

THE UNIVERSITY OF MANITOBA

A STUDY OF INFLUENCES ON THE STABILITY
OF PLANNED SUBSTITUTE CARE
FOR CHILDREN

Some factors in service to, and some characteristics of,
children coming into wardship, which may influence
the stability of the placement.

BEING A REPORT SUBMITTED IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

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ABSTRACT

This project is concerned with the study of quantity of casework service and characteristics of the child which are relevant to the successful planning for the child requiring substitute care. All the cases that came into permanent wardship of the Children's Aid Society of Greater Winnipeg in 1957 were studied, and then reviewed three years later in 1960, as to whether they had a successful or unsuccessful outcome. These cases were then classified under the quantity of casework activity done by the caseworker with the child, foster parent, adopting parent, institution, and collaterals, to assess the quantity of casework service offered to the child. The characteristics of the child which might affect permanent placement were classified under sex, age, religion, racial origin, physical and mental handicap.

The conclusions indicated from this study were that quantity of casework service did not affect a successful outcome, but certain characteristics such as age, sex, religion, and racial origin, did affect the successful outcome of the case.

CHAPTER I

INTRODUCTION

This study springs from a growing concern over the large number of children in Winnipeg for whom substitute care has become a permanent way of life. These children in substitute care tend to move frequently between foster homes or institutions, and at no stage do they have the opportunity to develop meaningful relationships.

It is assumed that, in order for a person to develop to his fullest ability, physical and emotional growth are inseparable; the growth of one being dependent on the other. Bernice Boehm¹ has suggested that, while child welfare agencies are meeting the physical needs of children in their care, many of these children are not having their emotional needs met, and, therefore, a succession of temporary living arrangements is becoming a permanent way of life for them.

Whereas we are drawing many helpful ideas from the study by Bernice Boehm, we do not intend to use it in any way as a pattern for our own study. Chapter two will indicate further the way in which her report has been of assistance.

The setting is the Children's Aid Society of Winnipeg. This is a social agency, both publicly and privately sponsored, charged with the responsibility of providing for the welfare of, and substitute care to, children under the age of 21 years, who are found to be neglected under

¹ Bernice Boehm, Deterrents to the Adoption of Children in Foster Care, Child Welfare League of America, Inc., N. Y., Dec. /58.

the terms of the Child Welfare Act. "Substitute care", may be defined as the adequate provision of food, shelter, and parental care, to ensure the maintenance of a child's physical and emotional well-being, provided outside the child's own family.

Any child for whom the Children's Aid Society assumes full legal responsibility is considered a ward of the agency. This agency represents one of society's foremost values, the right of every child in our Society to be able to develop, both physically and emotionally, to his fullest ability. It is generally accepted by society that the greatest development for a child, physically and emotionally, is achieved through the relationships which the child encounters within his own home. One of the goals of the Children's Aid Society, therefore, is to approximate as closely as possible, for its wards, an environment which will insure this physical and emotional development. While there is little doubt that the agency is meeting the physical needs of food, shelter, and protection, there is some question as to how successful the agency is in meeting the child's emotional needs of love and security.

The Children's Aid Society attempts to meet those emotional needs by providing foster homes and adoption homes. Yet it is found that many individual children experience a great number of moves. On the other hand, others do not have this series of moves. Is it possible to find factors common to those children whose placement is stable, factors which are missing for those children with many moves?

The agency and the community are concerned over the possibility that certain characteristics which the child brings with him into care have a pronounced influence on his chances for satisfactory placement.

Within the agency, failure to achieve successful placement has at times been blamed on lack and irregularity of contact by caseworker. Large caseloads in many instances prohibit any substantial improvement. If these conjectures can be proven or disproven, then the agency will be in a better position to give attention to the real barriers to successful placement, and to decide whether or not an increase in the number of casework staff is indicated in order to provide more frequent and regular contacts.

In her study on Deterrents to Adoption of Foster Children, Bernice Boehm suggests that the following factors may be influential: age, behavior problems, conflicted attitude towards parents, race, health and intelligence. In addition, local concern of child welfare agencies in this province in the deterrent influence of sex and religion has prompted us to add these factors to our study. It is believed that male children and those of Catholic faith have less opportunity to be placed for adoption.

For our study we concluded that we would not be able to determine adequately from file material these characteristics of the child which stem from life experiences prior to apprehension: behavior disorders and conflicted attitude toward Parents. Hence, we will study the remaining characteristics mentioned above: age, racial origin, health in terms of the presence of physical disability, intelligence in terms of the presence of mental deficiency, sex and religion.

At the outset we considered examining the previous life experience of each child on the premise that children who become wards have already suffered varying degrees of deprivation. A child's attitude toward his own parents is undoubtedly a meaningful factor in his emotional adjustment and his readiness and ability to form emotional ties with others. However, further consideration suggested that the event which precipitated separation

between these children and their parents indicated that all the cases were protection cases. Since neglect had to be proven in court before wardship was granted, it seemed feasible to assume that all children who become wards of the C. A. S. have suffered deprivation in their previous life experiences and conflictful relationships with parents so we are excluding this area from our study as there seemed no way to measure the degree of deprivation when all were deprived.

Boehm found that lack of planning and diagnostic evaluation was a major obstacle to satisfactory placement for the child. Her analysis pointed to pressures of work and lack of training as causal factors; hence, quantity and quality of casework.

To be able to judge stability a considerable time lapse would be desirable. This offers difficulties as agency services as well as casework services have undergone many changes during the last ten years. It, therefore, seemed advisable to take as short a span as possible and the period of three years was decided on. The study will then concern itself with children made wards for the first time in 1957. It will look at certain characteristics the child brings with him at time of wardship, the casework services and the placement planned that first year, and then the outcome after three years from date of apprehension to see how permanent the placement has been. There is data, therefore, at three points of time to be compared, at time of apprehension, at end of first year of substitute care, at end of third year of substitute care. This leads to our main hypothesis that casework activity on behalf of the child who is a ward of the Children's Aid Society, in the first year of care, and certain characteristics of the child influence the plan for substitute care.

This hypothesis assumes that the amount and regularity of activity by the caseworker plus certain characteristics of the child will have a direct bearing upon the plan made for children who require substitute care. The possibility of studying the quality of casework activity was considered, but its value to our topic was questioned, nor is there a standardized measure for this.

It is felt that if the caseworker is relatively active, then he will be able to make a better plan for the child because he is more aware of the child's individual needs than if he has only few contacts, and the child has the therapeutic opportunity to work toward freedom to accept substitute parents. It is recognized that the casework relationship itself has therapeutic value for the child and his future adjustment, but here we are concerned only with the overall effects of frequency and regularity of contacts. Our first sub-hypothesis is that the quantity of the worker's activity influences the stability of the plan for the child.

On the other hand, it is felt that another important factor in the development of a successful plan is regularity of contact throughout the planning period, and that many unsuccessful cases have intense activity within short crisis periods but relatively little and irregular contact otherwise. This leads to our second sub-hypothesis that regularity of the worker's activity influences the plan made and its stability.

There has also been some speculation at the agency that male workers are less successful in this casework setting, particularly with the lower age group, and that this may be due to less interest and, therefore, less activity. In order to test this theory, we shall set up a third sub-hypothesis that male workers have relatively less activity with the children from age

0 - 12 months, and as a result relatively fewer stable plans than female workers.

Separation of a child from his parents may prove to be a traumatic experience resulting in an anxiety state for the child with symptoms such as excessive weeping, withdrawal, and other defences. This anxiety results from a fear of loss of love, rejection or desertion which has to be dealt with in order to enable the child to form meaningful relationships. In order for a placement for a child to be successful, it is basic that he be able to form a positive relationship with the substitute parents, so it is evident that special casework efforts must be made to deal with the child's anxiety and feelings about separation. We will examine this in our fourth sub-hypothesis that discussion with the child of separation from parents will have an effect on the stability of the plan. It is assumed that significant discussions will be mentioned in the case recording.

Many times when a child is admitted to the care of the Agency he possesses certain characteristics which, it is felt, mean that the services of the Agency are limited for that child. By characteristics we mean its age, physical handicaps, mental deficiency, racial origin, and religion. These facts are readily available on face sheets of agency files. These are characteristics which might prohibit or delay the possibility of adoption placement and, hence, affect the plan which is made for him. We wish to know the extent to which these characteristics play a part in determining the services which the agency can offer. Therefore, our fifth sub-hypothesis is that there are certain characteristics of the child which influence establishment of a plan.

A review of pertinent literature will be presented in Chapter II, to provide a theoretical base for our hypothesis and supporting hypotheses.

The method of measuring these supporting hypotheses will be described in Chapter III. The primary sources of information will be the child's file, as well as family files for measurements of contact with parents. Use of the schedule to collect the data will also be discussed.

The analysis of the data will be presented in detail in Chapter IV.

Finally in Chapter V, the conclusions will be developed, on the basis of the analysis of the information obtained in relation to our hypothesis. Certain recommendations for further study may also be made.

CHAPTER II

BACKGROUND

"But the children began
To be sorely weary
And they cried unto him
That loveth pilgrims
To make the way more
Comfortable."

- Bunyan's Pilgrim's Progress

This study is concerned with the age-old problem of meeting the needs of the dependent child, who is described by Miss Elizabeth King as being

"a pathetic figure down through the ages, touching the hearts of men and women who have blunderingly and blindly tried to help him, but still have not succeeded in perfecting a plan that will truly meet his needs, although a review of the history of child welfare shows the change which has been gradually taking place in the attitude of the public."¹

Miss King outlines the change from two thousand years ago, when the child was regarded as a creature -- the chattel of his parents, who might be abandoned, sold, or exposed to death, to the present-day emphasis on youth.

Today it is widely recognized that the best possible plan for the child is to remain in his natural home. It is here that his personality is developed. The family's basic role in American society is to promote the well-being of children. Katherine B. Oettinger, emphasizing the

¹Elizabeth King, Private Home Care for Children In Need, The Canadian Welfare Council, Ottawa, 1936, p. 15 & 16.

importance of the family says:

"Home life is the highest and finest product of civilization. It is the great molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons..."¹

It is further recognized that if for some reason it is not possible for the child to remain in his own home, the functions of the natural family must be carried by a substitute family if the personality development of the child is to be fostered. We assume from our reading, as well as from suggestions of the C. A. S. of Winnipeg, that social workers today accept the primary value of adoption homes for children who must be removed from their own homes, and, second to this, a permanent foster home is recognized as desirable.

The subject matter of this study -- our concern with children in foster care originally suggested by the C. A. S. of Winnipeg, was stressed generally in the literature, and particularly by Witmer and Kotinsky, and John Bowlby. The literary sources pointed up two main areas of concern -- the effects of neglect, and the effects of numerous moves. Concerning neglect, Henrietta Gordon stated:

"The problem of defining neglect is always complicated by the emotional factors in the relationship between the parents and the children. The case-worker is concerned that children should have more than food, clothing and shelter. For normal development, children need to feel loved The parent's lack of love and proper direction, and his inability to accept a child with his potentialities as well as his limitations, may constitute emotional neglect. The parents' failure to encourage the child's normal development by assurance of love and acceptance, is today being recognized by social workers as neglect."²

¹ from Editor's Notes, Cora Kasius, Editor, Social Casework, Volume XLI, No. 2 F.S.A.A., February, 1960, p. 91

² Henrietta Gordon, Casework Services for Children, Houghton Mifflin Corporation, Boston, 1956, p. 343.

Bowlby suggested:

"that the evidence is now such that it leaves no room for doubt regarding the general proposition -- that the prolonged deprivation on the part of the young child of maternal care may have grave and far-reaching effects of his character and so on the whole of his future life."¹

Noyes and Kolb², further suggested that deprivation and neglect would also damage a child, perhaps less severely, throughout the rest of his stages of growth and development. Robert M. Mulford³, and Vincent de Francis⁴, among others, drew attention to the serious effects of physical and emotional neglect.

Robert E. Mills indicates that neglect in the care of the child may occur as a result of numerous placements.

"An accepted principle of child placing is that replacing, other than those from the most frankly temporary homes, involves most difficult personal adjustments on the part of the child and impose a serious strain upon his personality. All possible precautions should be taken, therefore, to avoid replacing becoming necessary."⁵

Casework services are suggested by Dorothy Zietz⁶, as being the precaution necessary to avoid re-placements from one foster home to another, and the upset this causes to the child involved. John Bowlby

¹John Bowlby, Child Care and the Growth of Love, The Whitefriars Press Ltd., A Pelican Book, London, 1957.

²Arthur P. Noyes, and Lawrence C. Kolb, Modern Clinical Psychiatry, W.B. Saunders Co., Philadelphia, 1959.

³Robert M. Mulford, Emotional Neglect of Children, The American Humane Association, Denver, 1958.

⁴Vincent de Francis, Let's Get Technical, the American Humane Association, Denver, 1958.

⁵Robert E. Mills, The Placing of Children in Families, Canadian Welfare Council, Ottawa, 1938, p. 18.

⁶Dorothy Zietz, Child Welfare Principles and Methods, John Wiley and Sons, Inc., N.Y., 1959, p. 351.

takes this yet one step further by spelling out the particular type of case-work service precaution necessary. He says:

"Day-to-day arrangements create insecurity in the child,
..... sensible long-term plans are essential from
the beginning if the child is not to suffer."¹

Ideas began to emerge from the literature on the factors of case-work services which affect the long-term plan -- quality of casework, quantity of casework, regularity of casework, and sex of worker. Ideas also emerged on the factors of personal characteristics of the child which affect the long-term plan -- age, sex, race and religion, physical and mental handicaps.

Bernice Boehm pointed out the supreme value of the quality of the casework services.² She suggested that the quality of casework service offered to the child, his parents or substitute parents, and the discussion of separation anxiety with the child, is probably more important than the quantity of casework service.

Many sources in the reading material have pointed out the necessity of the worker's discussion of separation with children who have been separated from their family or substitute family. Separation anxiety has been defined as:

¹John Bowlby, Child Care and the Growth of Love, The Whitefriars Press Ltd., A Pelican Book, London, 1957, p. 7.

²Bernice Boehm, Deterrents to the Adoption of Children in Foster Care, Child Welfare League of America, Inc., N. Y., 1958.

"The reaction seen in a child who is isolated or separated from its mother, consisting usually of tearfulness, irritability, and other signs of distress. This is considered by most to be an indication that the child is attempting to adjust to the changes imposed upon him and, therefore, presumptive evidence of good emotional reactivity. Although these symptoms of protest may culminate in an acute physical upset, and in temporary or even prolonged refusal to adjust, the separation symptoms are not in themselves thought to be evidence of personality defect or unbearable trauma."¹

Various authorities, amongst whom are Victor R. Stoeffler,² Harold B. Sharkey,³ Gladys Weinberg,³ and Eugenie Hochfeld,³ discuss separation of the child from its family as a traumatic experience. The shock of separation is more easily withstood by the child if the tense, emotional situation can be openly discussed. Esther Glickman,⁴ in her classic on child placement, firmly propounds the view that all explanation of the reasons for separation from parents should be given to the child in order to help him to cope with the attendant pain.

¹Leland E. Hinsie, and Robert J. Campbell, Psychiatric Dictionary, Oxford University Press, N.Y., 1960, p. 56.

²Victor R. Stoeffler, The Separation Phenomenon in Residential Treatment, Soc. Casework, F.S.A.A., N.Y., Dec. 1960.

³Harold B. Sharkey, Gladys Weinberg, & Eugenie Hochfeld, Symposium on the Alien Child, Social Casework, F.S.A.A., N.Y., March, 1960, p. 116.

⁴Esther Glickman, Child Placement Through Clinically Oriented Casework, Columbia University Press, N.Y., 1957, p. 280.

Bernice Boehm¹ also suggested that the amount of casework help given to the child, his parents or substitute parents, for the one year period following apprehension, will have a bearing on the long-term planning for the child; while Miss Nora Lea² suggested that:

"Sometimes we have not fully realized the valuable assistance in dealing with children which we may obtain from people whose interest in them is through other professions."

These suggestions kindled our interest in the influence of the quantity of the worker's activity with the child, parent, foster parent, institution, adopting parents, and collaterals.

Our concern with the influences of the regularity of the worker's activity arose from frequent references to this in the reading material. Robert E. Mills,³ in his discussion entitled "The Placing of Children in Families," suggested that generally, foster families of all types be contacted at least every three months by a qualified member of the staff of the agency, and, as a rule, children of school age and those past school age be contacted at least every two months. Children of pre-school age should be contacted at least every month, and babies every two weeks. These figures are also found in "Standards for Children's Organizations Providing Foster Family Care". This idea was given further impetus

¹ Bernice Boehm, Deterrents to the Adoption of Children in Foster Care, Child Welfare League of America, Inc., N. Y., 1958.

² Nora Lea, Child Care and Protection in the Community, from a Reprint from "Child and Family Welfare", The Canadian Welfare Council, Ottawa, 1936, p. 3 of Reprint.

³ Robert E. Mills, The Placing of Children in Families, Canadian Welfare Council, Ottawa, 1938, p. 18.

by Bernice Boehm's study in which she suggested that:

"The agency will have maintained contact with the family on a fairly regular basis, rather than as a sporadic response to emergency situations."¹

and also that:

"The worker will have maintained regular individual contact with the child, as well as with the foster family or house-parents."¹

She later concluded that these are criteria necessary for successful formulation and conclusion of a long-term plan.

Some of the thinking instrumental in constructing the sub-hypothesis that male workers have relatively less activity and relatively fewer stable plans than female workers, although directly stemming from a suggestion by the Director of the Children's Aid Society, has its literary documentation in the fact-finding report of the Mid-century White House Conference on Children edited by Helen Witmer and Ruth Kotinsky in the well-known volume "Personality in the Making." Their general assumption that women by virtue of their biological as well as emotional development are the more capable workers, especially in the field of adoption of small babies, has found expression in our sub-hypothesis.

The idea that personal characteristics such as age, sex, religion, race, and physical and mental handicaps of the child, may affect the long-term plan, was based on Bernice Boehm's study, although this idea was widely corroborated throughout the reading. She aptly described the differences in personal characteristics of the children in her study. She found that there were significant levels of age among

¹Bernice Boehm, Deterrents to the Adoption of Children in Foster Care, Child Welfare League of American, Inc., N.Y., 1958.

the two groups of children under investigation: the adoptive children's age median five months, while the median for the children in foster care eight years. Taking into consideration the general trend of the community there was little likelihood of adoption for a child of four or over. Race -- white or non-white, was another significant difference. Health also was a factor. Bernice Boehm's study showed that the majority of children placed for adoption were of excellent health, while most of the children retained in foster care were of average health with some incidence of minor illness during the last year.

In his book "The Placement of Adoptive Children," J. Richard Wittenborn¹ discusses the possibility of long range investigation of all elements included in an adoptive procedure. He suggested that a study should continue to examine the various factors involved until the adoptive children become adults. From such data one could make some final judgement of the relative importance of various aspects in substitute care. Our own investigation, although it has a set time limit, as will be explained in Chapter III, will attempt to use some of Wittenborn's suggestions and answer such questions as -- what happens to the child after the third year of substitute care, and, what factors, age, sex, religion, racial origin, health problems or other handicaps influence the outcome?

Bernice Boehm's project has been particularly enlightening and has been the basis of several aspects of our study. Her study was done at a child protection agency in a place she calls Harbor City, U.S. A. She studied two groups of children -- a control group consisting of thirty

¹J. Richard Wittenborn, The Placement of Adoptive Children, Charles C. Thomas, Publisher, Springfield, 1957.

children who had been placed in adoptive homes within the year immediately preceding the time she began her study, and a variable group of thirty children who remained in foster homes. The purpose of her study was, primarily, to identify the deterrents to adoption of some children by comparing the two groups. Between them she found many differences in personal characteristics of the children and agency services given to the children or on behalf of the children. Her remarks are noteworthy:

"It is apparent that many of the factors which operate as deterrents to adoptive placement also operate as sound planning for children, whether the child should return to his own family, need adoption, or -- if neither of these outcomes is possible -- needs help with living in long-time placement, with the optimum benefits offered by such care."¹

Bernice Boehm discovered a lack of adequate casework service existing in "Harbor City". She suggested that this must be remedied by planned attempts to work with children in foster care based on careful diagnosis. In order to determine whether this conclusion applied to the Children's Aid Society of Winnipeg, part of our study, including the hypothesis, method, and analysis, was based on her example. The aspects applicable to this study and under consideration in this project were: quality and skill of casework, quantity of casework, discussion of separation, and characteristics of the children.

Bernice Boehm concluded that special measures are needed to increase adoptability of foster children. Her study indicates that the special problems in planning and carrying out of services inherent in the child welfare agencies acting "in loco parentis" for these foster children require adequate casework with the families as well as the children. She says:

¹Bernice Boehm, Ibid., p. 25.

"Lack of planning and diagnostic evaluation is a major handicap in providing a constructive placement experience to the child."¹

Consideration has been given to aspects of her study as they apply to this project, and references have been made where appropriate in this chapter as well as in the whole study report.

Various information gleaned from the literature proved helpful in suggesting the hypothesis and sub-hypotheses of the study, although it was difficult to obtain in significant amounts, since little study has been done in the past on the specific areas of this problem on which we chose to focus. There were a number of books and articles which provided general information for the background and setting of this study. They will not be discussed here, but will be listed in the bibliography.

¹ Bernice Boehm, Ibid., p. 26.

CHAPTER III

STUDY METHOD

For this study, the primary source of data will be the case records of the Children's Aid Society of Winnipeg. The information pertaining to the child will be obtained from the face sheet and the recording on the child's file. The family file will be used to obtain the data pertaining to the activity of the caseworker with the child's parents. As pointed out in Chapter I, the use of the case recordings will be considered as a limitation to this study, as they were not designed for research purposes.

Primarily, the study concerns itself with the activity of the social caseworker in providing services to permanent wards of the Children's Aid Society, and with certain characteristics of these wards. A permanent ward is defined as a child, under sixteen years of age, for whom the Children's Aid Society has assumed legal guardianship and responsibility, until that child has reached his twenty-first birthday. Only the permanent wards, who were apprehended for the first time during the year 1957, will be considered by this study. Apprehended for the first time, will mean that the Children's Aid Society has not had prior custody of the child. The year 1957 will be the calendar year, from the date of January 1st to the date December 31st. This year was chosen by the study group for two reasons: (a) it seemed probable that the greater the time lapse between the services given and the examination of the plan implemented, the more valid the study would be. (b) It seemed probable that the services offered by the Society at this time would be comparable to

those services offered today. Recent changes in social casework practices render earlier years impractical for consideration.

The study will examine each case over the first twelve months of contact; first to determine the amount of casework activity during this time, and second to determine if, within this period, a plan was made for the child. The first twelve months of contact will commence at the date of apprehension. A plan is defined as the decision to place the child in any of the following settings: its own home ; a foster home; an adoption home; a boarding home; or an institution. The study will, then, examine each case exactly two years later, to determine the results of service provided. This will be during the year 1960 and was chosen because this was the latest year in which there was data available.

The Children's Aid Society of Winnipeg retains, by months, all its admission slips for each year. From the 1957 admission slips, the study group selected and listed the names of all those children who had become permanent wards, for the first time, during this period. The child's and family's files for each name listed were then drawn. One case was discarded because the child had died within the first twelve months of contact. The study population will, therefore, include all but one of the children originally chosen for study. The sample will be 123 cases. Fifteen of the cases were transferred to other agencies; hence, there was no data recorded on file as to contacts with the child or the family. It was necessary to eliminate this group from the total sample for the analysis of the amount of casework activity. The number for this analysis will be 108 cases, but 123 cases will be used for the remainder of the study.

The method used by the study group to collect the necessary data was a schedule. (See Appendix A) The schedule was then tested on twenty-four actual cases to determine if the desired information was available on the child's and family's files; if the files revealed other significant material which might be included in the study; and whether the schedule was adequate in scope to enable the study group to answer the sub-hypotheses. The schedule was then revised to allow for the necessary changes.

The design of the schedule was based on questions which arose out of the sub-hypotheses. Some of these questions were: how many contacts does a caseworker have with each case? With whom do these contacts take place? When do these contacts take place? Are contacts with the child or his family regular contacts? Is it easier to plan for young children or older children? Does the sex of a child influence planning for the child? Is there any effort made to make plans for the children, or are the children placed where and when opportunities permit? How often do children move from one setting to another? The schedule was devised to answer the above questions.

The amount of activity by the caseworker during the first year of service was of prime concern to the study group. The activity of the caseworker is defined as all significant contacts made by the caseworker. A contact is defined as an office visit, a home visit, or an important telephone interview. It is assumed that only the important contacts are mentioned in the case recording. The schedule was designed so that the number of contacts, for each unit of classification, could be recorded for each month during the first twelve month period. The units of classification were: the child, the parents, the foster parents, the institution, the adopting

parents, collaterals, conferences, planned placement, emergency placement, and discussion of separation anxiety. Collaterals is defined as any contact with the following: psychiatrists, psychologists, physicians, nurses, teachers, caseworker's supervisor, or any interested person. Discussion of separation anxiety has been defined in Chapter II. The units of classification were revised, after the test run, to include the child, the parents, the foster parents, the adopting parents, institutions, collaterals, conferences, and discussion of separation anxiety. The classification of foster parents or institution was changed because the study group concluded that each was a classification in itself. Planned placement was eliminated in favor of a separate section on planning for the child. Emergency placement was eliminated from these units of classification and placed in the section on types of plan. This material will enable the study group to ascertain the quantity of casework activity within the first twelve months of service, with whom the contact occurred, and in which months the majority of contacts took place.

The study group had intended examining the regularity of the contacts by the caseworker. Regularity was seen as containing two elements: (a) intensity of contact - in what months the greatest amount of activity occurred, and (b) frequency of contacts - the time interval between contacts. The primary element in regularity is time. The question raised was what time intervals, between contacts, would be necessary before a case was considered to have had regular contacts. The study group was unable to find supporting material on which to base a minimum time interval. It did consider employing an arbitrary measurement of one contact per month, but this idea was rejected as being invalid and unscientific. Another measurement considered was to establish a median time interval

based on the total number of actual contacts. The cases which had more contacts than the median would be considered regular and those which had less contacts than the median irregular. This measurement was tested and proved invalid and inaccurate. The study group sought the assistance of a qualified statistician but the other methods suggested, when tested, proved to be extremely complicated, unwieldy, and impractical. After exhaustive efforts by the group, it was decided that no satisfactory definition and/or measurement for regularity could be established; hence, this aspect of the study was discarded.

In order to answer the sub-hypotheses on the characteristics of the child, the schedule was designed to get information as to the child's sex and age. After the test run of the schedule, the study group decided to broaden this category to include the child's age, sex, origin (by color), religion, and the presence of physical handicaps, and whether the child was mental defective. The children will be classified according to sex. The age of the child will be determined by subtracting the child's birth date from the date of apprehension and calculated in terms of months. The units of classification were selected to approximate a child's psycho-sexual development and are as follows: 1. the oral stage - 0 to 12 months, 2. the anal stage - 13 to 36 months, 3. the genital stage - 37 to 72 months, 4. latency - 73 to 120 months, and 5. adolescence - 121 to 192 months. The units of classification for the child's origin by color are: (a) white, (b) Indian, (c) Metis, (d) Negro, and (e) Oriental. For the characteristic of the child's religion, the units of classification will be Protestant and Catholic. The classification for the Jewish religion was not included as this community is served by its own children's aid society. Other

religions were considered not applicable to the Winnipeg community.

Physical handicaps will be determined as they are stated on the medical report in the child's file. The classification for this characteristic will be yes or no. A child will be considered mentally deficient if this is stated in the results of psychometric tests found on the child's file. The classification will be yes or no.

The schedule will include a section to determine whether a plan was made for the child. A plan will be considered made if it is so stated on the file. The units of classification will be (a) plan, (b) interim plan, (c) no plan, and will require that the researcher check (✓) the appropriate unit. The schedule will also include a section to determine the types of placement arranged for the child; the number of moves from one placement to another; the number of months from the date of apprehension in which a move occurred; and the month, within the first year of service, that a plan was decided upon. This will be done by indicating the number of moves, i. e. first placement, 1, 2, 3, 4, ----- 15, etc. The units of classification will be a receiving home, an adoption home, a foster home, an institution, own home, a boarding home, and an emergency placement. When a child is apprehended he will be placed in one of the above settings. This placement will be marked with a zero. For each consecutive move, the number of months from date of apprehension will be marked opposite the appropriate setting. If a plan has been made for the child, this will be indicated by the letters P.M., meaning plan made, written beside the number of months in which the placement occurred. An example would be as follows: a child is apprehended by the Children's Aid Society on February 2nd, 1957, and is placed in the receiving home. This will be indicated by marking a

zero beside this setting in the column headed first placement. On March 2nd, 1957, the child is placed in a foster home. This is indicated by marking 1 month in column 1 beside the foster home setting. On September 2nd, 1957, the child is placed in an institution as the plan made. This is indicated by marking 7 months in column 2 opposite the classification institution, with the letters P.M., beside the month. The schedule will also indicate the number of moves by the child after a plan has been made. These moves will be recorded over a three year period, from date of apprehension to the final evaluation of service.

After the schedule had been tested, the section on sex of the worker was included. This was done at the suggestion of the Executive Director of the Society, who wished to know if this factor influenced the amount of casework activity with children under twelve months of age.

A schedule will be filled out for each child in the study population. The study population will then be divided into two major classes, i.e. successful and unsuccessful. The study group decided that three factors would govern in which class a case would be placed. These factors, in sequence, are: 1. a plan must be made within the first twelve months of service. 2. the plan must be implemented, and 3. after the plan has been made and implemented, no further moves are made by the child. A case will be considered successful if it complies with all of these requirements, and unsuccessful if it does not meet any one, or all three, requirements. Successful and unsuccessful will be the two main units of classification. Within each of these units the study group will assemble all the other data pertaining to this study. All the units of classification related to the activity of the worker, and the characteristics of the child,

will be listed under these two major units of successful and unsuccessful. The data will be compiled on two master sheets, tabulated, and the material within each major group will be compared. That is, the various units in the successful group will be compared to the identical unit in the unsuccessful group.

For the analysis of the sub-hypotheses re: the activity of the caseworker, the study group will make three main comparisons: (a) the amount of activity, (b) when the activity occurred, and (c) with whom the activity took place. For the first comparison, the total number of contacts made within the twelve month period for all the units of classification, i.e. the child, the parents, the foster parents, etc., in the successful group, will be calculated. The average number of contacts per child will then be calculated for the successful and unsuccessful groups. The average number of contacts per child for each group will then be compared. This will indicate the quantity of casework activity per child in each group.

Next, the total number of contacts for all the units of classification, made in each month, will be calculated for the successful group. The average number of contacts per month will be calculated. The average number of contacts in the unsuccessful group will, similarly, be calculated. A comparison of the month by month average will be made between the successful and unsuccessful groups. This will indicate for each group when the bulk of the casework activity took place.

Finally, the total number of contacts for each unit of classification will be calculated. A percentage, for each unit of classification, in relation to the total number of contacts of all the units, will be computed for

both the successful and unsuccessful groups. The percentage for each unit in the successful group will be compared to the percentage for the same unit in the unsuccessful group. This will indicate, for both groups, with whom the majority of contacts were made.

The analysis, by answering the questions how much casework activity took place, when did it take place, and with whom did it take place, should enable the study group to answer this sub-hypothesis.

In regard to the analysis for the sub-hypotheses on the characteristics of the child, each characteristic will be analyzed separately.

For the sex of the child, the schedules in the successful group will be divided into male and female and totalled. A percentage for each unit, in relation to the total number of children in this group, will be computed. A percentage for each unit of classification for the unsuccessful group will, similarly, be calculated. The percentages of males in each group and the percentages of females in each group will then be compared.

For the age of the child, the schedule in the successful group will be totalled for each unit of classification: (i) 0 - 12 months, (ii) 13 - 36 months, (iii) 37 - 72 months, (iv) 73 - 120 months, and (v) 121 - 192 months. A percentage for each class, in relation to the total group, will be calculated. The same will be done with the schedules in the unsuccessful group. The percentage for each unit in the successful group will, then, be compared to the percentage for the identical unit in the unsuccessful group.

The religion of the child, for both the successful and unsuccessful groups, is listed under Catholic and Protestant. The child's origin is mentioned by color as (i) White, (ii) Indian, (iii) Metis, (iv) Negro, and (v) Oriental. The units of classification, for both physical handi-

caps and mental deficiency, are yes and no. The same method of analysis, used for the characteristics of sex and age of the child, will be employed in analyzing the above characteristics.

The study group, by using the above method of analysis, should obtain sufficient data on which to base its conclusions as to the validity of the sub-hypotheses pertaining to the characteristics of the child.

The method of analysis for the sex of the caseworker will be the same as the method of analysis for the characteristics of the child.

In the following chapter, the data collected in the schedules will be analyzed as above.

CHAPTER IV

ANALYSIS

1. Quantity of Activity.

At the outset of this study we proposed that the quantity of the worker's activity would influence the plan made and the stability of the plan. To test the validity of this theory, we divided the cases studied into two groups -- successful and unsuccessful -- as defined in Chapter III. These amounted to seventy cases in the successful group and thirty-eight cases in the unsuccessful group.

We found the average number of contacts per case in the twelve-month period by calculating the arithmetic mean. This method seemed most appropriate for determining the average, since the total number of contacts for each case seemed to fall within the same approximate range.

Table 1 shows the average number, per case, of contacts in the total successful group as compared to the total unsuccessful group, as well as the average number, per case, of contacts with each type of contact composing the total contacts; that is, with child, parent, foster parent, and so on. This will, in future, be referred to as "type of contact".

TABLE 1

AVERAGE NUMBER OF CONTACTS PER CASE IN TWELVE MONTH PERIOD BY TYPE OF CONTACT

Type of Contact	Successful	Unsuccessful
Child	4.12	7.31
Parent	4.14	9.40
Foster Parent	6.54	11.05
Institution	.40	.47
Adopting Parent	1.15	.10
Collateral	3.14	4.36
Other	.08	.10
Conference	.60	1.03
Discussion	.01	.18
Total	20.18	34.00

From the table we can see that the arithmetic mean was 20.2 contacts per case in the total successful group as compared to 34.0 contacts per case in the total unsuccessful group. This indicates that there were noticeably fewer contacts per case for the successful group than for the unsuccessful group. This held true in every case for the number of contacts in each type of contact. The possibility was considered that this result was queered by the inclusion of the 0 - 12 month age group, since we assumed that most babies are adopted directly from the hospital or shortly thereafter, and therefore require relatively few contacts by the worker. Eighty-nine per cent of the adoptions

were found to be in the 0 - 12 month age group. We therefore deleted this group from the successful and unsuccessful groups and found twenty successful cases and twenty-one unsuccessful cases remaining in the twelve months to sixteen years age group.

Table 2 shows the average number, per case, of contacts in the total successful group as compared to the total unsuccessful group, as well as the average number, per case, of contacts with each type of contact, with the 0 - 12 month age group omitted.

TABLE 2
AVERAGE NUMBER OF CONTACTS PER CASE IN TWELVE MONTH
PERIOD BY TYPE OF CONTACT
(0 - 12 MONTH AGE GROUP DELETED)

Type of Contact	Successful	Unsuccessful
Child	7.21	11.04
Parents	7.21	14.61
Foster Parents	5.41	10.03
Institution	1.73	.85
Adopting Parents	.52	-----
Collateral	2.94	4.50
Other	-----	1.04
Conference	.94	.76
Discussion	.05	.20
Total	26.01	43.03

As can be seen in this Table, the successful cases averaged 26 contacts per case, and the unsuccessful cases averaged 43.5 contacts per case. This indicated that there were even fewer contacts per case for the total successful group than for the total unsuccessful group, with the 0 - 12 month age group excluded. This held true again for the average number of contacts with each type of contact for the successful group as compared with the unsuccessful group as seen in Table 2. This seemed to indicate that quantity of activity does not lead to successful outcome of the case.

Table 3 shows the average number of contacts, per case, in each of the first twelve months after apprehension consecutively, in the total successful group as compared to the total unsuccessful group.

TABLE 3
AVERAGE NUMBER OF CONTACTS PER CASE, BY MONTHS

Month	Successful	Unsuccessful
First	3.97	7.07
Second	3.57	3.89
Third	2.41	3.10
Fourth	1.88	2.52
Fifth	1.28	1.97
Sixth	1.58	1.88
Seventh	1.60	2.50
Eighth	1.21	2.50
Ninth	.77	1.94
Tenth	.82	2.36
Eleventh	.61	1.68
Twelfth	.55	2.84

It can be seen from this Table that the average number of contacts per case was less in every month in the successful group than in the unsuccessful group. This seems to give further support to the conclusion

that the quantity of activity does not preclude success of the case. Particularly noteworthy in this Table, is the trend of a gradual decrease in the average monthly contacts in the successful column in contrast to the tendency to fluctuate seen in the unsuccessful column.

Of the total number of contacts for all cases in the successful group, 72.5 per cent took place within the first six months, as compared to 59.7 per cent in the unsuccessful group. Hence, a greater concentration of contacts took place in the first six months in the successful group than in the unsuccessful group.

2. Male Workers.

Of 123 cases, 20 had male workers, but 15 of these were immediately transferred by the agency without having any actual contacts. This leaves a number of 5 cases out of 108 who had male workers. Since this number is statistically insignificant, this material has not been analyzed.

3. Discussion of Separation.

Discussion of separation was mentioned in the records once in the successful group and six times in the unsuccessful group. In view of Boehm's findings, which indicate the importance of discussion of separation for successful outcome, it is difficult to believe that these numbers are accurate. We are unable to say whether this is due to inaccuracy in the recording or in the reading. However, it seemed unwise to draw any conclusions from these numbers because of their statistically insignificant size.

4. Characteristics.

The data pertaining to the characteristics of the child is based on a total of 123 cases, on whose files all the required information was

available. However, there are only one physically handicapped child and one mentally deficient child in the group, and therefore the effect of these characteristics on outcome cannot be determined in this study.

Information regarding the sex of the children revealed a group of 59 males and 64 females, or 48.0 per cent male. Dividing both groups into successful and unsuccessful cases showed that 38 cases or 64.4 per cent of the male group was successful, and 47 cases or 73.4 per cent of the female group was successful. This is a difference of 9.0 per cent.

In regard to the question of age, there was a marked predominance of infants in the group under study; 82 out of 123, or 66.6 per cent were within the age range of 0 - 12 months. As indicated in Table 4, 79.3 per cent of the infants were successful, while 48.8 per cent of the remaining age group were successful.

TABLE 4
SUCCESS RELATED TO AGE IN TWO MAJOR GROUPS

Outcome	Age: 0 - 12 Months		Age: 1 Year to 16 Yrs.	
	Number	Percentage	Number	Percentage
Successful	65	79.3	20	48.8
Unsuccessful	17	20.7	21	51.2
Total	82	100.0	41	100.0

The older age group of 41 wards between one year to 16 years of age was broken down into four sub-groups showing periods of development, as in Table 5. These divisions, beyond the 0 - 12 month age group, include 1 - 3 years, 3 - 6 years, 6 - 10 years, and 10 - 16 years.

TABLE 5
SUCCESS RELATED TO AGE BY DEVELOPMENTAL STAGES

Outcome	0 - 12 Months		13 - 36 Months		37 - 72 Months		73 - 120 Months		121 - 192 Months	
	No.	%	No.	%	No.	%	No.	%	No.	%
Successful	65	79.3	7	70.0	3	27.3	3	42.8	7	53.8
Unsuccessful	17	20.7	3	30.0	8	72.7	4	57.2	6	46.2
Total	82	100	10	100	11	100	7	100	13	100

The infant group had 82 children, but the other groups had 10, 11, 7, and 13 respectively. Thus, it is not possible to carry the analysis much farther, except to observe that the major drop in percentage of successful cases comes after the - 1-3 year age group -- from 70.0 per cent successful to 27.3 per cent successful. The 3-6 year age group has the lowest percentage of successful cases, and there is a gradual increase back to 42.8 per cent successful for the 6 - 10 year age group, and 53.8 per cent successful for the 10 - 16 year group.

The racial origins included in the schedule were: White, Indian, Metis, Negro, and Oriental. The results showed no Negro wards apprehended for the first time in 1957, and there was one child whose racial origin was not stated.

Table 6 relates racial origin to outcome for each racial group, but the white group has disproportionately more children than any of the other groups.

TABLE 6
SUCCESS RELATED TO RACIAL ORIGIN

Outcome	White		Indian		Metis		Oriental		Not Stated		Total Non-White	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Successful	64	76.2	7	63.6	12	46.1	1	-	1	-	20	52.6
Unsuccessful	20	23.8	4	36.4	14	53.9	0	-	0	-	18	47.4
Total	84	100	11	100	26	100	1	-	1	-	38	100

When the entire non-white group is viewed in total, we have enough for comparison with the white group. Of 84 white children, 76.2 per cent had successful outcomes, and of 38 non-white children, 52.6 per cent had successful outcomes, or a difference of 23.6 per cent.

It is worthwhile noting the real difference in the result for Metis and for Indian children. of 26 Metis children, 12 or 46.1 per cent had successful outcomes, whereas of 11 Indian children, 7 or 63.6 per cent had successful outcomes.

The religious affiliation of the wards was indicated as Protestant or Catholic, and one child's religion was not stated. Of 65 Protestant wards, 76.9 per cent were successful. This is a difference of 17.3 per cent.

In comparison, it appears that, although both non-white and Catholic children had less chance of successful outcome than white and Protestant children, the racial factor affects the outcome even more strongly than does religion.

CHAPTER V

CONCLUSIONS

The purpose of this project was to examine two large areas. It examined whether the quantity of casework services offered to permanent wards of Children's Aid Society of Winnipeg when they first came into care influenced the plan made for the child; admissions for one year only were studied, and the outcome of the plan was examined three years later. The second area concerned certain characteristics of the child which were studied to see if they influenced the plan made for the child. It was assumed as stated in Chapter I that all the children had suffered deprivation and were disturbed because all had been neglected since this was the basis of apprehension. However, there must be different degrees of disturbance which according to casework theory must inevitably influence the child's ability to make use of a more healthy home life. It should therefore be kept in mind that the omission of this factor may have limited the validity of the findings in this study.

It would appear from the analysis of the data that for the group of children studied the quantity of casework services offered to the child in all its aspects, i. e., to foster parents, adopting parents, collaterals, etc., did not influence the successful outcome of the case, but rather more casework service was given to the unsuccessful cases. It was further shown from the data that white, Protestant children under 12 months of age had the highest rate of success. Now a closer examination of the hypotheses stated at the beginning of this thesis will be made.

There were in the 12 month period studied an average of 20.3 contacts per case in the successful group as compared to 34.2 contacts per case in the unsuccessful group. This data indicates that more casework activity was carried out with the unsuccessful cases. It seemed probable that the children under 12 months of age might be influencing this result, therefore, this age group was excluded but there were no significant changes in the results. On the basis of this data the first hypothesis, that the amount of casework activity done by the caseworker does influence the successful planning for the child seems to be invalid. It should be noted that these findings are contrary to those of Bernice Boehm's in studying a large number of children in an adoption setting. Some of the factors that may have had a bearing upon our results was the omission of early deprivation experienced by the child and of quality of casework services. If these factors had been included the results may have been different, since Bernice Boehm included these factors in her study and she found that early deprivation and quality of casework service did affect the plan made for the child.

The next hypothesis states that regularity of the worker's activity influences the stability of the plan for the child. In Chapter I it was implied that intensity of casework activity was one of the factors that partially defined regularity. The analysis has shown that 72.5% of the total contacts made with the successful group were made within the first six months while only 59.7% of the total contacts with the unsuccessful group were made within the first six months. This data would imply that more intense contact is made with the successful cases in the first six months of care. However, this is only a partial answer to regularity, since this term beside intensity also implies frequency of contacts. As explained in Chapter

III no satisfactory definition or measurement of the concept of regularity could be found so that no conclusions could be made regarding this hypothesis.

In regard to the two hypotheses that (a) male workers have relatively less activity with children from the age of 0 - 12 months and as a result establish fewer stable plans than female workers; and (b) discussion with the child of separation from parents will have an effect on the stability of the plan, the obtainable data was insufficient to analyze.

There were certain characteristics of the child which did influence the establishment of a stable plan or in terms of this study a successful outcome. For instance, age of the child was found to be very significant; 79.3% of the group of children from 0 - 12 months of age were successful while only 48.8% of the remaining age group were successful. Therefore this data indicates that children under 1 year of age have the best opportunity to have a successful plan made for them. There then seemed to be a major drop in percentage of successful cases after the 1 - 3 year age group, i.e., from 70.0% to 27.3%. However, according to the data it seems that as a child becomes older he then has a better opportunity for having a successful plan made, but not nearly as great as the age group under 3 years of age.

Racial origin was another significant factor. In comparing white and non-white children, it was found that 76.2% of white children had successful outcomes while only 52.6% of the non-white children had successful outcomes.. This difference of 23.6% is a large enough difference to suggest that racial origin in this study does influence the successful outcome of planning for the child. In racial origin there is another difference worth noting. There were 46.1% of Metis children

and 63.6% of Indian children who had successful outcomes. This difference of 17.5% seems significant to show that in this study Indian children have a better opportunity for a successful outcome than Metis children. The number involved however were small and this finding would need verification with a larger group before it could be considered established.

Regarding the influence of the religion of the child on the plan made, it was found that 76.9% of the Protestant wards were successful as compared to 59.6% of Catholic wards. The difference was therefore 17.3%. This figure is ample to illustrate that religious affiliation does influence the outcome of planning for the child.

The sex of the child was also taken into consideration and it was established from the data that 64.4% of the males had successful outcomes and 73.4% of the females. This is a difference of 9.0%. Therefore, in this study it seems that females have more opportunity for successful outcomes than males.

In the case of other characteristics such as physically handicapped and mental deficiency, the obtainable data was not large enough to draw any conclusions.

It can be concluded that the characteristics of age, sex, religious affiliation and racial origin do influence the establishment of a successful plan for a child as defined in this study. However, this conclusion should be validated by further research of other child welfare agencies. An other study which has already been done of another child welfare agency has established a similar conclusion as the above, viz., white, Protestant children under one year of age have the best opportunity

for having a successful plan.¹

Another research project that could be derived from this study would be to repeat this study and include the early life experiences of the children in order to ascertain the effects of this factor, upon the establishment of a plan for the child. This research project could include the degree of deprivation suffered by the child before apprehension and other relevant factors related to the early life experiences that would affect the placement of the child. A further area that could be studied seems indicated by the lack of finding of separation discussion in this study; since Bernice Boehm in her study found that discussion of separation important for a successful outcome of a case.

In conclusion then it can be stated that, in the group studied, a large amount of casework contacts did not seem to be associated with a successful outcome but that the characteristics of age, sex, racial origin and religion of the child did. Two areas which were not examined and which may be having an influence on the results are quality of contact and the amount of emotional deprivation or disturbance present in the child. Until a study including these has been done these findings should not be regarded as conclusive.

¹ Boehm, Bernice, Deterrents to the Adoption of Children in Foster Care, Child Welfare League of America, Inc., New York, 1958.

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SCHEDULE - SUBSTITUTE CARE

1. Child's File No: Researcher's Initials:.....
2. Birthdate:.....
3. Date of Apprehension:.....
4. Sex of Child:.....
5. Sex of Worker:.....
6. Activity of Worker:.....

Contacts	Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
With Child														
With Parent														
With Foster Parent														
With Institution														
With Adopting Parents														
With Collaterals														
Conference														
Discussion														
TOTAL														

7. Long Term Plan: Yes:..... No:.....
- Interim Plan: Yes:..... No:.....
- No Plan: Yes:..... No:.....

8. Type of Plan and Movement of Child:

Type of Plan	First Plac't.	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
Receiving Home															
Adoption Home															
Foster Home															
Institution															
Own Home															
Boarding Home															
Emerg. Plac't.															
Other, specify															

First placement will be marked zero months and the rest will be marked 1, 2, 3, to denote the number of months after apprehension the placement was made.

9. Characteristics of the Child:

Characteristics	Either check or mark appropriately
Age	
Origin	
Religion	
Physical Handicapped	
Mental deficient	
Other, specify	