

CRITERIA FOR DETERMINING NEED FOR FOSTER HOME CARE

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MOST practitioners in child care develop, out of their everyday work, an approach to the different uses of different settings. It is hardly possible to have opinions about the usefulness of one kind of setting without having ideas about others. However, instead of thinking of different settings as mutually exclusive we are coming more and more to see common denominators in all. Among the reasons for this trend are the following:

1. The need to stress opposing characteristics of foster home and institutional care has decreased as the debate over which is the main form of substitute care has faded. Now we can examine these two forms of placement dispassionately and sift out the strengths and limitations of both, as well as allow other types of full and partial placement into the picture.

2. The expansion of understanding of child development and psychiatric theory has widened our awareness of both the nature of psychological disturbance in children and the multiplicity of influences affecting children's growth. We see more clearly the elements which hamper development. We also see more elements in every setting which can be

utilized therapeutically, especially how to use control and authority.

One part of this larger picture is the fact that many people have been working to locate reconcilable aspects of the functional and diagnostic schools of casework thought. This has enriched the analysis of internal and external forces affecting personality growth and treatment.

Another theoretical trend establishes the inter-relatedness of treatment of child and parents as standard operating procedure in work with children. Reinforced by our knowledge of the interdependence of child and parent in maintaining placement, this principle compels us to view all placement settings in terms of their usefulness for both the child and the parent.

3. The placement population has been reduced by increased social services, economic prosperity, and other factors. The character of intake has moved away from large scale custodial care toward help to psychologically unstable families.

In this sense, therefore, it is no longer correct to speak of placement as a service given to a child and family, if by this formulation is meant the ability of an agency to help children and parents separate and live apart satisfactorily

until such time as the family may be able to reunite. The purpose of child placement is shifting to mean the use of placement in a total plan to rehabilitate families wherever possible. This apparently slight change of emphasis has large implications. It relieves any one-sided concentration on separation as the chief problem in placement and on placement as a child-centered service. It makes the placement service fundamentally a family-focused activity in which every possible facet of the agency's service and the placement setting is scrutinized and utilized for its value in strengthening both child and the parent. In this sense, if you will, the placement service is a treatment service to the entire family.

Failure to approach placement in this fashion ultimately multiplies the number of children who remain over-long in placement, and the number of parents who do not reassume the full responsibilities of parenthood; or it increases the number of children who are taken out of placement before they and their parents are really able to live together, often resulting in subsequent breakdowns.

4. As our knowledge of the usefulness of placement for specific family situations has become more tried and true, we invest more time and skill in helping families avoid placement which will not be useful to them. Prevention of unnecessary placement is the other side of the agency's job. The bettering of diagnostic and treatment skill which goes with conscientious pre-placement activity also makes for more discriminating examination in use of the placement settings themselves.

Skill and discrimination is similarly inherent in a greater use of after-care work. Intensive after-care should accompany a placement program which seeks the earliest possible return of children to their own homes.

Thus the development of theory and practice in generic casework, in psychiatry, and in the placement field itself coincides with the changing character of community needs for placement to create a broader concept of the purpose and use of placement. I am sure there are other historical threads in this present fabric, but the ones I have listed are among the strongest.

Against this background, then, my first thought regarding criteria of need for foster home care would be that describing it as the category of care offering close relationships in substitute family living no longer fits the way we are using it. We know now that the so-called regular foster home differs from family to family, offering really different forms of psychological care: the childless foster couple; the small and large family; the possessive foster parent; the "absorptive" family; the cold, detached foster mother who can be comfortable with the affectless child; the dull foster parents who do not frustrate the retarded child; the home where our child can be the "baby" of the family or the "big brother"; the widowed foster mother who can care for the child whose father is very attached to him; the home with the strong foster father for a child without a father; the home with the older foster parents who are as grandparents; the boarding home for adolescents. These are among the broadly varying uses of different kinds of foster homes, familiar to all of us in placing children with broadly different needs and own-family constellations.

There are other diagnostic differentiations, sometimes more subtle ones, which we make in trying to find the right foster homes for the right child. These have to do more with the personality of the foster parents, particularly the foster mothers, and their effect upon the

foster child's psychological patterns in the dynamics of creating movement.

The "regular" foster home usually offers a familial kind of living but it does not always offer close relationships, nor do we always want it to do so. The kind of planning which goes into a foster home placement is geared to the growth and treatment needs of the child. To an extent, the needs of the own parents are also taken into account.

Together with the so-called regular foster home, agencies have also developed specially subsidized foster homes for difficult or handicapped children; temporary homes for shelter; admission and other such purposes; varieties of group foster homes for disturbed children; for adolescents; for children whose parents oppose regular foster homes, etc. These varied and often experimental forms have arisen out of necessity or expediency or conviction, but they have also expanded the range of usefulness of foster home care far beyond its original conception of substitute family living for the child who needs close relationships. Children who do not even come close to this description are being placed in different kinds of homes and some of these homes may not provide much at all of family living or intimate relationships.

To extend this range further, it is but a step from the group foster home for three, four, five, or six children to the agency house for ten children staffed by agency employees; and from there to the small institution for fifteen to twenty children, etc. In other words, as the controversy between foster home care and institutional care has diminished, so the gap between the "typical" foster home and "typical" institution has been bridged over by a number of intermediate settings.

Apparently our task of establishing criteria or need for and placement in

these facilities has grown more complex. It seems harder than ever to decide on what setting for which child, whether the problem is to choose one that exists or to create a new one. However, I think that there are some broad guideposts that stand out in this picture.

The first is that in the range from regular foster home to various group homes to the institution, there is a gradual shifting of the burden of accommodation and adjustment from the child to the adult. By this I mean that in usual foster homes the child must take on the setting, and the foster parents cannot be expected to change themselves or the home or their family milieu in any fundamental way. As we move through the spectrum of settings in the direction of the institution, and the substitute parent people are connected with the agency in more contractual ways through financial subsidy, partial or full employee status, etc., more demand can be placed upon the foster parents and settings to change in accord with the child's needs. Thus, management of the child's immediate environment is under greater agency therapeutic direction. Therefore, choice of setting must depend, in the first instance, on the degree of responsibility the child can carry with help for his own adjustability to the setting.

A second criterion is whether the behavior of the child can be either risked in or tolerated by the community. In general, of course, a child should be in the most normal environment he can tolerate or in which he is tolerated. Therefore, the question of behavior has to do more with the degree of acting-out behavior, than with the amount of psychological disturbance. The destructive, or truant or self-endangering child may be much less disturbed and much more treatable than the very withdrawn child, but the latter may well be able to stay

in the community and get along in community schools, where the former may have to be removed from the community. It is, of course, true that the placement facility itself must be able to contain the child, but I believe this is less decisive than the community's capacity to do so.

This brings us to the third criterion: the amount and quality of professional service which can be available to work with the child, the parents, the placement people and the community. Experimental work in group homes has demonstrated fully what was becoming quite clear in everyday placement experience. The capacity of any setting to help any child and his family depends very much on the casework and other technical services which can be brought to bear upon it. Aside from direct help to the people involved—the emotional support and the changing of ideas and attitudes—there is another all-important concomitant of an ongoing treatment program. This is the optimism and sense of mutual participation emerging from a process which is making bad things better. It is surprising how a placement setting which would find it hard to contain a difficult child and/or parent cannot only hold but also share in improving such a situation when the substitute parent persons are being actively helped and the child and parent are being treated.

The fourth criterion is the familiar one of dilution of relationship. This is, of course, related to other criteria but has sufficient diagnostic implications to stand by itself. The child who cannot digest close relationships, or who should be protected from the threat of close relationships, should be placed in a setting which offers relationships only as the child is able to reach out for them. This is often a matter of difficult diagnosis which may alone decide the issue between one setting and another. One

thing is clear, however. The child in a "regular" foster home who shows emotional "indigestion," as I believe Dr. Frederick Allen calls it, and does not respond to intensive help, should be removed from that placement as soon as possible.

A parenthetical word on group homes, which are so much under discussion these days. To my knowledge they have been developed successfully in different forms throughout the country to meet special needs mentioned earlier in this paper. The simplest form is represented by the payment of a subsidy over board rate to suitable foster parents able and willing to take difficult or specialized children into their homes. The subsidy is usually continued when the place is temporarily vacant. In another type of group home the foster parents move into a house rented and maintained by the agency. A subsidy is paid in addition to the board rate. In a variation of this type, the home is owned by the agency. In one or two instances, I believe, a salary is paid to the foster parents in the latter types of homes.

The common features of most group homes are: (a) Foster parents' agreement to do a special job for the agency; (b) Financial subsidizing above the regular board rate; (c) Availability at all times for a certain number of children; (d) More tolerance of behavior problems than in the usual foster home; (e) More opportunity for dilution of relationship for disturbed children who cannot tolerate the pressures of close family living; (f) Better control of foster parents and the home by the agency in managing the treatment of children.

In determining criteria for type of foster home care needed, there is one problem which arose in the use of temporary foster homes in the earlier years which is given new prominence, I believe,

in the growth of group foster homes. This is the question of planning for placement in any setting which declares itself to be temporary and one from which, therefore, a child must be replaced. Particularly as severely disturbed children are treated in specialized temporary settings, the need for eventual replacement—aside from return to their own homes—poses grave considerations. As far as I know, it raises questions as yet unresolved about the most specific uses for group homes, how indefinite placement in them can

be, and what kinds of youngsters can benefit most from them.

This brief paper obviously "touches upon" much more than it "deals with" this large question of criteria for placement in a particular setting. I have tried to present some of the major differentiations between existing and emerging forms of placement, among which the child caseworker must decide on the basis of the needs of the individual case and the potentialities for successful placement and treatment in each kind of setting.