. One did indicate a “sense of permanence can help in weathering a crisis.” Another found no difference as “teenagers don’t change because you sign a piece of paper” and children diagnosed with FAS/FAE experience no change.

How important do you think permanency planning is in case planning with children in long-term care? Why or why not has this been helpful?

Twenty respondents answered, of which 17 clearly indicated permanency planning was beneficial for children. Specifically mentioned within these comments were an increased sense of security; decreasing the anxiety and sense of the unknown in children; increased “stability”, “belonging”; “provides a sense of finality, long-term care, commitment to a family.” Gives a child a “home.” A stronger indication of support for permanency planning is evident in this question as compared to earlier scaling questions. Perhaps when provided with the time and opportunity to articulate their beliefs, social workers may express greater commitment to and awareness of permanency planning compared to requests for scaled responses.

Other comments indicated the importance of children having a part in the process and feeling some sense of involvement in the planning for their lives and a sense of control.

There was also indication that some workers are concerned about forms of “foster care drift” by identifying concerns about children “falling through the cracks”, tendency to “ignore” permanent wards.

Another worker acknowledged the therapeutic value of the process regarding birth history and addressing the impact of family of origin.

Please share your comments regarding your sense of this program's concept.

Of the 19 responses, 12 were favourable and supportive of the program's concept. Eight comments referred specifically to the sense of belonging and permanence children experience.

"Children in long-term care view this declaration as a security in their life and with the family they are placed with. This makes a tremendous difference on a child's sense of security and self-esteem. It is definitely interpreted as an indication of love (from the child's perspective)."

Adoption or subsidized adoption is mentioned numerous times as almost synonymous with Declaration of Commitment.

Other comments challenge the effect of the Declaration of Commitment signing ceremony and raise concerns that foster parents may be left feeling trapped with no way out.

The life book process was reported by one respondent as being the most valuable aspect of the program.

Two respondents commented on the role and responsibility the agency has in formally recognizing the concept of permanency planning.

The following question compares your experience and your ideal expectation for the Declaration of Commitment Program? Comments.

Responses reflect specifics of Questions 11a to 11k: program too short; FAS/FAE kids; other factors affecting a child's potential unrelated to the Declaration of Commitment.

Another comment indicated cases were accepted that would have demonstrated stability with or without the program.

Another states "...the lack of commitment to this program may have left families/children

feeling very insecure about what the “system” has planned for them.”

Increasing the quality of life, better suited for older kids, and the value of life books were all mentioned.

Based on your experience, what changes would you recommend to improve the program?

Several respondents (5) recommended post Declaration of Commitment follow-up and feedback as some children/families experience emotional fallout after the Declaration of Commitment process.

Others indicated children were not prepared to deal with the extent of birth family information shared nor with the associated emotional fallout. Another thought children should be at least 12 years old.

Life books were identified as beneficial for children regardless of the Declaration of Commitment planning and involvement and that all permanent wards should have the opportunity to complete a life book.

Four respondents articulated they were very pleased with the program as it was.

There was also indication that support to families should be maintained and a caution to refraining from convincing foster parents to sign the Declaration of Commitment for “the child’s sake””I’m not sure this is good - the child may be set up thinking it is a stronger commitment than it actually is.”

A goal of the Declaration of Commitment Program is to increase the sense of permanence and commitment for foster children and foster parents. At the completion of the process, some families sign the Declaration of Commitment agreement. If such a family was involved in a case of abuse allegation, how likely would you be to remove the child compared

to one who has not completed the program? Comments.

This question and the subsequent responses appeared to particularly highlight social worker perception of the Declaration of Commitment Program and the permanency planning/Declaration of Commitment concept.

Of the 30 responses, 16 stated removal of a child due to abuse allegations would depend upon the situation. For example, the type of abuse, vulnerability of the child, foster parent remorse, etc. Ten responses clearly, and some emphatically, indicated that essentially “abuse is abuse” and these workers would investigate and respond as safety and “best interest of the child” dictated.

“.....no difference - the Declaration of Commitment is only a formality - doesn’t change the relationships which exist.”

“....I see no difference in what the process would be in dealing with an abuse allegation of a child in a foster home. If the child needs protection, the child would be removed.”

“....dependent on risk/safety not on emotional commitment to family.”

Highlights the discussion about the lesser of two evils - damage due to placement versus inappropriate parenting.

These responses are an all or none / black or white with no room nor allowance for the Declaration of Commitment family earning consideration or latitude as have biological families. Only four respondents stated they would be more inclined to look for resolution and tolerance versus removal of the child.

“After signing the Declaration of Commitment, it would be my preference to treat foster families as birth families and look for resolution....”

“....any grey areas are much more tolerable in the Declaration of Commitment situations.”

“....no different than biological families.”

“....more inclined to maintain a placement for any child dependent upon the allegations and appropriateness of foster parent.”

The responses indicate some anxiety around “accepting” abuse or risky situations that previously may have only been considered tolerable within the biological family context.

Considering a family who has completed the Declaration of Commitment Program (and with respect to “non-child protection” related issue(s), would your response to this family in times of crisis be similar to a natural/biological family, a foster family, or not sure?

Comments.

The majority of respondents would respond to a Declaration of Commitment family in a time of crisis with perhaps more considerations and treatment afforded non-Declaration of Commitment family.

Respondents were, on average, more respectful of the commitments within the family and more hesitant to move the child. One respondent specified they would treat the Declaration of Commitment family as they would a biological family. At least four stated they would treat the family the same as other foster families.

In a few words, how would you describe the ideal Declaration of Commitment Program?

The ideal Declaration of Commitment Program was described most frequently as akin to subsidized adoption. Many of these particular respondents specified money/rates should not be of issue and not tied to the Declaration of Commitment (7 respondents).

Other responses indicate elements identified as goals for the program including elements of commitment, assisting the child toward awareness of their past. Some felt the program was

fine as is or felt too inexperienced to comment.

The intent of the Declaration of Commitment Program is for the agency to develop a different kind of relationship with the foster family. Should there be a way to differentiate them from other foster families?

In terms of differentiation of Declaration of Commitment families from other foster families, ten respondents indicated yes, another seven were not sure. Five stated no - there should not be a way to differentiate Declaration of Commitment families from other foster families.

The remainder of the comments did not indicate a need or not for differentiation, however did state ongoing supports and checks would be recommended regardless of differentiation or status.

Social workers appear to require some assurance that, despite the title or status of the family, checks and balances will continue to operate. There was some indication the “quality” or intensity of checks should be maintained.

The written comments support the earlier quantitative findings and affirm social workers’ value for the Declaration of Commitment Program. Social workers’ beliefs with respect to permanency planning were more convincing in terms of their commitment and perceptions of the value of permanency planning. When provided an opportunity to “think and write”, social workers seemed to allow themselves greater depth of consideration and expression.

CHAPTER V

CONCLUSION

Comments Regarding Findings

The scores consistently demonstrated that the social workers surveyed found the Declaration of Commitment Program helpful and effective for foster children and foster families. Foster support social workers, in particular, demonstrated greater understanding of, and value for, the Declaration of Commitment Program as related to permanency planning. These findings must be treated with caution as the differences in responses between the two groups were found to be generally insignificant. If one does believe that permanency planning is an invaluable process, as this practicum has indicated, this finding may indicate that foster support social workers have greater insight and awareness into the benefits offered by the Declaration of Commitment Program and benefits experienced by children in long-term care. Foster support social workers have generally more experience than family service social workers. In addition, foster support social workers may receive additional training in the benefits of permanency planning and may experience greater emphasis of permanency planning concepts and planning during supervision. Thus, family service social workers may not necessarily understand the concept and value of permanency planning to the extent that foster support social workers do. The entire population of respondents did demonstrate a limited appreciation for the value of permanency planning which the writer infers is a result of lack of knowledge and direction. Social worker appreciation for the Declaration of Commitment Program is likely limited. This is concerning in that the mandate of Winnipeg Child and Family Services with respect to children in long-term foster care may not be prioritized in the minds of social workers. This is important information to highlight and to draw attention to, particularly as with a strong agency

commitment toward permanency planning, minimizing the lack of awareness front line workers have could be deleterious to the program.

The findings do not suggest social workers believe the concept of permanency planning is harmful, but do suggest social workers, in particular family service social workers, are, at worst, indifferent. Clearly, supervisory involvement during yearly evaluations and specialized training sessions might be appropriate to address this issue.

Similarities in findings can be drawn between this study and its counterpart which set out to examine the perceptions of foster parents and foster children. In general, 87% of foster parents who participated in the study lent their overall support to the program and would recommend it to other foster parents (Frankel and Guberman, 1999). Examined more closely, the majority of foster parents felt the Declaration of Commitment Program did not make a difference with respect to a child's knowledge of their family history (56%), did not affect the child gaining a greater understanding of self (50%) and that there was no change in the child as a result of the process (56%).

This resulted in 31% of foster parents feeling the child did gain a greater understanding of their family history, 46% felt the child developed a greater understanding of themselves, and 43% of foster parents reported positive increases in the child and their relationship with the foster family. Many foster parents commented on the concern for the child's readiness for the program and the child's ability to comprehend and benefit from the program due to age and developmental capacity.

The few foster children that were interviewed generally appreciated the program and expressed an appreciation for learning more about their biological families and being more actively involved in planning for and decisions about their futures. These results correspond to the

favourable response to the Declaration of Commitment Program and associated benefits as expressed by social workers.

The literature surveyed supports the concept that foster children and foster families benefit from activities such as those identified in the Declaration of Commitment Program. Gaining information and insight into a child's biological family and placement history, for example, serves to develop a child's self-awareness and self-confidence, which in turn, promotes stability.

As there may be a correlation between the years of experience and the perceived value of permanency planning and the benefits of the Declaration of Commitment Program, this writer suggests that social worker orientation to the family service position upon hiring could include discussion, training, and guidelines regarding permanency planning. Generally, all family service social workers' responses in the survey resulted in means that indicated moderate approval, with foster support social workers indicating more enthusiastic approval often within 0.5 of a scale point from the maximum.

The findings raise the question regarding the effectiveness of case management with respect to permanency planning. Social workers may be considerate of long-term planning for children, however may not be doing so conscientiously. This writer suggests that were social workers conscious of permanency planning principles, there is a greater likelihood of their application in case management practice, hence a formulaic breakdown of permanency planning steps as provided in a generalized guideline would be beneficial to case management.

The results indicate a lack of understanding of the importance of permanency planning reflected in questions exploring value associated with aspects of the Declaration of Commitment Program. Declaration of Commitment families are not seen differently in terms of commitment by social workers compared to non-Declaration of Commitment families, i.e. non-Declaration of

Commitment foster parents. A Declaration of Commitment family has explicitly stated their commitment to the child. One would expect these families to be seen and treated in high regard and consideration.

Management will need to take an active and directive role in ensuring appropriate training and information is made available to front line workers and supervisors. Supervisors, in particular, may consider incorporating a systematic case review system on a six month basis during supervision with social workers.

The Declaration of Commitment Program is a focused and specific service designed to ensure that permanency planning needs are met. Family service social workers are, by job description, providing multi-task services to clients, foster families, children in care, collaterals, etc., leaving little time and attention for the considerations required for permanency planning that the Declaration of Commitment Program provides.

As stated earlier, research is lacking with respect to social worker understanding of permanency planning, its concepts and related case management skills. The literature review consistently suggests difficulties that lie within research methodology of evaluating the impact of long-term foster care on children and case management practice due to the many variables. These problems in research methodology are, therefore, difficult to address. This writer argues, however, that with continued research, more information and evidence will continue to explore the practice of permanency planning and to identify the characteristics and needs of children in long-term foster care. This writer is of the opinion that continued discussion regarding the demonstrated effectiveness of permanency planning practice will encourage more research in these areas. Child welfare officials, particularly in the managerial levels, need to articulate and develop policy and practice guidelines to establish clear expectations for social work practice with

respect to permanency planning for children in long-term care.

Eligibility to the Declaration of Commitment Program is based on demographics in that the population served are permanent wards that have been in placement for two or more years. These children, in effect, are already in committed placements by nature of foster parents' interest and their eligibility for the Declaration of Commitment Program. The Declaration of Commitment Program's goal is to prevent breakdown in relatively stable placements by strengthening existing relationships and commitment. The program does not and is not designed to address the large population of children already adrift, i.e. having experienced many moves and the negative effects associated therein. Hence, the program is geared toward already stable placements and therefore the program's effect with respect to stability and permanence on other populations is unclear. There is no data to indicate the program's impact on what may be described as an unstable population and the potential benefits. Consideration and discussion may be appropriate in the evaluation of expanding the eligibility criteria to include less stable, more transient children who could potentially benefit from the goals of stability the program offers.

Discussions regarding the legalization of foster care presents somewhat of an oxymoron in that the very nature of foster care implies continued guardianship and control by the Agency, hence the "legal" issue can only be asserted by the Agency, not the foster parent. Even basic situations such as travel and medical consents must be authorized by the Agency. This is a systemic issue that, if addressed, will require an examination of how the Agency views and grants rights and privileges to foster parents. To this end, looking to subsidized adoption may be the appropriate course. Adjusting or amending policy which would acknowledge Declaration of Commitment foster parents' rights beyond those presently granted would likely require a significant review of the system.

Even if children are permanent wards of the Agency, their biological parents have a right to reapply for guardianship yearly until the time the child comes to be adopted, hence stability is questionable even in the case of permanent wards. Most foster parents still reject the idea of adoption which would provide the legal authority and control desired, due to the fear of rate reduction and absence of support. Perhaps worthy of some consideration is the suggestion to terminate biological family rights to reapply for guardianship on a yearly basis once custody has been removed from them. This move would end speculation and fear of forceable reunification with family and provide the foster family unit a greater sense of permanence.

Norwegian child welfare practice has been successfully guided by such principles of permanency planning. In particular, they limit the rights of biological parents to reopen guardianship applications, and grant the child's care giver extensive rights and more long-term duties and obligations (Slette, Hagen, and Majer, 1993). Such a practice serves to affirm the child's need for stability and the foster family's sense of permanence.

This writer is of the opinion that we need to truly value and benefit from the "Declaration of Commitment" families and the stability they provide to foster children. It is critical that they be recognized as separate from foster families and seen as similar to natural/biological families. However, social workers will likely not change case management philosophies and actions without clear sanction from agency management and direct instruction from supervisors. If this direction and support is not made concrete and explicit, it is the writer's opinion that the Declaration of Commitment Program will become a program of supportive and educational service. The potential of the program may be lost. Encouraging and acknowledging the commitment families have made to a foster child must be followed through by action and support for maintenance of the foster family unit.

Discussion on the Practicum Experience

During the completion of this practicum, this writer had the opportunity and experience to learn about facilitating group meetings with the objective of assisting group members in the consideration and selection of issues pertaining to social workers' awareness of permanency planning concepts and their experience with and perception of the Declaration of Commitment Program. The writer also gained experience in the decision-making around appropriate instrument selection for generating data in response to the above.

Also gained was the experience in survey creation and pretesting. The writer facilitated several meetings with the Continuum of Care Committee in an effort to identify areas to be explored with social workers. Many areas of interest were identified including social workers' impressions of the program's ability to help foster parents and foster children, satisfaction with specific elements of the program and the perceived impact on foster children and foster families, providing foster children an opportunity to develop a greater awareness of themselves, their placement history, family history, etc.

Due to the numerous items to be panelled, the large population of social workers from whom information was sought and the limitations of time and money, a survey was chosen as the most appropriate means of gathering information. The writer gained an appreciation for the skills necessary in survey creation. Returning to the foundational instruction of "what do we want to know" proved helpful in focusing the questions and avoiding redundancy.

Questions must be carefully thought out and articulated simply and succinctly - addressing one question at a time. An ordered progression of thought must be evident so there appears to be a sensible flow of thought from one question to the next.

Certainly the writer's employment as a social worker and having experience and

awareness of issues regarding long-term foster care, issues related to placement changes, permanency planning and some awareness of the Declaration of Commitment Program itself, assisted the writer with the development of questions.

The resulting data provided the challenge of interpretation and informed the writer about social workers' perceptions of the Declaration of Commitment Program., as well as some indication regarding the differences of perception between foster support social workers and family service social workers. The data was generated into statistical descriptions of mean, standard deviation, mode, minimum and maximum. As well, question number 11 of the survey is designed to measure satisfaction as derived by the difference in scores of ideal program value versus scores of actual experience program value.

The final goals of this practicum were to develop an increased understanding of the topic area of permanency planning in child welfare and establish relationships between the literature and survey findings. The knowledge acquired in the process of the literature review and canvassing social workers' opinions in consideration of the Declaration of Commitment Program left the greatest impression on the writer and became the most important and far reaching of elements learned.

In the same vein, attempting to comprehend, conceptualize and then distill information regarding permanency planning, particularly as related to the Declaration of Commitment Program, was among the most challenging of tasks as this distillation was to provide salient concepts used to generate the survey questions. As a result, the writer developed a greater understanding of permanency planning and became more conscious of her own case management decisions.

The setting of this practicum was beneficial in meeting these learning objectives. As an

employee of Winnipeg Child and Family Services, permanency planning is a much talked about, but less acted upon, concept and philosophy. The writer became cognizant of the aspects of social work practice that require attention in the exploration of colleagues' perceptions and understanding of permanency planning and their awareness of the Declaration of Commitment Program. The writer developed a greater awareness of the Declaration of Commitment Program and its multi-faceted aspects. Areas of importance and concern with respect to permanency planning as identified with the literature review are addressed within the concept of the Declaration of Commitment program: legalization or formalization of planned, long-term foster care; involvement of children in the planning for their permanence; sharing birth family and placement history information with children and their foster families; examination of the impact of multiple moves on the development and/or exacerbation of attachment disorders. In short, the recognition and support for permanence leads to stability and better functioning children and foster families.

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THE UNIVERSITY OF MANITOBA

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May 8, 1998

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E-Mail: Socwork_Research@UManitoba.CA

Dear Colleague:

I am currently a graduate student of the Faculty of Social Work at the University of Manitoba. I am writing to you in regards to my Masters practicum research.

This study is being conducted as part of a Masters of Social Work practicum requirement under the auspices of the Faculty of Social Work. It has been approved by the Ethics Committee of Faculty and by my Practicum Committee. The principle investigator is myself, Edith Kovacs, (944-4096), and the practicum advisor is Dr. Harvey Frankel, Faculty, School of Social Work (474-8378).

The aim of this study is to evaluate the success of this program based on the perceptions and opinions of social workers of Winnipeg Child and Family Services who have had involvement with the Declaration of Commitment Program. The study is conducted in collaboration with Winnipeg Child and Family Services research group. The research group is conducting a larger study for Winnipeg Child and Family Services in order to evaluate the Declaration of Commitment Program. My practicum research is a part of the larger study and is limited to social workers who have had at least one meeting with a Declaration of Commitment worker, foster family support worker or family service worker, the foster family and child.

The research will involve the completion of a survey and should take approximately 20 minutes. This letter serves as a request for your participation in the study. Participation is completely voluntary. If you wish to be a part of this research, simply complete the survey and return it to me using the Agency's internal mail system. Your responses will be confidential. You are free to decline to participate and, if you choose to involve yourself with this project, you are free to decline to answer any question you do not wish to respond to. Your completed questionnaire will be treated in a private and confidential manner. As I am also an employee of Winnipeg Child and Family Services, ensuring your confidentiality is very important. The questionnaires are numerically coded and are unidentifiable to me. The surveys will be managed by an associate of the Winnipeg Child and Family Services research group. If you are interested in participating in a focus discussion group, please include your name and telephone number where indicated.

The final report will be made available to interested participants, if requested, at the completion of the study.

Thank you for your participation in this study.

Sincerely,

Edith Kovacs, B.S.W.

EK/bc





WINNIPEG CHILD AND FAMILY SERVICES

NORTHWEST AREA

80 Salter Street, Winnipeg, Manitoba, R2W 4J6

October 1, 1998

Dear Colleague:

As you may recall, you received a survey several months ago regarding exploring social workers' perceptions of the Declaration of Commitment Program. Due to the procedures designed to ensure your confidentiality and anonymity, those who have returned or not returned their surveys remain unknown.

All social workers invited to participate have valuable information to share, hence have you not yet been able to do so, please take a few moments and fill out the attached survey and return through internal mail in the envelope provided.

Your participation is invaluable and greatly appreciated.

I trust that you have returned from your summer holidays so incredibly refreshed that you have lots of energy to fill out the survey and forward it to me.

Here's hoping!

Sincerely,

Edith Kovacs, B.S.W.

NORTHWEST AREA MAIN OFFICE

1386 Main Street Winnipeg, Manitoba R2W 3V1 Telephone: 944-4031 Fax: 944-4006

George Karyk, Area Director

Helen Hayles, President J. Lance Barber, Chief Executive Officer



WINNIPEG CHILD AND FAMILY SERVICES
EAST AREA
MEMORANDUM

TO: Staff Who Have Participated in Declaration of Commitment Program

FROM: J. Lance Barber, C.E.O.

DATE: April 27, 1998

RE: Declaration of Commitment Program - Research Project

You will recall this program is an Agency initiative with referrals made through the Agency-wide Continuum of Permanent Care Committee. The goal is to provide selected permanent wards, their foster parents, and our staff with a mutual formal commitment to the placement as the permanent plan for the child. The expectation is this will enhance the child's understanding of their situation and his/her stability.

We have undertaken, together with the Faculty of Social Work, University of Manitoba, a research project to evaluate the impact of this initiative. The research includes interviews with foster parents and permanent wards (as appropriate) who have completed Permanent Placement Agreements/Declaration of Commitments and interviews with some who declined this option. Interviews and data analysis will be undertaken by Faculty of Social Work staff under the direction of Dr. Harvy Frankel.

We are now beginning a second phase of the research, namely input from family service and foster home support staff whose clients have been involved in a Declaration of Commitment. This research is being conducted by Edith Kovacs (Northwest Area) as part of her work toward her MSW. As noted in her attached letter your responses are completely non-identifying and will be processed through the university.

If you have any questions about the research, please feel free to call Ellen Peel, Director of Service at 944-4300.

EP/kb
cc: Ellen Peel

DECLARATION OF COMMITMENT SURVEY

Please answer the following questions and return the Survey in the attached envelope as soon as possible. Your cooperation and participation are greatly appreciated.

1. How long have you worked at Child and Family Services?

____ Years ____ Months

How long have you worked in child welfare?

____ Years ____ Months

2. In the last two years, how many of your cases have been referred to the Declaration of Commitment Program?

_____.

In the last two years, how many of these families signed the Declaration of Commitment Agreement?

_____.

3. What is your position?

____ Family Service Social Worker ____ Foster Support Social Worker

Have you been involved with this case since the time of referral?

____ Yes ____ No

Are you still involved?

____ Yes ____ No

We are interested in your perception and opinion of the Declaration of Commitment Program. In order to answer the following questions, it is important to differentiate between your actual experience with the Declaration of Commitment Program and the Declaration of Commitment Program as an ideal.

The following series of questions make reference to your actual experience with the Declaration of Commitment Program:

4. In general, do you believe the Declaration of Commitment Program has been helpful to the foster child?
Not Helpful 1 2 3 5 6 7 Very Helpful

5. How helpful do you believe the Declaration of Commitment Program has been to the foster parents?
Not Helpful 1 2 3 5 6 7 Very Helpful

Comments: _____

6. Please comment on the value of the Declaration of Commitment Program in regards to each of the following:

a) Your contact with the permanency planning social worker
Not Valuable 1 2 3 5 6 7 Very Valuable

b) Child having an opportunity to review birth family history
Not Valuable 1 2 3 5 6 7 Very Valuable

c) Child having an opportunity to review placement history
Not Valuable 1 2 3 5 6 7 Very Valuable

d) Child having an opportunity to be involved in the planning of their future
Not Valuable 1 2 3 5 6 7 Very Valuable

e) Child developing a greater awareness of their past
Not Valuable 1 2 3 5 6 7 Very Valuable

f) Child developing a greater understanding of their past
Not Valuable 1 2 3 5 6 7 Very Valuable

g) Please indicate other situations that you may have found valuable or not valuable.

7. How would you describe the effect of the Program on foster families in areas of:

a)	Stability	1	2	3	No Difference	4	5	6	7	More
	Less									
b)	Ability to weather a crisis	1	2	3	No Difference	4	5	6	7	More
	Less									

Comments:

8. Do you believe children who have participated in the Declaration of Commitment Program (who have had the opportunity to process and review life history information, etc.) have a better understanding of themselves compared to other permanent ward children in long-term care?

Much Better 7 6 5 4 3 2 1 No Difference

9. How important do you think permanency planning is in case planning with children in long-term care? (Please circle one)

1 Very Important 2 Important 3 Neutral 4 Not Important

Why or why not has this been helpful?

The following question compares your experience and your ideal expectation for the Declaration Program.

10. Please indicate your level of agreement or disagreement with the following:

Statement		Ideally		In Your Experience	
a.	The Declaration of Commitment Program increases the sense of permanence for the foster child?	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree No Experience ____
b.	The Declaration of Commitment provides a greater sense of belonging for the foster child?	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree No Experience ____
c.	The Declaration of Commitment reduces the possibility of a placement breakdown?	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree No Experience ____
d.	The Declaration of Commitment Program increases the child's level of commitment to resolving problems with the foster parents?	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree No Experience ____
e.	The Declaration of Commitment Program increases the foster parents' level of commitment to resolving problems with the child?	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree No Experience ____
f.	The Declaration of Commitment increases your own level of commitment as a social worker to resolving problems within the family?	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree No Experience ____
g.	The Declaration of Commitment Program improves the general functioning of the foster child?	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree	Strongly Disagree	1 2 3 4 5 6 7 Strongly Agree No Experience ____

Statement		Ideally									In Your Experience										
h.	The Declaration of Commitment Program contributes to the stability experienced by the foster child?	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree	No Experience	_____
i.	The Declaration of Commitment Program contributes to the stability experienced by the foster parents?	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree	No Experience	_____
j.	The Declaration of Commitment Program improves the child's potential for life success?	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree	No Experience	_____
k.	The Declaration of Commitment Program improves the child's potential for developmental functioning or growth?	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree	No Experience	_____

Comments _____

12. Based on your experience, what changes would you recommend to improve the Program?

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16. The intent of the Declaration of Commitment Program is for the agency to develop a different kind of relationship with the foster family. Should there be a way to differentiate them from other foster families?
-

Do you think they should still have the title "foster family"?

 Yes No Not Sure

What other title might be appropriate?

Your responses are greatly appreciated! Your impressions will allow for the opportunity to better understand the impact of this Program and allow for its improvement as necessary.

You are invited to provide your name and number should you be interested in participating in a "focus group".

Name

Telephone Number

RESEARCH ETHICS COMMITTEE APPROVAL CERTIFICATE

**Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba.**

To: E. Kovacs.

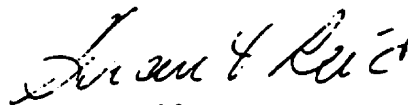
March 25, 1998.

YOUR PROJECT ENTITLED *Exploring the Perception of Winnipeg Child and Family Services Social Workers involved with the Declaration of Commitment Program* HAS BEEN APPROVED BY THE RESEARCH ETHICS COMMITTEE.

CONDITIONS ATTACHED TO THE CERTIFICATE:

- 1. You may be asked at intervals for a progress report.**
- 2. Any significant changes of the protocol should be reported to the Chairperson of this Committee so that the changes can be reviewed prior to their implementation.**

Yours truly,



Grant Reid

Chair

Research Ethics Committee.

(204) (474-8455).