

THE UNIVERSITY OF CALGARY

**ASSESSMENT AS A GUIDE TO  
PLACEMENT DECISIONS**

by

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A THESIS

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DEGREE OF MASTER OF SOCIAL WORK

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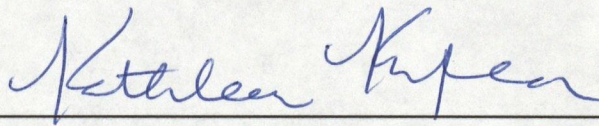
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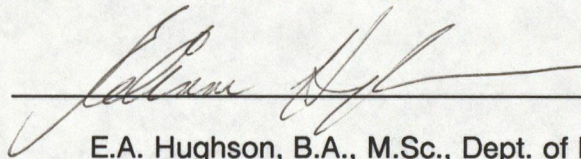
The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Assessment as a Guide to Placement Decisions" submitted by Lynne Downey in partial fulfillment of the requirements for the degree of Master of Social Work.



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## **ABSTRACT**

Current knowledge in the field of child welfare social work suggests that children should be placed in an alternative family setting whenever possible. Some children in care experience placement breakdowns due to their severe behaviour problems and the inability of caregivers to manage such behaviour. The purpose of this research was to assess the behaviour exhibited by children in short term foster care and compare it to children in short term group home care to demonstrate that similar behaviours can be managed in both settings. The Child Behaviour Checklist is the measurement tool used for this purpose. Specific behaviours examined related to attachment issues, social skills and whether children exhibit more internalized or externalized behaviour. Foster parents supposedly live with less difficult children while the more troublesome children end up in group or institutional care. Experience has shown that foster parents when trained and supported properly can manage behaviour problem children. Yet no acceptable, standardized means of assessing children's behaviour in foster or group home care exists for children in care in the City of Calgary.

The results of this research suggest that an assessment tool can be useful in measuring children's behavior. The results also suggested that there is no significant difference between the behaviours of children in group and foster care. There were enough responses to questions pertaining to attachment issues to suggest to the caregivers and social workers of the children that this issue be further examined for children in care.

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## CHAPTER ONE

### INTRODUCTION

Children placed in the care of the Alberta government are in need of an accurate assessment of the behaviours they are displaying for the purpose of forming an appropriate placement and treatment plan. Currently in Alberta no consistent procedure exists to assess children's behaviour when they first enter care, yet decisions have to be made as to where children should be placed in the continuum of care from community based foster home placements to institutional care. Upon entry into care children are placed arbitrarily into either foster care or group home care. This initial placement is usually for a period of time not to exceed ninety days. One reason that children are placed in short term care is to assess their behaviour for the purpose of developing a plan for their ongoing care. In order to properly plan for children in care a tool is needed which accurately measures their behaviour and its meaning. When care givers understand the type of behaviour children are displaying, it is easier for the caregivers to respond in an effective manner. Experience in the child care system in Alberta indicates the use of a tool that can be used to predict and measure children's behaviour is not a standard procedure.

Children placed in the care of the Alberta government display a variety of behaviours. These behaviours can be overt or covert in nature. Achenbach (1985) classifies behaviour as being either internal or external in nature. All children in care exhibit behaviour on an internal - external continuum. Properly assessing where

children fall in this continuum can inform placement decisions.

This thesis looks at applying Achenbach's Child Behaviour Checklist to children placed in contracted receiving assessment group homes and children placed in contracted receiving assessment foster homes for the purpose of assessing their behaviours. In Alberta receiving homes are also used for short term care.

The theoretical premise for this study relates to the belief that currently exists in the field of child care that children should be raised in a family setting (Allison & Kufeldt, 1987). The family is the most appropriate setting for optimum child development. Without an assessment tool for measuring the severity of behaviours exhibited by children, they may end up placed in settings that are more restrictive than is necessary. If there is no difference in the behaviours exhibited by children placed in receiving assessment foster and group home care, then children could be placed in a suitable family setting immediately upon entry into care. This choice of placement would be the least restrictive as well as supporting the belief that children can be cared for in a family based setting (Hazel, 1990; Hudson & Galaway, 1989).

Assessing children's behaviour upon admission into care also strengthens the abilities of the people involved with children to make accurate decisions concerning their future. Behaviour problems revealed by the profiles disclose to parents and professionals the areas in which the child needs help (Achenbach & McConaughy, 1987). Behaviour problems are often a symptom of emotional disturbance so assessing the behaviour helps to define a child's treatment and placement needs. The long term goal of assessing children's behaviours in their current group or foster home placement is that all children can be placed in and remain with families until they return home or reach independence.

## CHAPTER 2

### DESCRIPTION AND PURPOSE OF THE PROJECT

#### Purpose and Description

Children should have the right to be considered suitable for placement in another family when it is impossible for them to live with their natural family (Hazel, 1989). The first purpose of this study is assessing the suitability of children for foster care based on an assessment of their behavior. Knowing the behaviours actually exhibited by children will assist in this task. The second purpose is to discover if foster parents are tolerating behaviours that are as severe as those exhibited by children in staffed group homes. An underlying premise of this study is that objective assessment measures are available and can and should be used in the child welfare system. The following description of the project is organized around its major features, which include: assessment, the children in the study, attachment issues, foster care, specialized foster care & group home care.

#### Assessment

For the assessment of children's behaviour, the Child Behaviour Checklist (C.B.C.L.) is one tool that can be used. The C.B.C.L. allows care givers and professionals to differentiate between fact and opinion. The instrument is a reliable and valid measurement tool which relies on a child's parent or caregiver to answer questions

about the child's actual behaviour. This tool defines the behaviour of children as being internalized or externalized. The checklist asks specific questions about a child's behaviour in all aspects of the child's life. The C.B.C.L. gives parents and professionals a clear behavioral profile of the child with whom they are involved. The instrument also allows parents and professionals to discover any discrepancies that exist in how they each view the child. The Child Behaviour Checklist defines a child's strengths and weaknesses based on actual behaviours thus is more factual. The results of the Checklist give foster parents and group home staff accurate information on the children placed in their care.

### The Children

Children removed from their homes experience feelings of loss, anger, guilt, and fear of the unknown (Terpstra, 1987). They may also be struggling with feelings associated with their attachment to their previous caregivers. Children respond to these feelings by acting them out in a variety of ways. Some children internalize their feelings. The behaviours associated with internalized feelings are more covert. Some children externalize their feelings and the behaviours associated with externalized feelings are more overt. Children need to have their feelings and behaviours understood by their care givers. When care givers and professionals are aware of the actualities of children's behaviour, placement decisions become less arbitrary. Children have a right to be placed in the setting which is most appropriate to their needs. "Young people should be treated as normally as possible and with minimum stigma resulting from being in care" (Smith, 1989, p. 46, in Hudson & Galloway, 1989).



### Attachment

One specific analysis of children's behaviour relates to behaviour that is exhibited as a result of attachment difficulties with their caregivers. Attachment is defined as "any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual." (Bowlby, 1980, p.39.) Children in care may strongly identify with their natural or foster family (Poulin, 1986). Attachment theory (Bowlby, 1980) states that in infancy separation from a mother or habitual care giver can damage the child's development. Magid and McKelvey (1987) describe this early bonding process in terms of a trust cycle. A baby has a need, he or she has a rage reaction illustrated by the behaviour of crying. The primary caregiver, who is often the mother responds with food, touch, or eye contact. The baby learns that people respond to them and they in turn learn to trust their own instincts and reactions. Children in care may not experience this continual process if their parents were not in a position to provide the necessary care. Bowlby further states that the "principal determinants of the pathway along which an individual's attachment behaviour develops, and of the pattern in which it becomes organized, are the experiences he has with his attachment figures during his years of immaturity-infancy, childhood and adolescence." (Bowlby, 1980, p.41). The child who is struggling with the attachment process may exhibit a variety of disturbing behaviours (Poulin, 1986). The behaviours associated with children who experience trouble in attaching to new care givers are described as follows:

1. Lack of ability to give and receive affection.
2. Self-destructive behaviour.
3. Cruelty to others or to pets.

4. Phoneyess.
5. Stealing, hoarding and gorging.
6. Speech pathology.
7. Extreme control problems.
8. Lack of long-term childhood friends.
9. Abnormalities in eye contact.
10. The parents seem unreasonably angry.
11. Preoccupation with blood, fire and gore.
12. Superficial attractiveness and friendliness with strangers.
13. Learning disorders.
14. Crazy lying (Magid & McKelvey, 1987).

The Child Behaviour Checklist has questions which correspond to the behaviours associated with attachment difficulties in children. These behaviours are arduous to contend with and demand special skills on the part of a child's care giver. The identification of behaviours associated with attachment difficulties may signify a deeper attachment disorder. This awareness of potential attachment difficulties furthers the ability of professionals and care givers to plan effective treatment for children in care. The treatment model used to help children suffering from attachment disorders is very intense and involves holding the child for what may be extensive periods of time (Magid & McKelvey, 1987). Attachment issues demand less traditional methods of treatment and planning and thus a special focus is granted to this topic.

## Foster Care

An overview of the principles and the practices in foster care is helpful as a means of enabling the reader to gain a clearer understanding as to the role of foster care in the provision of services to children in the care of the Alberta government. Examining the role of foster care in Alberta allows one to see the current theoretical and practical foundation of the foster care program which includes the belief that foster parents are a valuable resource in the provision of care to children who are removed from the home of their natural parents (Terpstra, 1987). This overview will contemplate the following issues which are relevant to foster care: the approval process, the duties of a foster parent, specialized foster care and the importance of accurately assessing a child's behaviour upon placement.

In Alberta, it is the provincial government's responsibility to approve families so they can foster children. The approval process includes many different factors. The one procedure which is common to all regions in Alberta is the homestudy. The homestudy is conducted by an employee of Alberta Family and Social Services who assesses how the family functions as a unit. The assessment process differs in each region of the province, however the elements common to all homestudies include the gathering of information from the potential foster family concerning their values and beliefs about raising children and how they translate this into practice. Approval of new foster families is based on the results of the homestudy (Alberta Social Services Child Welfare Manual, 1985). The approval process for contracted foster homes is completed by the agency which is responsible for these homes.

Once they have been approved, foster parents have a choice as to whether they want to care for children on a long or short term basis. The philosophy behind short term care is that it is available for children who are entering care for the first time and are in need of a safe place while their natural family situation is being assessed and a treatment plan developed. Short term care is usually referred to as receiving care and is defined as one to ninety days while long term care is any period of time past ninety days. Both long and short term care may be provided by foster parents.

### Specialized Foster Care

Children deemed to be more demanding for reasons which include physical and mental disabilities as well as behaviour problems may be placed in group homes, institutions, or in specialized foster care. Thus foster parents can also apply to do specialized foster care. Specialized foster care includes many different programs designed to aid those children whose needs are different from children in regular foster care. Examples of specialized foster care would be those foster parents who work with physically handicapped, emotionally and/or behaviourally disturbed children. Foster parents who work with special needs children require specialized training in order to parent these children. At this time in Alberta it is not necessary to receive training in order to be considered part of the regular foster care program. However, in some specialized foster care programs, such as the First Choice Parenting program in Calgary, the training of foster parents is mandatory.

Foster parents have historically been viewed by society and the Alberta Government as "volunteer" parents (Edmonton review of foster care, 1988, Allison &

Kufeldt, 1987). More recently, social workers and foster parents in Alberta are seeing the role of the foster parent as one which is evolving into a "job" (Edmonton Review of Foster Care, 1988). Specialized skills are needed in order for foster parents to deal with difficult behaviours exhibited by a child placed in their home. The training of foster parents is now being seen as an integral part in their obtaining the tools necessary to provide quality care to the children placed in their homes (Simon & Simon, 1982). Within the city of Calgary there are foster homes which are receiving specialized training in the assessment of the behaviours exhibited by children placed in their care. They are managing very difficult children and it follows that without the foster parents receiving this special training these children may have been destined to live in a staffed group home setting due to their behaviour problems. Because of the existence of these specialized assessment foster homes it is possible for children to avoid being placed in a group home. These foster parents have the ability to, and are in fact, managing children who are behaviorally disturbed.

#### Group Home Care

If children exhibit severe behaviour problems there has been the belief in the child welfare system that these children need to be supervised for twenty four hours a day. Historically in Alberta, around the clock care has been provided to children through their placement in an institution or group home setting. The group homes in this study are staffed by child care workers who work different shifts. The staff receive training through their course work except for information pertinent to the agency. The belief that group homes manage children with more difficult behaviour than do foster parents is

changing. Hazel (In Hudson & Galloway (Eds.) 1989) states that foster parents are managing children placed in their care who exhibit severe behaviour problems. Hazel further comments that it does not appear logical to assume that placing "badly behaved adolescents together enables them to behave better where status is afforded to bad behaviour" (In Hudson & Galloway, 1989, p. 4). The existence of group homes may no longer be necessary based solely on the belief that they are needed to supervise difficult children.

### Summary

Foster parents are recruited, approved, may be given some training and then accept a child into their home. If possible, some attempt is made to match the skills of the foster parents to the needs of the child (Review of Foster Care - Edmonton Region, 1988). Of supreme importance is the assessment of the child's needs. There is no uniform method in Alberta for gathering data concerning a child's behaviour prior to making decisions as to the placement and treatment needs of the child. The information that does exist concerning a child most likely includes input from the child's parents, school personnel, the child's social worker and where appropriate a therapist. A problem that exists is that one must be able to differentiate between opinion and fact, especially in the assessment of a child's behaviour. A gap that has already been identified in Alberta's foster care system is the need to accurately measure the behaviour of children placed in a foster home.

The Alberta Child Welfare Act 1985, states that a child's emotional, mental and physical needs are to be protected. When this does not occur a child is brought into the



care of the government. Once in care it is important to examine the behavioral and emotional needs of the child. The Child Behaviour Checklist can measure the behaviour of the child placed in foster care or group home care (Achenbach, 1983). The results of the C.B.C.L. can then be used to accurately plan for the child's time in care.

### Hypothesis

The focus of this study is on the question of whether foster parents are managing children with the same severity of behaviours, as group home staff. This thesis examines the receiving system, where placement decisions are based more on the availability of a bed than on clinical judgement. Since children are placed based upon the availability of a bed, one would expect that there is no difference in severity between the behaviours exhibited by children placed in short term foster or group home care. This study will test the hypothesis that there is no difference in the behaviours exhibited by children in these settings. If this is so, and if foster parents are tolerating difficult behaviours then the results support the theoretical belief previously outlined that children should be cared for in a family setting.

There are some questions to be addressed that follow from our examination of foster and group home care, the behaviours children in these settings may exhibit and this hypothesis.

What behaviours are exhibited by children in foster homes?

What behaviours are exhibited by children in group homes?

How do they compare to one another?

Do children in assessment, receiving foster and group home care internalize or externalize their behaviour?

Do children exhibit both types of behaviour equally or do they exhibit a significant difference between their internal and external behaviours?

Do children in care fall into the clinical category of the Child Behaviour Checklist and therefore differ significantly from the normal population of children?

Do the children in these settings exhibit behaviours that relate to attachment issues?

### CHAPTER 3

#### FOSTER CARE AND GROUP HOME CARE: A REVIEW OF THE LITERATURE

The literature of importance for this study relates to the various dimensions of foster care, group home care and the Child Behaviour Checklist.

##### Foster Care

The literature concerning foster care commonly states that when children must be removed from their natural family they are best cared for in an alternative family placement (Hazel, 1989; Meadowcroft, 1989). The goal of foster care is "to facilitate child development by providing a learning environment for the future behaviour, attitudes, and values of children in care" (Foster Care review - Edmonton Region, 1988, p. 1). Foster care literature generally focuses on a few key concepts such as: recruitment, training, matching and the maintaining of foster homes.

##### Recruitment

In order to have a successful recruitment of foster parents several factors need to be examined. These include: agency expectations, motivation of the foster parents and assessment of foster parent skills (Dando & Minty, 1987; Pasztor, 1982, 1985).

Any agency involved in recruiting foster parents should be clear as to what role the agency wants foster parents to fulfil (Pasztor, 1982; Aldgate, Maluccio & Reeves, 1989). The role of foster care in agencies is generally not well defined (Pasztor, 1982). Successful recruitment can occur when the agency staff are clear amongst themselves what they expect from foster parents (Dando & Minty, 1987). One way to clarify the agency's expectations is by developing a description of responsibilities for foster parents (Pasztor, 1985). Agency staff can provide this description to potential foster parents at an orientation session. Prospective foster parents are then in a better position to assess their own ability to meet the demands of the position. A job description could include a job title, an explanation as to the various people the foster parent will be expected to work with, the qualifications necessary for the job, training requirements, goals of the agency, supervision, reasons for closure, commitment and the rewards of the job. Foster parents who are clear as to their responsibilities and who are involved in their own selection process make a conscious choice to join with the agency to provide quality care to children (Pasztor & Burgess, 1982). To make a conscious choice implies a sense of commitment on the part of the foster parent to the child and to the agency (Pasztor & Burgess, 1982).

One component of assessing foster parents at the time of recruitment is to examine what qualities and capacities are needed in order to be a successful foster parent (Dando & Minty, 1987). Foster parents need to be able to work with the agency social workers, provide child care and have special understandings as to the child's identity, development and relationship with the child's natural parents (Dando & Minty, 1987).

It is also necessary to explore what motivates people to become foster parents. Recruitment themes have changed over time (Pasztor, 1985). The concept of opening your home and your heart implied that love was all that was required to be a foster parent (Pasztor, 1985). This notion can be described as altruistic and continues to be one motivating factor for foster parents (Dando & Minty, 1987). Childlessness and identification with deprived children, due to past personal experience are also cited as important motivators for foster parenting (Dando & Minty, 1987). Hampson (1988) discovered that there was a difference in motivation between traditional foster parents and specialized foster parents. The traditional foster parents concurred with the motives listed above while the specialized foster parents perceived caring for difficult children as a job (Hampson, 1988). Directing children, adding to the families income and satisfaction with seeing the child gain from placement were motivators for fostering for the specialized parents (Hampson, 1988). Motivation for becoming a foster parent provides implications for recruitment strategies as they can be directed at the population an agency is trying to attract whether it be traditional or regular foster care or specialized foster care (Hampson, 1988). Experience has shown that costly advertising on radio, television, and in the newspaper has not been effective and this finding is supported by McColgan (1991). Word of mouth by foster parents and other professionals in the field appear to be the most successful means of recruiting foster parents (McColgan, 1991).

### Training

Once foster parents have been recruited for fostering, some training usually follows. The literature identifies training for foster parents as important as a means of

improving the quality of care for foster children (Dawson, 1986; Norgard & Mayhall, 1982; Simon & Simon, 1982). Training sessions usually occur before a child is placed in a foster home (Simon & Simon, 1982). This is referred to as pre-service training (Simon & Simon, 1982; Hampson, 1988). In Alberta foster parents attend training on a voluntary basis: it has not been mandatory for foster parents to appear at formalized sessions. Hence training may not occur prior to placing a child in a foster home. In these cases information is provided on an on going basis. This is reported as in-service training (Pasztor, 1985; Simon & Simon, 1982). Training generally includes a combination of role orientation, knowledge, and skill acquisition (Allison & Kufeldt, 1987; Dawson, 1986; Hampson, 1988; Simon & Simon, 1982). Pre-service training sessions may include such topics as:

- discipline
- working with natural parents
- child development
- working with teens
- working with sexually or physically abused children
- communication skills
- objectives of the agency and the foster care system
- techniques for understanding and working with anger
- depression
- loss and the behaviours that reflect these emotions (Dawson, 1986; Simon & Simon, 1982).



Pre-service training also allows the social workers involved in this process to further screen and assess the foster parents (Hampson, 1988; Pasztor, 1985).

Training sessions differ depending on the age and specific problems of children in care. Foster parents in specialized foster care programs receive training more specific to the population of children with whom they have chosen to work as compared to traditional foster parents (Hampson, 1988).

The shortage of training provided to foster parents is cited as one reason children are removed from their foster homes (Simon & Simon, 1982). A lack of support for foster parents is another basis for children being removed from foster homes (Hampson, 1988; Pasztor, 1985).

### Support

The quality of the services delivered by, and the maintaining of foster parents, is not only dependent upon their training but also is affected by the support given to them by the system. Support can be described as having both an informal and formal network (Lewis & Fraser, 1987). The term formal support encompasses: recruitment, training, matching when possible, counselling services, respite care, financial remuneration, support groups for foster parents, and the accessibility and availability of the social worker to the foster family (Edmonton review of foster care, 1988; Simon & Simon, 1982; Lewis & Fraser, 1987). The above supports are usually provided by the agency working with the foster family. Informal support refers to the services provided by the community, the child's natural family and the extended family of both the foster and natural family of the child (Kufeldt & Allison, 1990; Lewis & Fraser, 1987).

### Matching

"Planning at the initial stages of foster care must include consideration of the "match" between the child and the foster family" (Meezan & Shireman, 1985, p. 220). The matching of a child's needs with the skills of their potential foster parents is an important aspect to be taken into consideration in the actual placing of the child into a foster home (Terpstra, 1987; Edmonton review of foster care, 1988; Calgary review of foster care, 1987). Placements have an increased chance of being successful when accurate information is shared between children, foster families, social workers and natural parents (Berridge & Cleaver 1987; Terpstra, 1987; Taber & Proch, 1987). Effective matching incorporates the characteristics of introducing a child to potential foster parents and the speed at which placement occurs (Berridge & Cleaver, 1987). The literature is clear in stating that information gathering and sharing amongst the people involved with a child is important, however the length of time needed to place a child is not addressed. Foster families who are clear as to the reasons why a child is placed in their home are in a better position to provide the child with the necessary services required to meet their needs (Terpstra, 1987).

### Breakdown

The term breakdown can be defined as "a placement ending that was not included in the social work plan, either in the ending itself or the timing of the termination" (Berridge & Cleaver, 1987, p. 30). Smith (1986) defines breakdown in a similar fashion. The main reason children are removed from their foster homes is due to their behavioural problems and the foster parent's inability to manage such behaviour (Simon & Simon,

1982; Rowe, Hundelby, & Garnett, 1984; Proch & Taber, 1987; Dawson, 1986; Terpstra, 1987; Edmonton review of foster care, 1988; Allison & Kufeldt, 1987). In a study conducted by Gruber (1978) over 26% of the children who were moved from their foster homes at the request of the foster family, were moved due to the existence of a behaviour problem. Gruber (1978) also found that social work visits to foster parents were sporadic. Foster parents wanted to manage any difficulties with the children in their homes on their own as long as possible before involving the social worker. Not all foster parents received training however the majority stated they would like to attend if it were offered (Gruber, 1978). This study highlights that lack of support and training for foster parents are factors which lead to placements breaking down. Eleven years later in a study conducted in Britain by Rowe et al (1989) it was discovered that foster parents reported breakdown in placement due to poor support by the social worker and behaviour problems on the part of the children. Foster parents reported that the most frequently noted problem was "placement satisfactory at first, problems later" (Rowe et al, 1989, p.88). This highlights the issue of the social workers lack of awareness of what is happening in their foster homes. The second most usual problem in foster homes was "child's behaviour unacceptable to caregivers" (Rowe et al, 1989, p.88). The study further discovered that foster parents try to manage difficult behaviour on their own as "when they do ask for advice and help social workers cannot offer much support" (Rowe et al, 1989, p.88). The behaviour problems associated with this response were: attention seeking, general unmanageability, aggression/temper and stealing (Rowe et al, 1989, p.88). The terms used are not very specific with the exception of stealing. This study

also found that social workers and foster parents had different perceptions of the child's behaviour problems (Rowe et al, 1989).

This study also examined children who were placed for adoption. Some of the children were placed for adoption with their foster families, others were placed in new homes. Their sample was small but none the less the authors found that seven out of the twenty one placements broke down. Unacceptable behaviour on the part of the child was cited by the parents as the reason for their removal (Rowe et al, 1989).

### Respite

Respite care refers to the provision of an alternative placement for the child in your care for a short period of time (Webb & Aldgate, 1991). Respite care is part of providing support to foster families. Respite can be provided in emergency situations or can be a planned activity (Webb & Aldgate, 1991). The purpose of respite care is to provide children and foster families with some time away from each other. The concept of respite care is still relatively new however it is seen as a means of providing support to families with the intention of preventing placement breakdowns (Webb & Aldgate, 1991).

### Specialized Foster Family Care

A definition of specialized foster care includes the following components:

- care is provided in a family setting
- foster parents are selected and trained to provide care to children with special needs

- foster parents receive support, consultation and supervision from the professionals working with the family. Professionals carry a limited number of cases so they are readily available to the foster family.
- foster parents receive payment over and above the regular rates paid to traditional foster parents.
- foster parents are expected to monitor and record the child's progress in their home and to be a liaison with the school system on behalf of the child
- the specialized program is administered by a special agency or if the agency is large, a special department is responsible for the program.
- The specialist program needs to be evaluated on an on going basis (Galaway, 1990; Hudson & Galaway, 1989; Meadowcroft, 1989).

Specialist foster care is also referred to as treatment foster care (Meadowcroft, 1989) and therapeutic foster care (Stroul, 1989). Stroul (1989) describes the treatment philosophy of therapeutic foster care programs as emphasizing three major elements: behavioral/learning - based approaches, a supportive family environment and the child is seen as part of a family and community system. The goals of specialist foster care include providing a family based treatment alternative to an institution and to facilitate and strengthen the child's positive emotional and behavioral adjustment to their family and community (Stroul, 1989; Hudson & Galaway, 1989). Assessment is identified as a part of the treatment foster care program for the purpose of developing a case plan and as a means of evaluating the progress of the child (Meadowcroft, 1990).

### Attachment

Much of the literature on attachment issues for children in care speak of it as it pertains to the child's adoptability. Often a child is considered to be suitable for adoption based on the child's behaviour in the foster home. "The qualities of the child most disturbing to the placement's success were the inability of the child to attach and to love and the degree of the child's disruptive behaviour." (Schmidt, Rosenthal, and Bombeck, 1988, p. 128). The authors are speaking about adoption however, their research supports the literature on placement breakdowns in foster care. In a study conducted by Poulin (1986) it was found that three out of four children who had been in care for more than two years, strongly identified or felt deeply integrated into their foster family. Sixty percent of the children in this same study had either ambivalent or positive attachments to their natural family (Poulin, 1986). Attachment problems and the accompanying behaviour are issues that are prevalent for foster parents. The attachment literature supports the theory that children who have behaviour problems are considered hard to handle and as a result are often not placed in adoptive homes (Berry & Barth, 1990; Meezan and Shireman, 1985). Children who have not internalized and accepted their losses find there is "no place in their lives for new parents and family" (Schmidt, Rosenthal & Bombeck, 1988, p. 125). Assessment of children's behaviour and more specifically those behaviours that relate to unresolved attachments at the point of children's entry into care would aid a social worker's ability to plan efficiently for that child.



### Group Home Care

A staffed group home is one setting where a child is placed whose behaviour has become too difficult for the foster parents to manage. A group home is defined by Kadushin (1988) as: "a home in a normal community which simulates a family for a small group of children." Group homes often house anywhere from five to twelve children (Kadushin, 1988). There are two types of group homes: those staffed by house parents and those staffed by an agency. Kadushin (1988) also states that a group home has greater therapeutic potential than a foster home. A group home makes available the same opportunities for children to have relationships with adults as a foster home can with the added element of peer interaction (Kadushin, 1988).

In a study conducted by Fisher et al. (1986) they examine parental, social worker and residential care workers perceptions and expectations of the facility. They perceived the purpose of placing a child in a residential setting as a means of providing a consistent structure and a routine for them (Fisher et al., 1986). "The theoretical rationale was that the experience of consistent handling and of secure limits to acceptable behaviour would lead to internalisation of control by the young person" (Fisher et al., 1986, p.75.). In fact, according to the social workers who participated in this study, children experienced staff turnover, new admissions, difficult behaviour and questioned the residential staff's ability to provide "the psychological security of a significant personal relationship" (Fisher et al., 1986, p. 77.).

Keith-Lucas (1987) further supports the belief that group child care facilities exist for the purpose of modifying and controlling deviant behaviour. A child experiencing difficulties in life may need a respite from the pressures of family life (Keith-Lucas, 1987).

Children have to "live up to parental expectations., to return love and to make long term commitments which all too often are betrayed" (Keith-Lucas, 1987, p. 27). Kadushin (1988) also states that children who are emotionally detached and who are fearful of exposing their feelings in close relationships are appropriate for group home living. Kadushin and Keith-Lucas argue that these are benefits to group care.

In a recent study, Colton (1989) examined how children perceived their social environment while living in a group home or a foster home. A comparison of the results showed that children in foster care viewed their situation more favourably than those children in group home care. "Foster children not only rated their satisfaction with their placements higher than residential children, but also witnessed less anti-social behaviour by their companions than their residential counterparts" (Colton, 1989, p. 228). The rationale for placing difficult children in group homes is not clear since children are more satisfied in foster care and it appears that foster families are coping with difficult children given the proper support (Colton, 1989).

#### Measuring Behaviour

The main reason children end up leaving a foster home is due to their behaviour (Taber & Proch, 1987; Pardeck, 1983; Rowe et al., 1984). Some other reasons children may leave foster care are: to return home to their natural parents, to live in an independent living situation, to live on the streets, or due to incarceration. "... children with behavioural and emotional problems have a tendency to experience re-placement" (Pardeck 1983, p. 77). These departures are often unplanned and the placement experiences a breakdown. The alternative may be a residential group home or

institutional placement. Since behaviour is one of the reasons for a child's removal from a foster home it follows that it would be useful to have an assessment tool that could accurately measure a child's behaviour, before, during and after placement in the appropriate resource. The literature also mentions in depth, that outcomes for children depend on one's assessment and implementation of treatment plans and goals (Taber & Proch, 1987; Taber & Proch, 1988; Simon & Simon, 1982). However, no reliable way of measuring their behaviour is offered, "... there is little information about the actual prevalence of various behavior disorders" (Rowe et al., 1984, p.71). There is a need for empirically grounded knowledge in the studying of foster care (McDaniel, 1981). It appears that without an empirically sound basis for defining children's behaviour, decisions are made concerning their well being based on the opinions of the child's parents, social worker, therapist, and teacher. Children who are now in care are increasingly exhibiting more complex and disturbing behaviours than has historically been the norm (Edmonton region, review of foster care, 1988; Allison & Kufeldt, 1987). Treatment plans based on people's opinions are no longer an adequate means of delivering services to children in care. A scale which measures a child's behaviour is one tool that can be implemented so that treatment can be based on fact and not only on opinion.

#### Search For Tools

There are many measurement tools that are used in the profession of social work. In a study of children in foster care, Fanshel (1978) used the Child Behaviour Characteristics Form. The Child Behaviour Characteristics Form was developed by

Fanshel to define a child's internal and external behaviour. Fanshel views health concerns or physical symptoms, such as not sleeping properly as internalized behaviour. Social interactions and aggressive acts are externalized behaviour. The form is not specific enough in its definitions of children's actions for it to be a useful scale of measurement, for example: "child is over active." This statement is not behaviorally specific. What might be overactive to one parent or social worker could well be normal to another.

Other scales were looked at which measure children's behaviour in their school setting. An example is the Behaviour Problem Checklist developed by Quay and Peterson (Eyberg & Ross, 1978). Since this scale focuses on the assessment of a child's behaviour in a school setting it may not be useful in the examination of a child's behaviour in a group or foster home setting. The Eyberg Child Behaviour Inventory is useful in discriminating between problem and non-problem children based on their behaviour (Eyberg & Ross, 1978). The Eyberg Child Behaviour Inventory is completed by the parent of the child. Children who come into care may experience many different feelings which are manifested through their behaviour thus a scale which measures the existence of problem behaviours may not be sufficient to the treatment process. A scale which measures actual behaviour would be more useful to the treatment process.

The Child Behaviour Checklist provides accurate information concerning a child's behaviour and is age and gender specific. The checklist includes one hundred and eighteen questions. The parent or main caretaker of the child fills out the checklist. The C.B.C.L. is a standardized and reliable tool which includes multiple questions which are used to assess each level of the child's functioning (Achenbach & McConaughy, 1987).

Achenbach believes that children experience feelings which are exhibited through internalized and externalized behaviours. The questions on the checklist reflect his definitions. Once the checklist has been completed the answers are grouped in such a way as to illustrate various syndromes the child may experience. Some examples of these syndromes are: aggressive, depressed, social withdrawal and cruel. The checklist has been administered by parents and professionals enough times to many different children that it is seen as a reliable and valid scale. Norms have been established to which each child's responses are compared (Achenbach & McConaughy, 1987). The finished profile can then be used in the process of developing a case plan.

As has been stated, children with behaviour problems may or may not sustain a foster care placement. If unable to, children may end up in a group home. The literature mentions the need for a reliable and valid assessment mechanism which could assist in the measuring of a child's behaviour while in either a foster or group home.

## CHAPTER 4

### DESIGN & METHODOLOGY

#### Introduction

In this chapter the design, research methodology, data collection and its analysis will be discussed. This includes a discussion of: the setting, as well as the research design, the sample population, any ethical considerations, the description and definition of the variables, the measurement tool and its reliability and validity, the procedures for data collection, and data analysis.

#### Setting

There were nine agencies involved in this study and they are listed in Appendix F. There were a total of 20 foster care beds and 30 group home beds. The agencies were all under contract with Alberta Family and Social Services and were located within the City of Calgary.

#### Design

The research design for this thesis has elements of what Tripodi refers to as a quantitative-descriptive design (1985, p.247). The design reflects the exploratory nature of this study. A quantitative-descriptive design usually includes an independent and a

dependent variable and random sample of the population (Tripodi, 1985). Kerlinger, refers to descriptive designs as non-experimental designs (1986, p.348). Kerlinger further explains that direct control of the independent variable is not possible therefore one cannot use experimental manipulation or random assignment of subjects (1986, p.349). The sample selected for this study was not a random sample but was purposive since the goal of the research was to examine behaviors exhibited by children in contracted receiving assessment group or foster care.

#### Sample Population

The subjects for this study were children who lived in either a contracted assessment receiving foster or group home in the City of Calgary. All the children in this study who were in a contracted receiving assessment bed in the City of Calgary at the time the data were collected were included in this sample. The choice of these subjects was purposive as the intent of the study was to examine the behaviors of children in short term foster and group home care. Looking at contracted homes gave the researcher an appropriate sample size without involving the larger child welfare receiving system. This sample is hopefully a cross section of all children placed in a receiving foster or group home bed in the City of Calgary. The total number of subjects in this sample were 51. Their ages ranged from 6 to 16 years. Of the 51 subjects, 34 were boys and 17 were girls. The children all resided in either a group or foster home in the City of Calgary. The parents of the children lived within the city limits of Calgary. Of the 51 subjects, seven of them were native. All the subjects had child welfare status with the Government of Alberta.

Choosing group and foster homes who provided short term, assessment care and who were also under contract with the government allowed for a comparison of results between the subjects placed in these settings. The data were collected between June 1, 1990 and July 31, 1990.

### Ethical Considerations

When a research problem is identified it is necessary to examine whether the proposed research is ethically feasible. Ethical issues include the subject's right to confidentiality therefore the researcher did not know the names of the subjects nor will any identifying information be printed in the results. The researcher requested permission from Alberta Family and Social Services to conduct the study (see Appendix A) and was given consent to proceed with the project (see Appendix D). Once permission was awarded by Alberta Family and Social Services, the proposal was presented to the University of Calgary ethics committee for approval. This was also granted (See Appendix E). None of the children living in the homes who were participating in this study will be aware of this study. Consent was not sought by the children as their awareness of the study may have altered their behaviour and biased the results however, the legal guardians of the children were informed of the study by the group home staff or foster parents. The researcher and person completing the C.B.C.L. remained unobtrusive to the client. Since no identifying information was given to the researcher, no one outside of the foster or group homes will know which profile belonged to which child thus insuring confidentiality.



The results of this study will help professionals who work with these children to make more ethically sound decisions. If a child is placed inappropriately based on beliefs about the child's behaviour as opposed to facts about their behaviour, the system may potentially be making ethically unsound decisions for that child.

#### Conceptualization of the Independent Variable

For the purposes of this thesis the independent variable is where the child is placed. This study examines assessment receiving foster homes and group homes which are under contract with Alberta Family and Social Services in the City of Calgary. Receiving homes refer to short term care, no longer than ninety days, during which time a child will be assessed as to the need for further care outside of the family of origin. The two types of placements that have been identified are group homes and foster homes. Children who are in need of short term care are placed in either a foster or group home based upon the availability of a space rather than the social worker deciding which of these resources is preferable. This thesis will examine the behaviours of children at the time they are placed in one of these two settings.

It follows from what has already been discussed, that children who are assessed as exhibiting significant behaviour problems during their time in a receiving foster or group home may end up being moved into a group or specialized foster care home, while children with less severe behaviour problems will remain in regular foster care. Assessment of children's behaviour becomes important as a means of establishing the best and least restrictive setting for the children.

### Operational Definitions of the Independent Variable

The type of short term placement given to a child in the care of the Alberta government is the independent variable. The two types of placement are contracted receiving assessment foster and group homes. Children are placed in either one of these settings depending on the availability of a bed.

For the purposes of this study a foster parent is defined as a person who has been approved by the agency responsible for the foster family prior to a child being placed in the foster parent's care. Foster parents will be included in this study if they are recognized by the Alberta government as contracted family based assessment foster homes and are part of the receiving system. Receiving foster care refers to short term foster care which has been defined as care which lasts anywhere from one to ninety days.

A child may also be placed in a group home that provides short term care. The group homes which will be used in this study are also approved by, and under contract with Alberta Family and Social Services. They provide short term care to children. Group homes operate differently than foster homes since they are usually staffed facilities where the child care workers change shifts on a rotating basis.

### Conceptualization of the Dependent Variables

The dependent variables are internalized and externalized behaviours of children as measured by the Child Behaviour Checklist. The literature does not mention foster homes or group homes as having an existing, standard procedure in place which accurately measures a child's behaviour. A behavioral assessment would help the

system to ensure the best possible placement for the child. The use of the Child Behaviour Checklist gives the system the ability to measure the existence of a child's problem behaviours upon placement in the receiving system. The results of this initial behavioral assessment have implications for the future placement of the child. Children's behaviour when accurately measured provides a reliable foundation for any future plans for children.

For the purposes of this thesis, the behaviours described by the C.B.C.L. are the dependent variables. The C.B.C.L. defines behaviour as either internal or external. The internal and external syndromes are listed in Appendix I. The C.B.C.L. also includes a section which assesses children's social competencies. The scoring of the C.B.C.L. is slightly different depending on the gender and age of the child (Achenbach, 1985, p. 16). Once the checklist is completed, it is scored and the results are interpreted by categorizing the behaviours into internalizing or externalizing syndromes (Achenbach, 1985, p. 15). An understanding of internal and external behaviour displayed by children in short term care is important for issues concerning the training of caregivers and choosing the correct placement resource.

The Child Behaviour Checklist assesses and measures children's behaviour. It would prove interesting to see if differences in behaviours exist between children placed in foster homes and group homes. The literature suggests that one of the main reasons why children leave foster care is their poor behaviour. Research also suggests that if foster parents are trained well and are aware of a child's behaviour problems before the child is placed in their home, it increases the probability that the child will do well in foster care. It therefore follows that it would prove helpful to develop a practice whereby both

foster parents and group home staff are capable of assessing a child's difficult behaviour. The results could be used in the formulation of a treatment plan which foster parents and group home staff could implement for the children placed in their care. The development and implementation of a child's case plan, based on a quality assessment, conducted by well trained foster parents, is a concept that is supported by the literature.

#### Operational Definitions of the Dependent Variables

This study is specifically interested in the behaviour of children in the care of the Alberta government. The Child Behaviour Checklist is the measurement tool used for gathering data on children's behaviour in group homes and foster homes. It follows that behaviour is operationally defined as the results obtained from the Child Behaviour Checklist. The C.B.C.L. is a reliable and valid measurement tool and has been used in other studies concerning children's behaviour (Mash, Johnston, & Kovitz, 1983; McIntyre & Keesler, 1986).

#### Reliability

The questions of reliability and validity for the Child Behaviour Checklist must be considered. Reliability refers to the application of a technique or measure to a subject, on a repeated basis so that it obtains the same result each time (Babbie, 1983., Kerlinger, 1986). In examining a measurement tool, "reliability can be defined as the relative absence of errors of measurement in a measuring instrument" (Kerlinger, 1986, p.405). Achenbach (1983) looked at reliability for the scoring of the behaviour problem and social competence items of the Child Behaviour Checklist. Achenbach (1983) tested reliability

in three ways: test-retest, inter-parent agreement on scores, and inter-interviewer responses to the checklist. Achenbach gathered results for children who had been referred to a mental health setting and compared these results to those of children who had not been referred to a mental health setting. Non-referred children were classified as the normal population. Test-retest reliabilities of item scores were computed by an interviewer visiting mothers of non-referred children at one week intervals (Achenbach, 1983). Inter-parent agreement on scores was computed by both mothers and fathers completing the checklist for their children who were being evaluated in a mental health setting. There are also situations where an interviewer completes the checklist on a child. Different interviewers went to the same home and completed the checklist with the help of the child's parents. The children were matched for sex, age, race and socioeconomic status. The results showed that each interviewer had very similar answers for the children and therefore the correlation was high for both the behaviour and social competence items.

In the case of the data which is presented in this thesis, a foster parent or group home staff member who is familiar with the child completed the checklist. The Child Behaviour Checklist was administered by group home staff for children residing in this setting while the foster mother or father completed the checklist for the children living in their homes. Reliability was maintained in this study by the researcher instructing the group home staff who were unfamiliar with the C.B.C.L. on how to complete the Checklist. The researcher also showed the group home staff how to choose the answer that best described the behaviour that was exhibited by the child in question. Foster families in the sample who were unfamiliar with the Checklist were instructed by the social

workers who worked with their family on the correct procedure. Some of the foster parents were already familiar with completing the Checklist while others needed instruction.

### Validity

Achenbach also examines the validity of the checklist. In its simplest terms validity is defined as the accuracy with which a procedure measures what it is supposed to measure (Achenbach, 1983., Kerlinger, 1986). The concepts of content, criterion-related and construct validity are particular aspects of validity (Achenbach, 1983., Kerlinger, 1986). Content validity relates to the topic or subject of the measuring instrument (Kerlinger, 1986). Does the measure's content include what it is intended to measure (Achenbach, 1983). Procedures for assembling the Child Behaviour Checklist, are given by Achenbach (1983). The Child Behaviour Checklist does in fact measure children's behaviour. Construct validity refers to the meaning of the test (Kerlinger, 1986). It should reflect the theory behind the development and use of the test. Achenbach developed the C.B.C.L. because he felt there was a "lack of satisfactory constructs and operational definitions for childhood behaviour disorders ." (Achenbach, 1983, p.51). Achenbach tested his checklist against two other measures of children's behaviour: the Connors Parent Questionnaire and the Quay-Peterson Revised Behaviour Problem Checklist (Achenbach, 1983). The content of both Connor's and Quay-Peterson's measures is similar to the C.B.C.L. The results of the correlations between the C.B.C.L. and the Connors and Quay-Peterson scales are high thus enabling Achenbach to deduce that his scale was an accurate measure of children's behaviour (Achenbach, 1983, p. 55).

Achenbach also tested for criterion-related validity. Achenbach compared scores for children who had been referred for outpatient mental health services with the scores obtained by demographically similar children who had not had contacts with mental health services for at least the preceding year (Achenbach, 1983, p. 55). The results showed that children who had been referred for mental health services had significantly lower scores on all competence scales and significantly higher scores on all problem scales than non-referred children (Achenbach, 1983, p. 59). Based on the research done by Achenbach, the Child Behaviour Checklist meets the necessary criteria in order for it to be accepted as both valid and reliable and is accepted as such for this thesis.

#### Extraneous Factors

Outside factors that could have affected the results had to do with the time of year the data were collected, the allocation of children to the available beds and with reporter bias. The data were collected in June and July 1990. One cannot control for factors that relate to whether or not this time of year might affect the results. Children placed during these months may not be representative of children in receiving assessment foster and group home care in other months. As well, there is supposedly no choice involved in children being placed in a receiving setting however if there was a bed available in either setting the social worker may have expressed a preference. Another factor is that the respondent may view the child's behavior as more disturbed than is actually the case. However, the C.B.C.L. was developed to allow for and eliminate the biased effect the interviewer might report. The C.B.C.L. also controlled for situational effects an example of which is a bad day at school.

### Demographic Variables

Other variables examined include basic demographic data as well as the child welfare status of the children. (See Appendix B)

### Administration

Alberta Family and Social Services, Contract Services Division granted consent for this study to take place and they sent out a letter instructing the staff at the agencies involved to participate in the study by completing the C.B.C.L. (See Appendix E). The costs incurred for this project included mileage and photocopying. Each respondent spent approximately fifteen minutes completing each Checklist. It was not expected that any one staff would have had to complete more than two checklists, therefore worker time spent on this project was not extensive. Some of the completed Checklists were mailed directly to Alberta Family and Social Services while the others were collected by the researcher. The information obtained from the completed checklists was then entered into a computer. The computers used were housed at a private residence and at the University of Calgary. This data entry was initially supervised by Mike Stephens, a manager for the Contract Management Division of Alberta Family and Social Services. The overall research study was supervised by Dr. Kathleen Kufeldt of the University of Calgary.

### Materials

The Child Behaviour Checklist was the scale used to measure the behaviours of the children in the study. There are eight sections to the scale. The first seven sections



examine the child's social habits while the final section asks questions about the child's behaviour. The first five sections ask the reporter to compare the subject's abilities to that of other children the same age. The questions posed refer to:

- the sports in which the child is involved
- a child's hobbies
- any clubs or organizations to which the child belongs
- the chores or jobs conducted by the child
- any close friends the child might have
- how the child gets along with other people
- how the child does in school.

Achenbach (1983) developed a cut off T-score of 30 for the social competence section of the C.B.C.L. Scores below 30 place children in the clinical range of the population.

Section eight is composed of one hundred and thirteen questions. The scale is composed of interval level data as can be seen by the answers available to each reporter which are: not true, somewhat or sometimes true, and very true or often true. The scale takes approximately fifteen minutes to complete and was completed by a foster parent or group home worker depending on the setting where the children were residing.

## **PROCEDURE**

### **Introduction**

The desire of the researcher to explore the behaviours of children in contracted receiving assessment foster and group home care naturally led to the inclusion of any subjects residing in one of these settings when the data were collected. The subjects were children residing in the City of Calgary who had child welfare status. Since the children were in the care of the Alberta Government permission was sought and subsequently granted by Alberta Family and Social Services and the University of Calgary Ethics Committee. The conditions under which permission was granted are outlined in Appendix C and D.

### **Data Collection**

The researcher went out to each agency between June 1st and July 31st 1990, and distributed the Child Behaviour Checklist to the social worker responsible for the foster homes in their agency or to the group home staff. The group home staff or foster parent completed a checklist on each child in the home at the time of the researcher's visit. The day the researcher made the visit to the agency or group home was the day the data were collected. Receiving foster or group home care means that children can be placed into one of these homes at any time of day. Therefore a cut off point for collecting the checklists was assigned to the day the researcher distributed the Checklists. Sampling the population in this manner was purposive so that the researcher could get a cross section of children in contracted assessment receiving foster and group

home care during a two month period of time in the City of Calgary. Once the Checklists were distributed the researcher waited at the agency or group home while the checklist(s) was being completed or the checklist was forwarded to the researcher upon completion. The C.B.C.L. takes approximately 10-15 minutes to complete. The results of the profile generated by the Child Behaviour Checklist take into consideration the age and gender of the children. Respondents answered questions concerning the children they were knowledgeable of and had had the opportunity to observe. The results of the C.B.C.L. describe both internalized and externalized behaviour. There are some characteristics which will be observed that can be considered both external and internal in nature and these appear in the results. A difference of ten points between the child's internal behaviour score and the child's external behaviour score is seen as a significant difference and children can be classified as exhibiting one or the other (Achenbach, 1983).

The answers to the questions were then entered into a computer and a profile for each child was generated. This profile described the child's behaviour as either internal, external or both. The results were verified by a second data entry into the computer of the same information registered for the first data entry. This ensured that the results were accurate and not subject to data entry error.

### Data Analysis

Once the data had been entered onto computer and the profiles of each child had been generated the data were analyzed using the Statistical Package for the Social Sciences (SPSS). A description of our sample was generated through the use of

frequency distributions and means. This procedure was repeated according to children's placement and again based on their age and gender, as described by Achenbach. Significant results were then organized and illustrated through the use of tables. One particularly important analysis was the comparison of children placed in receiving foster care and children placed in receiving group home care. A t-test was computed to see if there was a significant difference between a child's internal and external behaviour according to placement. Crosstabulations were computed to see if there was a relationship between certain variables. Frequencies were calculated for certain behaviours assumed to indicate attachment difficulties as well as the development of an aggregate measure for these same questions.

#### Limitations of the Data

The results of the data are concerned with children placed in contracted receiving assessment foster and group home care and therefore the ability to generalize these results to a larger population are limited. This study would need to be replicated for other sample populations of children placed in foster or group home care across the city or province in order to generalize the results to a larger population.

## CHAPTER 5

### RESULTS

#### Introduction

The hypothesis stated there was no difference in the behaviours exhibited by children in either contracted receiving assessment foster or group home care. The behaviours were assessed using the Child Behaviour Checklist. The C.B.C.L. summarizes behaviour as either internal or external based on the categorization of the various syndromes. The results support the hypothesis. An analysis of the data focuses on a summary of the basic demographic data, the internal and external scores, whether the scores fall into the clinical range, the social competence scores and the syndromes that existed for the children. A comparison of the children in foster homes and group homes was given. In addition, the data are used to explore the research questions identified on page 11.

#### Demographic Data

There were a total of 51 children included in this study (See Table 1). There were 17 girls and 34 boys. Their ages ranged from 6 to 16. 20 of the children lived in foster homes: 3 or 15% were girls and 17 or 85% were boys. 31 of the children lived in group homes: 14 or 45% were girls and 17 or 55% were boys. There were incomplete data on the behaviour section of the C.B.C.L. for one of the children placed in a foster home.

There were seven native children in this study: three in group home care and four in foster care.

Table 1

PLACEMENT AND GENDER

	MALES	FEMALES	ROW TOTAL
GROUP HOME	17	14	31
FOSTER HOME	17	3	20
TOTAL	34 67%	17 33%	51 100%

Alberta Family and Social Services in the City of Calgary does not gather statistics on the percentage of boys and girls who are currently in care in the city. However province wide statistics were available for contracted group home placements and receiving foster care. Province wide statistics for receiving foster care do not differentiate between contracted receiving homes and regular receiving homes thus the statistics are not directly compared to this sample. However, statistics for contracted group homes were available and they show that of the children placed in this setting 54% were boys and 45% were girls. These percentages are almost identical to those obtained in this sample and would appear to be representative of the overall population of children placed in receiving contracted group home care. There were more boys in care provincially as there were in this sample.

### Child Welfare Status

Child welfare status refers to the type of custody or guardianship the government of Alberta holds with the child's parents. The government can have custody and/or guardianship of a child. Apprehension, temporary and permanent guardianship are the statuses where the government has both custody and guardianship of the child. Permanent guardianship is the only status whereby the parent loses all their parental rights to their child.

It was speculated that children with permanent status would be under - represented in short term assessment foster or group care. These children would have experienced an assessment of their placement and treatment needs during their initial placement in care and would be living in a long term setting. Table 2 indicates a child's first placement with their child welfare status.

Table 2  
CHILD WELFARE STATUS AND TYPE  
OF PLACEMENT

	GROUP HOME	FOSTER HOME	TOTAL %	
CUSTODY AGREEMENT WITH GUARDIAN	20	6	26	51%
CUSTODY AGREEMENT WITH CHILD	1	0	1	2%
APPREHENSION	2	2	4	8%
TEMPORARY GUARDIANSHIP ORDER	1	4	5	10%
PERMANENT GUARDIANSHIP ORDER	7	6	13	25%
OTHER	0	2	2	4%
TOTAL	31	20	51	100%

A custody agreement signed with the child's guardian was the status held by 51% of children in this study. Children who were subjects of a Permanent Guardianship Order were the second largest category at 25%. This seems like a surprisingly high number since one would have assumed children in permanent care would have been successfully placed in a long term placement. One could further speculate that children placed in



receiving care would be first time entrants. Table 3 presents a crosstabulation of a child's first placement and status.

Table 3

CHILD'S FIRST PLACEMENT  
AND CHILD WELFARE STATUS

STATUS	FIRST PLACEMENT ROW			%
	YES	NO	TOTAL	
CUSTODY AGREEMENT WITH GUARDIAN	15	11	26	51
CUSTODY AGREEMENT WITH CHILD	0	1	1	2
APPREHENSION	1	3	4	8
TEMPORARY GUARDIANSHIP ORDER	3	2	5	10
PERMANENT GUARDIANSHIP ORDER	0	13	13	25
OTHER	1	1	2	4
COLUMN	20	31	51	
% OF TOTAL	39	61	100	

The philosophy behind receiving foster care is that there be a safe place where first time entrants can stay so that a treatment and placement plan can be developed. For 20 or 39% of the children this was their first placement in the care of the Alberta government however, 31 or 61% of the children had experienced previous placements. Since children are placed into a receiving assessment foster or group home based on

the availability of a bed one could not help but wonder if a preference was shown for placing first time entrants into a foster home: the least restrictive setting. Table 4 computes a crosstabulation to see if a child's first placement was in a foster or group home.

Table 4

CHILD'S FIRST PLACEMENT AND  
PLACEMENT IN A FOSTER OR GROUP HOME

	FIRST PLACEMENT		ROW TOTAL	PERCENT
	NO	YES		
GROUP HOME	18	13	31	61
FOSTER HOME	13	7	20	39
COLUMN TOTAL	31	20	51	100

The results show that the majority of children were not placed in foster care for their first placement. Most of the children had experienced previous placements prior to entering receiving assessment foster care.

### Summary of Internal and External Syndromes

#### Introduction

The questions laid out on page 11 provide the framework for reporting the results. There were 50 Child Behaviour Checklist's completed in this sample. The summary of behaviours exhibited by the children in this sample were examined in three ways:

- the overall frequency of the behaviours across the entire sample

- the comparison of the behaviours exhibited by children in group and foster homes
- the frequency of behaviours according to the age and gender groupings of the Child Behaviour Checklist.

Table 5

BEHAVIOURS EXHIBITED BY  
CHILDREN ACCORDING TO PLACEMENT

	GROUP HOME (N=31)		FOSTER HOME (N=19)		TOTAL SAMPLE (N=50)	
	N	%	N	%	N	%
AGGRESSIVE	31	100	19	100	50	100
ANXIOUS/OBSESSIVE	10	20	3	16	13	26
CRUEL	14	45	4	21	18	36
DELINQUENT	31	100	19	100	50	100
DEPRESSED	9	29	11	58	20	40
DEPRESSED/WITHDRAWN	11	35	3	16	14	28
HOSTILE/WITHDRAWN	11	35	5	26	16	32
IMMATURE	11	35	5	26	16	32
IMMATURE/HYPERACTIVE	11	35	2	10	13	26
OBSESSIVE/COMPULSIVE	17	55	15	79	32	64
SCHIZOID	22	71	8	42	30	60
SCHIZOID/ANXIOUS	6	19	10	53	16	32
SCHIZOID/OBSESSIVE	3	10	1	5	4	8
SEX PROBLEMS	3	10	1	5	4	8
SOCIAL WITHDRAWAL	3	10	1	5	4	8
SOMATIC COMPLAINTS	31	100	19	100	50	100
UNCOMMUNICATIVE	17	55	15	79	32	64
HYPERACTIVE	20	64	16	84	36	72
WITHDRAWAL	6	19	10	53	16	32

The percentages listed in Table 5 were calculated based on the number of children in each of the settings. 62% of the children in this sample live in a group home and 38% live in foster homes. Table 5 also lists the behavioral syndromes exhibited by children

according to their placement in a receiving assessment group or foster home. 100% of the children exhibited aggressive and delinquent behaviours and reported experiencing somatic complaints.

The Child Behaviour Checklist differs for children based on age and gender therefore Table 6 and 7 list the behaviours exhibited according to these criteria. Achenbach (1983) in developing the scoring of the Child Behaviour Checklist decided a T score over 70 placed the child in the clinical range of that syndrome. Hence a T score of 70 became the identified cut off score. The following two tables list only those T scores approaching the clinical range so as to omit data that were of no significance.

Table 6

BEHAVIOURS EXHIBITED  
BY BOYS

	BOYS AGE 6-11 (N=16)		BOYS AGE 12-16 (N=15)	
	N	MEAN T SCORE >70	N	MEAN T SCORE >70
AGGRESSIVE	16	73	15	69
DELINQUENT	16	76	15	75
DEPRESSED	15	65	0	0
HOSTILE/WITHDRAWN	1	87	14	72
IMMATURE	16	94	0	0
OBSESSIVE/COMPULSIVE	16	62	15	67
SCHIZOID	1	76	14	62
SCHIZOID/ANXIOUS	15	62	0	0
SOMATIC COMPLAINTS	16	60	15	60
UNCOMMUNICATIVE	16	69	15	65
HYPERACTIVE	16	71	15	71
WITHDRAWAL	15	69	0	0

Hyperactive and delinquent were two syndromes in the clinical range for all of the boys. There were 16 boys aged 6-11 who were in the clinical range for the immature syndrome. 15 of the younger boys were depressed while only one of the older boys fell into this category. 14 boys aged 12-16 scored for the hostile/withdrawn and schizoid syndrome while only one boy in the younger age group experienced these syndromes. Table 7 looks at the behaviours exhibited by girls aged 6-11 and 12-16.

Table 7  
BEHAVIOURS EXHIBITED  
BY GIRLS

	GIRLS AGE 6-11 (N=4)		GIRLS AGE 12-16 (N=15)	
	N	MEAN T SCORE >70	N	MEAN T SCORE >70
AGGRESSIVE	4	70	15	66
CRUEL	4	66	14	70
DELINQUENT	4	71	15	72
DEPRESSED	4	73	0	0
DEPRESSED/WITHDRAWN	0	0	14	64
HOSTILE/WITHDRAWN	0	0	1	66
IMMATURE	0	0	1	60
IMMATURE/HYPERACTIVE	0	0	13	68
OBSESSIVE/COMPULSIVE	0	0	1	66
SCHIZOID	0	0	15	65
SCHIZOID/OBSESSIVE	4	67	0	0
SEX PROBLEMS	4	66	0	0
SOCIAL WITHDRAWAL	4	78	0	0
SOMATIC COMPLAINTS	4	60	0	0
UNCOMMUNICATIVE	0	0	1	61
HYPERACTIVE	4	71	1	68

The sample for girls aged 6-11 is small in comparison to the other age group categories. It is of interest however to note that all the girls in this age group experienced the same syndromes and that five out nine T scores were over 70 placing them in the clinical range. The girls in both age groups had a score for the cruel syndrome. The younger girls also had a T score for sex problems. None of the T scores for the girls aged 12-16 were over 70. Now that the syndromes have been examined one has a better idea as to the behaviours actually exhibited by the children living in receiving assessment group or foster homes. It follows that the next step would be to examine whether or not the population exhibited more internal or external behaviour and if there is a difference, is it a significant one.

### Internal and External Scores

#### Introduction

As previously stated Achenbach (1983) holds that in order to classify a child as either exhibiting primarily internal or external behaviour, there are two criteria which must be met: a difference of at least ten points between the internal and external scores is in existence, and a behaviour sum T score greater than 70. The overall mean internal and external scores for this sample did not meet the above criterion therefore it cannot be said that the sample population as a whole exhibits primarily internal or external behaviour. As well when the mean internal and external scores for children were calculated based on placement the scores were not significant so children in either of these settings did not exhibit primarily internal or external behaviour. Since classifying the overall sample according to placement did not reveal an inclination for children to

exhibit internal or external behaviour, children were grouped according to age and gender. The results of this analysis are listed in Table 8.

Table 8

THE MEAN INTERNAL AND EXTERNAL  
SCORES FOR BOYS AND GIRLS

	INTERNAL T	EXTERNAL T	BEHAVIOUR SUM T
BOYS AGE 6-11	61	71	71
BOYS AGE 12-16	59	71	70
GIRLS AGE 6-11	69	70	72
GIRLS AGE 12-16	59	63	55

Based on these results it appears that the boys in this sample externalize their behaviour.

To discover whether there was a significant difference in the internal and external behaviours exhibited by children placed in foster or group homes, frequencies were calculated for the number of children in a group or foster home who experienced a difference of 10 points between their external and internal scores.

Table 9

CHILDREN WHO EXTERNALIZE AND  
INTERNALIZE THEIR BEHAVIOUR

	EXTERNALIZE		INTERNALIZE	
	N	%	N	%
GROUP HOME (N=31)	11	36	2	7
FOSTER HOME (N=19)	6	32	0	0

The percentage of children who externalize their behaviour is similar for both settings. No children in foster home care internalized their behaviour as compared to a small percentage of children in group home care.

A group t-test was completed to test for a significant difference between internal and external behaviour according to the child's age, gender and placement. All the t-test results indicated no significant relationship between internal and external behaviour.

### Social Competency Scores

#### Introduction

The study of the results of the social competency section of the Child Behaviour Checklist includes the examination of the activity, social and school T scores followed by the overall social T score. The cut off T scores for the social competence scale is 30. Any score below 30 is clinically significant. The activity T score relates to the child's ability to be involved in clubs or hobbies, the school T is based on school performance and the social T relates to a child's interactions with their family and peers. The overall sample is examined followed by an analysis of scores based on placement, age and gender.



### Overall sample

The mean T score for the activities and school component of the C.B.C.L. were in the normal range while the social T and total social competency T scores were in the clinical range. For the school T there were 7 missing cases. As with the behaviour component of the C.B.C.L. the social competency scores were studied based on placement to see if there was a difference in social behaviour between the two settings.

Table 10

#### MEAN SOCIAL COMPETENCY T SCORES ACCORDING TO PLACEMENT

	GROUP HOME	FOSTER HOME
ACTIVITIES T	37	40
SOCIAL T	22	33
SCHOOL T	31	38
TOTAL SOCIAL COMPETENCY T SCORE	27	33

The children in foster homes had T scores in the normal range while the children in group homes scored in the clinical range for their social T and overall social T score. The social competence scores were then examined based on age and gender.

Table 11

MEAN SOCIAL COMPETENCY T SCORES  
FOR BOYS AGED 6-16

	BOYS AGE 6-11 N=16	BOYS AGE 12-16 N=15
ACTIVITIES T	37	42
SOCIAL T	25	29
SCHOOL T	38	35
TOTAL SOCIAL COMPETENCY T SCORE	28	34

Both groups of boys scored in the clinical range for social skills. The overall social competence of boys aged 6-11 is in the clinical range suggesting that they suffer poor performance in activities, school and social situations.

Table 12

MEAN SOCIAL COMPETENCY T SCORES  
FOR GIRLS AGED 6-16

	GILRS AGE 6-11 N=4	GIRLS AGE 12-16 N=15
ACTIVITIES T	46	35
SOCIAL T	23	26
SCHOOL T	33	29
TOTAL SOCIAL COMPETENCY T SCORE	31	27

Adolescent girls appear to have difficulties with their social abilities. The younger girls seem to function somewhat better especially in the area of activities.

The above results were listed as a means of reinforcing the results of the behaviour scale. Some of the questions on the behaviour component of the checklist were a repeat of the social competence questions. The two scales are scored separately however the social competence items serve to highlight children's difficulties in their social behaviour.

### Attachment Behaviours

As mentioned previously, attachment difficulties may be indicated by observing certain behaviours in children. 12 behaviours listed on the Child Behaviour Checklist in the writers opinion, correspond to some of the behaviours (Magid & McKelvey, 1987) associate with children who experience attachment problems. The questions chosen from the C.B.C.L. which might highlight attachment problems in children are:

- clings to adults or too dependent
- cruel to animals
- cruelty, bullying, or meanness to others
- destroys things belonging to his/her family
- doesn't get along with other children
- lying or cheating
- overeating
- physically attacks people
- sets fires
- speech problems
- steals at home

- steals outside the home

The possible responses available to these questions are: not true (as far as you know), somewhat or sometimes true, very true or often true. These choices of responses are the same for all the questions on the behaviour section of the C.B.C.L. The frequency of each response was calculated for the 12 questions for each child. This is shown in Table 15.

Table 13

RESPONSES TO ATTACHMENT QUESTIONS  
FOR CHILDREN IN GROUP HOMES  
(N=31)

	NOT TRUE %	SOMETIMES TRUE %	VERY TRUE %
CLINGS TO ADULTS	45	26	29
CRUEL TO ANIMALS	87	10	3
CRUELTY TO OTHERS	32	48	19
DESTROYS FAMILY THINGS	45	45	10
DOESN'T GET ALONG WITH CHILDREN	23	52	26
LYING OR CHEATING	23	48	6
OVEREATING	81	16	3
PHYSICALLY ATTACKS PEOPLE	45	48	6
SETS FIRES	90	10	0
SPEECH PROBLEMS	90	7	3
STEALS AT HOME	42	42	16
STEALS OUTSIDE OF HOME	58	23	19

Table 14

RESPONSES TO ATTACHMENT QUESTIONS  
FOR CHILDREN IN FOSTER HOMES  
(N=19)

	NOT TRUE %	SOMETIMES TRUE %	VERY TRUE %
CLINGS	53	37	11
CRUEL TO ANIMALS	68	16	3
CRUELTY TO OTHERS	42	42	3
DESTROYS FAMILY THINGS	42	37	21
DOESN'T GET ALONG WITH CHILDREN	21	63	16
LYING OR CHEATING	32	47	21
OVEREATING	63	26	2
PHYSICALLY ATTACKS PEOPLE	47	37	16
SETS FIRES	90	5	5
SPEECH PROBLEMS	95	5	0
STEALS AT HOME	53	21	26
STEALS OUTSIDE OF HOME	37	42	11

The results illustrate that one cannot ignore the possibility of attachment difficulties with the children in this study. The results listed display the percentage of children whose caretakers answered yes, no or sometimes to the twelve questions. The results were listed according to placement to illustrate once again that foster parents are expected to live with children who display severe behaviour problems. To take it one step further, the number of yes, or sometimes true answers were counted with the intention of developing an aggregate measure of attachment difficulty. One point was given for each affirmative answer with the final score being the sum of all of the yes and sometimes true responses. The scores could vary from zero to twelve. It would be too lengthy to list each child's individual responses so the writer arbitrarily chose to count those children who scored 6 or higher. 30 children or 60% of the sample scored 6 or more. Table 15 lists the results.

Table 15

NUMBER OF CHILDREN WHO SCORED  
SIX OR HIGHER

SCORE	NUMBER OF CHILDREN
6	8
7	10
8	8
9	2
10	2
11	0
12	0
TOTAL	30

These results illustrate that the potential for children to be experiencing an attachment disorder is real and measurable and should not be ignored for children placed in contracted receiving assessment foster and group home care.

## CHAPTER 6

### DISCUSSION

#### Demographic Data

There were more boys than girls in this study. This result corresponds with the provincial statistics which showed more boys than girls are in care in Alberta. 14 girls were in group homes and three in foster homes. An equal number of boys were placed in group and foster care. Seven native children were in this sample, two girls and five boys. The mean age for children in foster care was eleven and twelve for children in group homes. 75% of the children have temporary status while 25% are in permanent care. Of interest was table 3, which stated whether or not this was the child's first placement and the status of the children. For 61% of the children this was not their first placement. This seems like a high number of children experiencing re-placement. One could speculate that these children are placed in assessment short term care after experiencing a placement breakdown with their previous caretakers. There were only seven children who were placed in foster homes for their initial placement and 13 children for whom group home care was their first placement. This supports the belief that children in receiving care are placed arbitrarily and that a family setting is not preferred at the initial placement stage.



## Exhibited Behaviours

### Introduction

The hypothesis stated that there was no difference between the behaviours of children in contracted receiving assessment foster homes and group homes. The results of the data analysis support the hypothesis. The question was then asked as to what types of behaviours the children were exhibiting. This discussion of results follows from the listing of the results in the previous chapter. The overall sample was first examined followed by the boys and girls results, a discussion of the internal and external scores and the possibility of attachment difficulties for our sample population. The implications for social work theory and practice are discussed in the next chapter.

### Overall Sample

For the overall sample children had scores for the aggressive, delinquent and somatic complaints syndromes. The aggressive and delinquent syndromes both fall under the realm of externalized behaviour. Somatic complaints is classified as one syndrome for internalized behaviour. The third and final syndrome included in the externalized behaviour category is hyperactive. The cruel syndrome is an externalized syndrome which is included only for the girls profiles. 72% of the sample were hyperactive while 36% were cruel. These results indicate that the children in this sample appeared to exhibit externalized behaviours. The highest scores for internalized syndromes were: anxious/obsessive - 80%, uncommunicative and obsessive/compulsive at 64%, schizoid at 60% and depressed at 40%. Looking at the sample in general provides a good overview of the behaviours exhibited by children however the research

was intended to highlight whether children in either setting could be said to primarily exhibit internal or external behaviour.

### Comparison of Placement

Since all children exhibited aggressive, delinquent and somatic complaints they will not be included in the comparison of results according to placement. The Child Behaviour Checklist measured children's behaviour by developing questions which were categorized into various internal and external syndromes. There are more internalized than externalized syndromes on the C.B.C.L. (See Appendix G) The internalized syndromes which are exhibited the most by the children will be highlighted. 84% of the children in foster homes were hyperactive compared to 64% of children in group homes. The hyperactive syndrome was composed of questions such as acts young, can't concentrate, hyper and impulsive. 79% of children in foster homes were uncommunicative and obsessive/compulsive compared to 55% of children in group homes. The uncommunicative syndrome included questions such as won't talk, shy, moody and secretive. Obsessive/compulsive included questions such as brags, hoards, loud, and daydreams. 58% of children in foster homes were depressed. More children in group homes were depressed/withdrawn than depressed while 71% were schizoid. The depressed syndrome included questions like clings, lonely, perfect and unloved while depressed/withdrawn had similar questions it also included won't talk and sleeps a lot. The schizoid questions included hears things, nightmares, sees things and strange ideas. These percentages give some idea as to what behaviour the children in each of these settings was experiencing. One begins to get an idea as to the difficult nature of the

children in this sample. The above results do not tell us very much about who is exhibiting the behaviours and their severity. By looking at the children according to their age grouping on the Child Behaviour Checklist one can tell whether their behaviours are in the clinical range and the age at which the children are exhibiting these syndromes.

### Gender Differences

#### Boys

Table 6 listed the T score for all the syndromes for boys aged 6-11 and 12-16. There will be no discussion for those syndromes where only one case was present. Looking at Table 6 it was evident that boys age 6-11 had many more clinical scores than their older counterparts. Research mentioned that adolescent behaviour can be troublesome to manage yet based on these results the younger boys were exhibiting behaviours in the clinical range of difficulty. This supports findings by Rowe et al (1984). The external syndromes of aggressive, delinquent and hyperactive all had T scores over 70 for boys aged 6-11. The total population of children aged 6-11 had a T score equal to 94 for the immature syndrome. Both the withdrawal and uncommunicative syndromes had T scores just below 70. The results for the older boys are similar for the external syndromes except that the aggressive T score is just under 70. The only internal syndrome with a T score greater than 70 for this age group was hostile/withdrawn. Adolescent behaviour is generally known to be externalized and these results support this common knowledge. The profile painted by these boys is a disturbing one. Aggressive, delinquent, hyperactive, uncommunicative, immature/hostile and withdrawn are extremely difficult and challenging behaviours with which caretakers must contend. Since the

results of the t-test across this population showed that there is no significant difference in children's internal and external scores across placement, it follows that foster parents are living with the same troublesome boys as staffed group homes. Does the same hold true for the population of girls?

### Girls

The T scores for girls aged 6-11 on the externalized syndromes of aggressive, delinquent and hyperactive were over 70. This is the same result as the boys for this age group. The sample population was small so it is only possible to speculate that these results are indicative of the general population of girls in care in this age group. The internal syndromes with T scores above 70 were depressed and social withdrawal. For girls aged 12-16 there were only two syndromes that had T scores over 70. These were the external syndromes, delinquent and cruel. It would appear that adolescent girls exhibit externalized behaviour as did the adolescent boys.

### Internal and External Behaviour

An examination of the mean internal and external T scores for the overall sample illustrated that there was not a significant relationship between the two scores. Children in this sample do not exhibit primarily internal or external behaviour. In examining the internal and external T scores for children based on their placement in either a foster or group home the results were the same as the overall sample. These results support the hypothesis that children in contracted assessment receiving foster or group home care exhibit the same behaviours. Next, internal and external T scores were calculated for the

total sample according to the age and gender of children. Boys aged 6-11 and 12-16 met the two criterion set out by Achenbach and therefore indicate that boys in these age groups exhibit primarily external behaviour. The results for the girls showed that their internal and external T scores were not significant which suggests that their behaviour cannot be classified as primarily internal or external.

A t-test was calculated to discover if there was a significant difference in boys internal or external behaviour according to their placement and their age grouping on the C.B.C.L.. This procedure was repeated for the girls. The results showed no significant difference between the external and internal behaviour of boys and girls placed in these settings according to age and gender.

### Social Competence Scores

#### Introduction

The social competence items on the C.B.C.L. asks questions concerning children's abilities with their peers, in school and around the house. Children exhibiting poor social skills is not a new concept in the studying of children in care. Most of the items on the social competence section of the Child Behaviour Checklist are asked again in a more behaviorally specific manner in the behaviour component of the C.B.C.L. Therefore the deliberation of these results is brief.

### Activities

The activities T score for the overall sample was in the normal range. This result held true for the results based on placement and the age grouping of the Child Behaviour

Checklist. Children in this sample were involved in activities such as sports, chores, clubs or hobbies with the same success as children in the normal population.

### Social Skills

The sample as a whole scored in the clinical range as did the children when they were divided up according to placement and age group. The children in this sample do not have close friends, do not visit or spend time with friends and have trouble getting along with their family and other children. They have trouble playing and working by themselves. It is far more difficult to parent a child who does not have any friends and does not like to be alone. However, since the majority of these children do participate in outside activities foster parents can have some time away from these children. This further supports the result that the children in this sample are demanding. This result has implications for training, support and respite care provided to foster parents.

### School

The scores for children's school performance fall into the clinical range for all of the above groups. School difficulties are not uncommon for children in care especially if they have changed schools a lot as a result of placement breakdowns in foster, group home or natural family care. The C.B.C.L. identifies for the care givers and school personnel what behaviours and what level of performance they can expect from the child.

### Overall Social Competence

The social competence score for the overall sample is very low at  $T = 12$ . Once again it appeared to be helpful to see if this result held true according to placement and the age grouping of the Child Behaviour Checklist. The children in group homes fell into the clinical range while the children in foster homes were in the normal population. In fact when we look at the sample of children in foster homes all their social competence scores are in the normal range. One possible reason for the difference could be that family interaction affords children constant opportunities to improve and receive feedback on their social skills. The age of these children may be a factor. Boys aged 6-11 scored in the clinical range while girls in this age group scored in the normal range at  $T = 31$ . This population of boys was also the most clinically disturbed on the behaviour portion of the checklist so these results support poor overall behavioral performance. Adolescent boys scored in the normal range while adolescent girls scored in the clinical range.

### Attachment

#### Introduction

The choice of which questions most adequately reflected the criteria previously stated for the identification of attachment issues was based on the questions outlined previously by Magid and McKelvey (1987). The results offer some interesting insights as to the possibility that attachment difficulties exist in this population of children. This discussion of results focuses on the presence of the behaviours in children.

## Discussion

The majority of responses fell into the categories of sometimes true or very true for at least 50% of the sample. The children were rarely: cruel to animals, overeating, setting fires or having speech problems. However, one cannot overlook that these behaviours did exist for some children. The majority of children sometimes lied or cheated, did not get along with other children, were cruel to others, destroyed things belonging to their families, and physically attacked people. Of interest is that the majority of children in foster and group home care stole. This result is fascinating given the young age of the children in this study. Children under twelve cannot be legally charged with theft unless the judge makes an exception therefore the caretakers of these children may end up imposing consequences on the child since the court system is unable to get involved.

These results illustrate that 60% of the sample answered very true or sometimes true for the questions relating to attachment. The children who responded in the affirmative for the questions pertaining to attachment difficulties probably will exhibit difficult behaviours. Children with attachment difficulties do not always respond to traditional modes of therapy and special skills are required for caretakers and therapists.



## CHAPTER 7

### CONCLUDING COMMENTARY: IMPLICATIONS FOR THEORY AND PRACTICE

#### Introduction

The results are now discussed in terms of their relevance to social work theory, practice and the implications for future research.

#### Social Work Theory

The premise for this study was based on the theory that children who need to be removed from their family are best cared for in an alternative family setting. Foster care is the least restrictive resource and the least intrusive for the child. It has also been suggested that children and families could benefit from a behavioral assessment of the child upon their entry into care. The need for a quality assessment at the time a child enters care requires foster parents to have the necessary skills to complete such an assessment and implement treatment based on the results. The children in this sample have been assessed and are displaying very difficult behaviours which foster parents are tolerating.

Attachment theory was also introduced with the intention of laying a foundation for the importance of assessing the child's early developmental history and any current behaviors which may correspond to attachment difficulties.

### Practice and Program Implications

The demographic data indicated that only 39% of the children were first time entrants into the receiving child welfare system. 13 out of the 31 children who were not experiencing a placement for the first time were in permanent care. Experience has shown that the belief in the child welfare system is that receiving care is short term care for children who need to be safe and who are in care temporarily. During their time in temporary care their natural family situation is assessed and a plan put into place so the child can return home. One can speculate that children are being placed and re-placed in short term care for other reasons. More specifically, children in permanent care may be in need of a short term placement due to a placement breakdown, because they have run away from home or due to an adoption disruption. My findings suggest that the child welfare system needs emergency foster homes for children who are in need of an urgent placement. As well, when care takers are in need of respite care there is no emergency resource available other than attempting to place their child in a receiving home. If no relief is available the result could be a placement breakdown. These are possible reasons why children are placed in short term assessment care. Appropriate case planning and treatment for children in permanent care can be hindered by a lack of resources. It is also conceivable that if the C.B.C.L. had been completed for children prior to or at the time of placement a suitable case plan could have been developed which might prevent placements from breaking down. Caregivers who have received training in assessment and in dealing with children who exhibit difficult behaviours may be able to tolerate these children in their home and hopefully minimize the chances of a placement breakdown.

In this sample children in care for the first time were not necessarily placed with foster parents. The results showed there was no significant difference between the behaviours exhibited by children placed in receiving assessment group or foster care. This result has implications for program planning and resource allocation in foster care. Receiving foster care could be expanded so that all children entering care for the first time could be placed in a foster home. Foster parents could potentially end up managing the majority of children placed in receiving care.

#### Exhibited Behaviour

The research suggested if foster parents were provided with training and support they could maintain difficult children placed in their homes. The results showed that there was no difference between the behaviours of children in contracted assessment receiving foster and group home care. Therefore, the decision to place a child in short term group home care on the basis of troublesome behaviours may no longer be a legitimate reason since foster parents appear to be managing the same severe behaviours as the group home staff.

The behaviours that have been observed in this sample were not only difficult but were often in the clinical range. This implies a population of behaviorally disturbed children in care. This has implications for the training, supporting, matching and maintaining of foster parents.

### Training

Foster parent training could easily include sessions on the assessment and management of children's behavioral difficulties as directed by the use of the C.B.C.L. This sample showed that 6-11 year old boys can be aggressive, delinquent, hyperactive and immature. Training can specifically address ways to manage these behaviours as well as providing an understanding as to the emotional reactions underlying the behaviour. Foster parents can choose to foster an older group of children if managing the above behaviours is something they do not want to do. The internal - external delineation allows foster parents to observe: which syndromes their foster children exhibit, if there behaviour falls in the clinical range and if they can be classified as exhibiting primarily internal or external behaviour. Foster parents may decide they are better suited to help and deal with children who internalize their behaviour. Social workers can monitor whether their foster parents deal best with children who internalize or externalize their behaviour. As a result foster parents may choose to specialize and only work with children who exhibit the types of behaviours they feel comfortable and capable of handling or they can receive training so that they are specialized in both areas. Practice has shown that experienced foster parents know the types of children they manage best but there is sometimes no accurate way to verbalize or measure these skills. The C.B.C.L. gives workers and foster parents the means to assess and confirm their preferences. The Child Behaviour Checklist could effectively be used for the ongoing and pre-service training of foster parents.

There are also implications for specialized foster care. This sample studied specialized foster parents; that is foster parents with training in assessment, who take

care of children on a short term basis. The C.B.C.L. distinguishes between the normal population and the clinical population. The checklist could be used as a means of assessing whether a child falls in the clinical range of scores and require specialized foster care. In Alberta, specialized foster care usually delivers training to their foster parents so that they can work with a specific population of children in care. Of interest is that the new foster care model in Alberta demands that pre-service training for foster parents be mandatory. Foster parents are categorized on the continuum of traditional to specialized foster care according to the level(s) of training they have received. The implementation of the new model provides an opportune time to introduce into foster parent training sessions the topic of assessment and the C.B.C.L. as one possible tool which could be used.

### Support and Matching

Social workers can use the results of the C.B.C.L. to match the needs of the child with the skills of the foster parents. If a social worker has a child who internalizes their behaviour and he or she places this child with a foster family experienced in dealing with children who externalize their behaviour this may be poor matching and case planning. The worker may be setting the foster family up for failure. This type of poor matching can lead to the social worker spending more time with a foster family because they need extra support which may be an inferior use of their time if a better match was possible. Foster parents who are living with severely disturbed children may also need relief or respite from them. If a behavioral assessment is completed and the child scores in the clinical range it is reasonable to expect the foster family might need some relief from the

child. If the child is poorly matched to the home due to inadequate information concerning the child's behaviour then the placement may breakdown. Respite care is a planned support for foster families and allows them some time for themselves. Respite does not mean rescue. A crisis in a foster family can be seen as normal as are crises in natural families however, experience has shown that foster parents at times want to be immediately rescued from the demands of their job. If respite care is part of the case plan then when a crisis does occur foster families are energized and capable of managing it. The results of the Child Behaviour Checklist give everyone involved with the child an idea of what resources are needed to maintain the placement.

The C.B.C.L. could also be completed by both natural parents and foster parents as a means of comparing their observations concerning the child. This task could also serve to align and support all the caregivers including the natural family should their results of the checklist be similar. If the results of the checklist are different it provides the foster parents with a means of explaining to the natural parents their observations of the foster child's behaviour.

### Planning

The Child Behaviour Checklist does provide a means of establishing some facts as to the behaviour of children in foster and group home care. Child welfare workers can then formulate a case plan for the child in care making sure to incorporate the results of the C.B.C.L. This plan should include the placement and treatment needs for the child. Foster parents can use the results of the checklist to help the foster child's natural family in the management and understanding of the difficult behaviour. Incorporating the

C.B.C.L. into the case planning for the child could become a part of the agency's expectations of their social workers and foster parents.

### Social Competency Results

The social competency score for the sample coupled with the individual scores is helpful in the development of a treatment plan since it highlights the areas where the child needs the most help. The overall sample score identified children as suffering from poor social skills and school performance. Hence, care givers can assume that children placed in their home exhibit poor social skills. The individual scores based on age and gender allow the professionals and care givers to develop school programs and social opportunities to assist the child in the improvement of their social skills. Joint planning by social workers, teachers, foster and natural parents, of a school program for children could be enhanced using the score for social and school performance. The social score is of importance in the choice of placement for the child as it relates to the child's ability to get along with his or her parents, siblings and other children. A foster family environment automatically provides this opportunity for children. Group homes do provide peer interaction but not the family environment necessary to work on the skills needed to succeed in a natural or adoptive family. These results serve to reinforce the theoretical belief that children grow and develop the best in a family setting should they be removed from the care of their natural family. The foster child's social score reflects their ability to get along with their siblings and parents. If the score is low foster parents can prepare themselves and their own children for the behaviours which may be exhibited

by their foster child. Foster parents can benefit from training in the area of teaching and modelling appropriate social skills to the children placed in their care.

### Attachment Behaviours

The Child Behaviour Checklist helps to identify behaviours associated with attachment disorders. The existence of these behaviours in this sample implies that the social worker should look into the early developmental history on the child including their experiences during infancy. If the infancy period was traumatic and riddled with poor caretakers the possibility that the child is suffering from attachment difficulties should be explored and proper treatment sought. Treatment for attachment disordered children often involves holding work (Magid & McKelvey, 1987) which is best conducted, if possible, when the child is young. The child is held by their parents, caregivers and therapist and is not allowed to sit up until the session is completed. The goal of holding therapy is to recreate the rage reaction not satisfied in infancy and build a new bond of motherhood for the child with their current caretakers.

Care givers require special knowledge and skills to live and work with attachment troubled children. From experience, little knowledge concerning attachment is given to foster parents during their pre-service training let alone the skills needed to handle these children. Foster parent training should include in its pre and post placement training, a section which deals solely with the process of attachment and what happens to children when this is interrupted. Further along this theme the foster care system could develop specialized resources to deal primarily with children who have problems with attachment. These resources could include social workers, therapists, natural parents and foster parents. Experience has shown that some of the children coming from failed adoption



placements suffer from attachment difficulties. Until the attachment problems are dealt with these children will for the most part not attach to any caregiver. If children are properly assessed prior to and during their time in receiving care, and attachment difficulties are identified then these children could immediately be given the appropriate care and therapy. This could potentially reduce the need for the child to be moved due to their poor behaviour within the continuum of care which includes their natural, foster and adoptive family.

#### Implications for Further Research

##### Children and Foster Care

The use of an assessment measure for children is important. Proper assessment can inform placement and planning decisions. The use of the Child Behaviour Checklist is one tool that can be used in the assessment of the overall functioning and well being of children in care. The child welfare system could begin to look at how they currently are assessing the children in their care as well as examining what the results show them. A checklist could be completed at intake and then repeated at three month intervals. Three months is the case review date for social workers at Alberta Family and Social Services. Thus the C.B.C.L. can be used to evaluate the progress of the child in foster or group home care. Differences in the internal and external behaviours can be noted as well as a look at all of the syndromes to see if there is a change in scores. Case plans can be modified according to these repeated results as well as providing a means of measuring progress. It would also be of interest to see if the natural parents of the children perceive the behaviour of their child in the same manner as the foster parents

or other care givers. The C.B.C.L. could be scored for both these populations and the results compared. In this situation the results may reinforce what the care givers already know about the child's behaviour. However, by filling out the C.B.C.L. it turns their opinions into fact.

Based on the results of the data presented in this study several other topics for research are indicated. These include the following populations:

- the children placed with traditional foster parents as compared to those placed with specialized foster parents.
- children placed in group homes and institutions.
- the young offender population. Do they externalize their behaviour more so than other children.
- a larger sample of children in the Calgary Region of Alberta Family and Social Services. This could include children placed in short and long term care.
- a sample of children in another region of Alberta.
- a sample of only native children in care.
- adopted children and/or children placed for adoption but not yet finalized.

One final research study could examine foster parent's ability to manage these children. Do these children continue to live with one foster family or do their placements break down?

#### Attachment

The issue of attachment difficulties in foster children has never been in doubt however in social work practice and research no formalized attempt to measure these problems has been developed. The assessment of attachment disorders or difficulties

needs to be formalized into a scale or measurement that can be used by helping professionals. The summing up of scores in this thesis is a preliminary and simple procedure designed to stimulate some thought to this matter. A score of 6 or 7 means nothing at this point except that there was the presence of that behaviour in the child. However, it would be exciting to develop an attachment scale whereby there was a continuum of scores with a low score meaning little or no attachment difficulty, up to a high score which meant the child suffered from attachment disorder. An interim score would mean the child experienced attachment difficulties but was not in the disordered category.

It would appear from the above results that behaviours that relate to attachment difficulties are present in this sample of children living in either foster or group home care. This has implications for the skills and knowledge needed by the people working and living with these children as well as for case planning. Further treatment outside of the foster or group home care setting may be required. These findings should at least provoke the professionals and care givers responsible for children to explore in more depth the child's birth history and any early childhood trauma that may have resulted in a break in the attachment cycle. Children who are unattached do not reciprocate the care and attention given to them by their care givers. This represents a special challenge to people working and living with these children. The observations of these behaviours in children in receiving care may not mean that they have attachment problems however, assessing their existence allows parents and professionals to explore the possibilities of attachment difficulties. This in turn leads to accurate and preventative case plans.

### Conclusion

The purpose of this research was to assess the behaviours of children in receiving assessment foster and group home care. It was further hypothesized that the severity of behaviour in both these setting was similar. It has been demonstrated that children being placed in care at the receiving level exhibit the same behaviours. Nothing indicates that children are not suitable for living in a family setting. Therefore children should be placed in foster care as the placement of first choice. Behaviours associated with attachment difficulties were also indicated for the majority of children in the sample. These behaviours are often overlooked by caretakers and professionals. This result promotes the child care system's need for proper assessment as soon as a child enters care. Foster parents are currently living with foster children who exhibit very troublesome behaviours. Training and support are important aspects of a successful placement. It appears that specialized foster care programs contain the elements necessary for more disturbed children to be placed effectively in families. The findings suggest that there is a need for treatment foster care as a resource. Based on the results it seems appropriate to suggest that assessment is imperative for children in care. Assessment can serve as a guide to the correct and least restrictive placement being sought for children. It seems fitting to suggest that Alberta Family and Social Services examine their foster care resources with the intent of expanding their specialized and/or short term foster care program so that all children in receiving care can have the opportunity to live in a family.

In closing, a cautionary note should be sounded. The use of Achenbach's Child Behavior Checklist is but one part of a full assessment plan. The Checklist does provide good objective information about a child's current behavior and functioning. It does not

provide necessary information about specific needs and deficits, as well as strengths and opportunities, of the family, the community and larger environment.

Assessing children is also only one part of the equation. To provide the best services for children one needs to continually strive for accurate measures as to the potential of children, families, foster parents and social workers and for well designed program evaluation.

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## **APPENDIX A**

Letter to Alberta Family and Social Services

Alberta Family and Social Services  
Calgary, Alberta.

February 10, 1990.

To Whom it May Concern,

My name is Lynne Downey and I am currently a Master of Social Work student at the University of Calgary. I have chosen the thesis option and through conversations with Mike Stephens have chosen a topic in the area of foster care. More specifically, I am planning to examine the behaviours of children in assessment, receiving foster care and compare their behaviour to those of children in assessment, receiving group home care. I will use the Achenbach Child Behaviour Checklist as my tool for measuring children's behaviour. My population will consist of foster and group homes who are under contract with Alberta Family and Social Services, in the Calgary region. The purpose of conducting this study is twofold. Firstly, it will assist regional planning for the department in the area of foster care and group home care. Secondly, it will allow me to complete my thesis in my area of interest, which is foster care.

Prior to returning to school in September I worked with the parent counsellor program in Edmonton for three and a half years. I am currently on a leave of absence from the department. I am well aware through my experience the need to protect any child's identity and therefore will not be asking for any information that may identify who the child is or where they live. I should also mention that Mike Stephens will be supervising my data collection and I will be providing him with a report based on my results. I would like to thank you in advance for your consideration of this proposal. If you need any further information or have any questions please contact me at 283-2481, or through Mike Stephens.

Sincerely,

Lynne Downey B.S.W.

**APPENDIX B**

## Demographic Information Sheet

- (1) DEPARTMENTAL FILE NUMBER \_\_\_\_\_
- (2) TYPE OF PLACEMENT (circle appropriate number)
1. Institution
  2. Group Home (Receiving)
  3. Group Home (Non-Receiving)
  4. Professional Parent (Receiving)
  5. Professional Parent (Non-Receiving)
  6. \_\_\_\_\_ (Other, specify)
- (3) GENDER (circle appropriate number)
- 0 Female
  - 1 Male
- (4) AGE (in years) \_\_\_\_\_
- (5) IS THE CHILD A NATIVE? (circle appropriate number)
- 0 No
  - 1 Yes
- (6) CHILD WELFARE STATUS (circle appropriate number)
1. Custody Agreement w/parent
  2. Custody Agreement w/child
  3. Apprehension
  4. T.G.O.
  5. P.G.O.
  6. Other \_\_\_\_\_
- (7) IS THIS THE CHILD'S FIRST PLACEMENT? (circle appropriate number)
- 0 No
  - 1 Yes
- (8) ACHENBACH GROUPING (circle appropriate number)
1. Boys Age 4-5
  2. Boys Age 6-11
  3. Boys Age 12-16
  4. Girls Age 4-5
  5. Girls Age 6-11
  6. Girls Age 12-16

(9) NATURAL PARENTS RESIDENCE LOCATION (circle appropriate number)

1. N.E.
2. N.W.
3. S.E.
4. S.W.
5. Not known

## **APPENDIX C**

**Letter of Permission to Proceed from Alberta Family and Social Services**





SOCIAL SERVICES

#200, Willow Park Centre, 10325 Bonaventure Dr. S.E., Calgary, Alberta, Canada T2J 5R8 403/258-4711

In Replying Please Quote:

95

May 15, 1990

Ms. Lynne Downey  
c/o University of Calgary  
Faculty of Social Work  
Calgary, Alberta

**RESEARCH PROPOSAL: SOCIAL AND BEHAVIORAL DIFFERENCES OF  
CHILDREN IN RECEIVING AND ASSESSMENT  
GROUP AND FAMILY BASED CARE.**

I have reviewed the above named proposal and am pleased to advise you of its approval. You may consider this letter as your approval to proceed with your study. For your information the research project of which you are a part has received approval of our Regional Research and Ethics Committee.

This approval is subject to the following conditions:

- 1/ It is my understanding that you are volunteering to collect data for the Children and Family Program Services Unit approved research project under the direction of Mike Stephens. It is further my understanding that in exchange for the collection of data we are allowing you to test the various hypotheses you may have concerning the differences between children placed in receiving and assessment group and family based care.
- 2/ That the signed Alberta Family and Social Services Statement of Agreement to Guidelines for Research are adhered to.
- 3/ That you sign an Oath of Confidentiality with the Department. Arrangements for signing to be made through Mike Stephens who can be reached at 258-4759.
- 4/ That you provide the Department (again through Mike Stephens) a copy of your completed project/thesis.
- 5/ All research reports written (including but not limited to publications and workshops) will require prior approval of the Regional Research and Ethics Committee.


6/ You will be assigned a Departmental Child Welfare staff person who will assure that all Departmental requirements are met and will facilitate access to the required research data. That staff member will serve as your liaison to the Department. For the purposes of your research project that liaison person will be Mike Stephens.

7/ That a copy of this letter to proceed with research accompany any requests to agencies for their consent to participate.

8/ That this approval becomes invalid should the research project change in any way from the proposal which you have submitted.

9/ That the data collected is the property of Alberta Family and Social Services with the exception of the data directly related to your thesis/project for which we are allowing shared use.

We hope that the study will provide useful information for the provision of services.

A handwritten signature in black ink, appearing to read 'Gene Tillman', with a stylized flourish extending to the right.

Gene Tillman  
Regional Manager, Child Welfare  
Calgary

## **APPENDIX D**

Certificate of Approval by The Research Ethics Committee  
Faculty of Social Work



THE  
UNIVERSITY  
OF CALGARY

2500 University Drive N.W., Calgary, Alberta, Canada T2N 1N4

Faculty of SOCIAL WORK

Telephone (403) 220-5942

## CERTIFICATE OF APPROVAL

by

THE RESEARCH ETHICS COMMITTEE  
FACULTY OF SOCIAL WORK

The PROJECT entitled:

Social and behavioral differences of  
children in receiving and assessment  
group and family-based care

of Lynne Downey (student)

in the judgement of this Committee, has met The University of Calgary ethical requirements for research with human subjects.

March 5  
Date

Christopher Bagley  
Christopher Bagley, Ph.D.  
Director of Research Services

## **APPENDIX E**

Agencies involved in this Study

The agencies who participated in this study are:

Enviros Wilderness School, Receiving Home,

Spectrum Community Care Services Foundation, Inc. Receiving/Assessment  
Home Silversprings

Hull/Radisson Homes

Foothills Community Alternatives Ltd. - North and South Receiving and  
Assessment Home

Mountain Plains Community Services, Lion's Park Group Home  
Receiving/Assessment Home

McMann Youth Services Association.

Each program is under a contract with Alberta Family and Social Services and has approximately six beds available in which a child can be placed with the exception of Radisson where the number of beds available depends on the number of foster parents they have. Obviously, a program that consists of foster families will have fewer beds per family as compared to a group home.

## **APPENDIX F**

Letter to Agencies Involved in the Study

May 14, 1990

Mr. Phil Jones  
Richmond Family Services Ltd.  
201, 7 Glenbrook Place S.W.  
Calgary, Alberta  
T3E 6W4

Dear Phil:

Last summer our unit ran a small research project collecting selected demographic data on children in care in the Calgary Region. Our response rate was high and our results were very exciting. This year we are about to embark on the second stage of learning more about our children in care.

Our intention is to generate a behavioral profile on each of our children in contracted beds. We will be using the Achenbach Child Behavior Checklist. We have been able to enlist the assistance of three graduate students at the University of Calgary. These students will use the data collected to test a variety of hypotheses.

The project has been approved by the Regional Research and Ethics Committee. Naturally, participation for your agency is voluntary. Sometime in the next week or two, you will be contacted by one of the three students to ask if your agency is willing to participate. Should you be so inclined a subsequent meeting will be set to arrange for the completion of the Achenbach.

Since our unit has initiated the project, we are obviously in 100% support of the initiative. However, we also respect your "Right to Choice" over participation. Agencies will not be identified in subsequent reports and both confidentiality and anonymity are assured. The students participating, the agencies they are responsible for and their research question follows:

Irene Hoffart - Irene will be collecting the data from the Institutional programs. Irene's research question will explore the behavioral differences between children in Institutions and long term group home care.



Toni Maier - Toni will be collecting the data from long term group homes and professional parent programs. Toni's research question will explore behavioral differences between males and females in care.

Lynne Downey - Lynne will be collecting the data from receiving and assessment programs. Lynne's research question will explore the behavioral differences between children in receiving group care and receiving professional parent care.

If you have any questions, please don't hesitate to contact me at your convenience.

Yours truly,

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Mike Stephens  
Contract Manager  
Children & Family Program Services

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Darryl Wernham  
Manager  
Children & Family Program Services

MS/jd

## **APPENDIX G**

### Internal and External Syndromes

The internalized syndromes for girls aged 6-11 and 12-17 are:

- obsessive-compulsive
- anxious obsessive
- depressed withdrawal
- social withdrawal
- schizoid
- schizoid obsessive
- somatic complaints
- depressed.

The internalized syndromes for boys aged 6-11 and 12-17 are:

- schizoid
- depressed
- immature
- uncommunicative
- obsessive-compulsive
- somatic complaints.

Externalized syndromes for girls aged 6-11 and 12-17 are:

- hyperactive
- sex problems
- delinquent
- aggressive
- cruel.

Externalized behaviours for boys aged 6-11 are identical with the exception that cruel and sex problems are excluded. Social withdrawal is seen as both an internal and external syndrome for boys aged 6-11. Achenbach (1983) refers to this as a mixed

syndrome. Hostile withdrawal is a mixed syndrome for boys aged 12-16 as is immature-hyperactive for girls of the same age (Achenbach, 1983, p.78-82).