# CHILDREN IN CARE: VICTIMS OF THE SYSTEM

CENTRE FOR NEWFOUNDLAND STUDIES

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# CHILDREN IN CARE: VICTIMS OF THE SYSTEM

BY

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A thesis submitted to the School of Graduate Studies in partial fulfillment of the requirements for the degree of Master of Social Work

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# ABSTRACT

This is a study which explored the reasons children entered care in Newfoundland during a two year period. The study is an exploratory one utilizing secondary analysis. One hundred case files were randomly selected from the files of all children who entered care during the period under study.

Five propositions were formulated from the literature. These provided direction to the data collection and presentation. Reasons for care were analyzed in relation to these propositions.

Briefly stated, the study found that children under 6 years entered care primarily for reasons related to parental behaviour. Children 12 - 15 years entered care primarily for reasons related to their own behaviour. There was no strong trend established for reasons for entry into care for children between 6 and 11 years. The findings also indicated that the majority of children who entered care came from single parent families and that the main source of income for families was social assistance.

The study indicated that children who entered care were victims of a system which failed to meet their needs and those of their families.

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# CHAPTER ONE

# INTRODUCTION

## 1.1 The Problem

There has been little research completed on the child care system in Newfoundland. Questions such as who comes into care and why have generally gone unanswered. It is the intention of this study to begin to address this lack of knowledge.

Cox & Cox (1984, p. 190) and Hepworth (1980, p. 1) observed that in developing policies for children and in monitoring the impact of current policies, it is important to know the circumstances surrounding children coming into care and the reasons that brought them into the care system. These researchers found that the information was largely unavailable.

Wilkes (1980) expressed the opinion that as separation can have such a traumatic effect on a child and his/her family, it is essential that the question of why children enter care be explored. This thesis reports on the recorded reasons children in the Province of Newfoundland and Labrador entered the care and custody of the Director of Child Welfare. This exploratory study, using secondary analysis, focuses on

the examination of data gathered from the case files of 100 children who entered care in the province during the period January 1, 1987 to December 31, 1988.

For the purposes of this study, "in care" refers to a child who entered the legal care and custody of the Director of Child Welfare and resided in a home or facility licensed under the Child Welfare Act (1972). Entrance into care may have been through a voluntary agreement with the parents or a court order.

## 1.2 Research Question and Propositions

The purpose of this thesis is to contribute to a greater understanding of the problem of why children enter care in Newfoundland and Labrador. The research question is:

> What are the recorded reasons children entered care in the Province of Newfoundland and Labrador?

The literature suggested that the primary reasons for admission to care for older children (12 years of age and over) will tend to be child related. An example would be aggressive behaviour by the child. However, for younger children (under 6 years) the reasons will tend to be parent related, such as parental illness. For children between the ages of 6 and 11 years, there appeared to be no set pattern of parent or child related reasons for their entry into care

(Cox & Cox, 1985; Fisher et al, 1986; Reid et al, 1988).

The following propositions emerged from a comprehensive review of current literature. The research instrument is presented in Appendix A and a list of definitions of terms in Appendix B.

1. Preschool children (under the age of six) enter care for reasons related to parental behaviour such as illness of the care giving parent, neglect or abuse.
2. There is no consistent relationship between the age of the child and the reason for entry into care for children between the ages of six and eleven years.
3. Older children (twelve and over) enter care for reasons related to their own behaviour such as aggressive behaviour in the home, school or community.
4. Children from single parent families are more likely to enter care than children from two parent families.
5. Children whose parents receive social assistance are more likely to enter care than children from other income groups.

The research question and propositions provided direction to the study in that they guided the researcher in terms of what variables to look for both when conducting the literature review and in reviewing case files. They also guided the design of the research instrument, thus, enabling the

researcher to focus on a number of variables. The propositions provided the researcher with a framework to analyze the recorded reasons children entered care. The thesis is organized using the research propositions as a guide. The organization of the thesis is described in the following section.

## 1.3 Organization of Thesis

This thesis is organized into seven chapters. The first three chapters report on the research question and propositions, the literature reviewed and the methodology employed. These chapters explain the purpose of the study, its significance and how the research was actually carried out. The rationale for the type of study chosen and the techniques used to carry out the research is also explained.

Chapter 4 compares the study sample to the population from which it was drawn. This chapter demonstrates that the sample is indeed representative of the population. Thus, limited generalizations can be made to the total population.

Chapters 5 and 6 report on the findings of the study. Chapter 5 describes the relationship of age to parent and child related reasons for care. Propositions 1, 2 and 3 are the focus of this chapter. The findings are reported comparing the three age groups and the effects of the variables studied upon each group.

Chapter 6 examines the findings related to propositions 4 and 5. Family circumstances, both in terms of family composition and financial resources, are reported. Parent and child related reasons for care are among the variables explored in relation to family circumstances.

Chapter 7, the final chapter in the thesis, summarizes the findings of the other chapters and suggests areas for future study.

## 1.4 The Study's Contribution

Professionals rely to a large extent on information gathered through studies completed in other geographical areas to develop provincial programmes. There has been little or no research to compare reasons for care of children in this province with reasons that are commonly accepted for entry into care as articulated in the literature.

A major aim of most child welfare programmes is to strengthen the family thus enabling children, who may otherwise be in danger of neglect or abuse, to remain at home and receive adequate care. An improved understanding of the reasons a child enters care will assist professionals to develop programmes and design policies to meet this goal.

This information should also facilitate the creation of programmes to meet the "in-care" needs of children and families by identifying more clearly the circumstances which

brought the children into care and the problem areas which need to be addressed. It is important to have such knowledge for the recruitment and training of foster parents and in the development of other facilities to meet the needs of these children.

Cox & Cox (1984, p. 196) have stated, "The state does not make a particularly good parent." Information about children and the reasons they entered care facilitates the development of the preventative services aimed at reducing the need for placement. Due to the exploratory nature of the study, a cause/effect relationship will not be established. However, the data will provide useful information by increasing the understanding of the reasons children entered care.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

To assist the researcher in identifying relevant literature three journal indexes were computer searched. They were the Sociology, Psychology and Social Work Abstracts. The key words used were child care, foster and placement. A total of 86 titles were identified. As the search was completed in March 1989, the literature reviewed was current.

The review was not limited to academic and scholarly journals. Books, government documents and other sources available at Queen Elizabeth II Library and the Social Services Library were utilized to ensure a comprehensive review of the literature related to children entering care. One interesting finding was that there have been more studies done on children in care and abuse and neglect generally than on the reasons children actually enter care. There has been a considerable amount written in the child abuse and neglect area in the last ten years, particulary related to determinants, family dynamics, investigation and treatment. However, the amount of information relating abuse and neglect to entry into care was limited.

The literature review is presented in accordance with the propositions articulated in chapter one. This chapter contains a general section on family and the effects of separation followed by sections on parent and child related reasons for care, age, family circumstances and voluntary care.

## 2.2 The Family Unit

In 1980 when studying foster care and adoption in Canada, Hepworth stated that:

> The questions why children come into care, how children come into care and what happens to children in care remain to be investigated. (Hepworth, 1980, p. v)

The prevention of children coming into care has been recognized as one of the primary objectives of child protection services (Besharov, 1988; Hepworth, 1980; Jones, 1985; Kadushin, 1978; Magura and Moses, 1981). Foster care may be necessary for the protection of the child and can be a therapeutic experience. However, the effects of separation on the child and the family are such that it is normally desirable for a child to remain at home whenever he/she can do so safely (Bailey and Bailey, 1983; Goldberg, 1982; Magura and Moses, 1981; Maidment, 1984; Runyan et al, 1982).

Social research has indicated that when children are separated from their family system there is a deep sense of

personal loss for all family members. Cox and Cox, (1985); Fanshel and Shinn, (1978); Goldstein et al, (1979a), (1979b) are among those who recognized that being cared for in one's natural family is a fundamental and almost universal pattern of child care in most societies. The child who is cared for outside his own home is the exception. When it occurs it is nearly always an indicator of a problem within the family.

Besharov (1988, p. 87) stated that child protective intervention (by which he meant removing a child from his home) "is a major intrusion on parental rights which often does more harm than good and should be limited to situations in which the need for intervention is supported by clear and sufficient evidence."

Beyer and Mlyniec (1988) believed that the biological family is the primary lifeline for children and that this is based not only on biological connections but also on emotional ties. These ties are extremely significant in a child's development and continue to be a source of identity for a child even after removal from the home. This argument is also supported by Fein et al (1983), Packman et al (1986), and Solnit (1983-84).

Bailey and Bailey (1983) discussed the effects of separation on the child. They pointed out that the "placed" child must accustom him/herself to a totally different physical and social environment. The child is expected to accept new forms of parenting which inevitably lead to anxiety

and fear. This occurs at a time when the child may still be living psychologically in his/her natural home, even though physically he/she is living apart from his family. Children mourn for their parents and may act out as a reaction to this loss. Feelings of loneliness, insecurity, anxiety and anger are common. Such reactions are identified by Goldberg (1982), Kadushin (1978), Maidment (1984), Millham et al (1986),and Packman et al (1986).

Although it is preferable that children live with their families, it is recognized that not all families can care for their children and that situations arise when children, for their own protection, must be removed from their homes. Solnit (1983-84, p. 499) recognized that the family should be "intruded upon as little as possible." Solnit balanced this perspective with the view that "when parents are no longer able to serve, [and] when the family is no longer functioning adequately, then the child's rights should be paramount. The best interests of the child should then prevail." (Solnit, 1983-84, p. 499). This view is supported by writers such as Besharov (1988), Goldstein (1979a), Pare and Torczyner (1977), and Runyan et al (1982).

Relevant literature examining the reasons children are removed from their home and enter care is explored in the following sections.

## 2.3 Reasons for Care

When examining reasons for care, researchers placed emphasis on different factors and various configurations of variables as being the cause of, or related to, a child being removed from his/ner natural home. Wald (1988) pointed out that there is little agreement about the circumstances that justify intervention. Wald argued that the definitions of terms such as abuse and neglect used in research are vague. Stein (1981) found there existed a problem in comparing studies and drawing conclusions. He argued that the reasons for these difficulties were caused by the different typologies used by agencies and created by researchers. Magura and Moses (1981) also stated that there is no standard typology of child welfare services. Kadushin (1980) further identified the lack of standardized definitions as a problem in child welfare research.

There is, however, a configuration of factors which studies found in common. Jenkins and Sauber (1966) analyzed 425 families whose children were placed in foster care in New York City. They classified the reasons for placement into five main groupings:

- physical illness or incapacity of the child caring person,
- mental illness of the mother,
- personality or emotional problems of the child,

- severe neglect or abuse, and
- other family problems including unwillingness or inability to continue care, desertion and parental conflicts. (Jenkins & Sauber, 1966)

Shapiro (1976) listed the reasons for placement as the result of her research in New York. While she cited them in slightly different ways, the same configuration of factors articulated by Jenkins and Sauber (1966) was found to apply. Shapiro's (1976) research identified the primary reason for placement as an unwillingness or inability of the parent to provide care. Shapiro (1976) described a number of circumstances where this situation had been found to occur in her study. These situations are listed below:

- neglect or abuse of the child,
- mental illness of the parent,
- child's behaviourial or personality problems,
- physical illness within the family,
- incarceration of the parent,
- conflict within a family,
- drug addiction of the parents, and
- alcohol related problems. (Shapiro, 1976)

There appear to be factors common in many placement situations. These include poverty and/or a lack of resources, abuse or neglect and a breakdown of family functioning. When this breakdown is combined with an insufficient informal or

formal support network and inadequate financial resources, families are unable to cope with a crisis situation or provide respite from chronic problem situations. These factors have also been discussed and related to entry into care by other researchers such as Cautley and Plane (1985), Fanshel (1976), Jones (1985), Kadushin (1978), and Packman (1986).

The literature indicated a clear distinction between parent related issues and child related issues as reasons for care. However, a closer examination of many of these studies revealed that such a breakdown was not as distinct as it first seemed. Frequently aspects of both parent and child related problems were listed by the researcher and referred to as "family circumstances". For the purposes of this study, family and child related reasons are defined using the categories most commonly found in the literature. The following sections expand upon what is meant by parent and child related reasons for care.

### 2.3.1 Parent Related Reasons

Kadushin (1978, p. 116) reported on factors related to the parents' capacity and willingness to fulfil their parental role. The study found that the reasons in 75% - 80% of the cases were parent related. In a later report, Kadushin (1980, p. 322) defined parent related problems to include parental neglect, abuse of children, abandonment, physical or mental

illness, marital conflict, alcohol and drug abuse, and an unwillingness to care for the child.

Ens and Usher (1987, p. 15) found that alcohol abuse was the predominant problem experienced by the parents of children in care. They found this problem was exhibited by 50% of the parents of their sample of 694 children in Saskatchewan. Alcohol abuse far outweighed other factors such as other substance abuse, mental health problems or other handicapping conditions.

Reid et al (1988) also found that the most common parental problem identified in their study was drug or alcohol abuse.

Hornby and Collins (1981, p. 12) found that for younger children, parental behaviour or conditions of neglect, mental illness and alcohol or drug addition were the major reasons for state intervention.

However, Hornby and Collins (1981) found that social workers were much more likely to report that teenagers entered care for behaviourial problems. Wittner (1981, p. 23) supported this finding.

Cox & Cox (1985) summarized the reasons for placement reported in a number of studies. They found that the main reasons for placement that have been reported are:

- child abuse or severe neglect - about 10 to 15% of cases (Fanshel and Shinn, 1978; Gruber, 1978; Jenkins and Sauber, 1966);

- physical illness of parent - approximately 10% in most studies (Fanshel and Shinn, 1978; Gruber, 1978);
- mental illness of the child-rearing person - ranging from approximately 13% of cases (Jenkins and Sauber, 1966) to approximately 23% of cases (Fanshel and Shinn, 1978).

Other reasons for placement are categorized under "family problems". These included such things as desertion, incarceration of parents, unwillingness to continue care, divorce, death of parent, and alcoholism or addiction of parent. Cox and Cox (1985) found that these categories were rarely listed separately and thus, reliable estimates were not available.

In reviewing studies, Cox and Cox (1985) noted that children are primarily placed out of their natural homes because of family problems rather than because of their own personal or behaviourial problems. Gruber (1978) and Jenkins and Sauber (1966) found that less than 10% of placements appeared to be due to the behaviour problems or the emotional disturbance of the children themselves.

These findings were important to researchers, practioners and policy makers in understanding the population served by the foster care system and for the development of programmes to meet the needs of these children. However, many of these studies are one-time studies in different localities which

probably differ widely in their populations. Each region needs an ongoing source of information concerning decisions about and the characteristics of foster children in their care to effectively monitor and plan for these children. At the time of this study, there was no regular collection of information to monitor and evaluate service delivery or to facilitate future planning in Newfoundland.

Jones (1985) reported parental problems to be the primary predictors of placement. She studied a sample consisting of 142 families containing 243 children in New York City. Roughly two-thirds of the families and children were in an experimental group and one-third were in a control group. The question posed by the study was:

> to what extent can special units of workers - charged with the goal of preventing foster care placement and aimed with an array of services and the time to work fairly intensively with families - prevent the placement of children into foster care? (Jones, 1985, p. 26)

Jones found that, while a child's emotional or behaviourial problem was cited for over half of the families, the problems of the parents predominated. Parental problems were the ones which most frequently led to the child actually entering care (Jones, 1985).

Millham et al (1986, p. 72) studied 450 children who entered the care of five local authorities in England and Wales in 1982. They found that nearly all of the children coming into care experienced a breakdown in family support. Sixty-nine percent of the reasons involved parental problems.

These were identified as parental illness, neglect, abuse, and parental unwillingness or inability to care for their children. They also found that twenty-five percent of the children entered care due to their own behaviourial difficulties and six percent entered for other reasons.

As has been demonstrated from the preceding review, parent related reasons play a significant role in a child's entry into care. However, it can be questioned whether sufficient emphasis has been placed in the literature on the effect of the combination of child and parent related problems with other factors. These related factors which influenced a child's entry into care include single parenthood and financial circumstances.

The relationship of child related reasons is explored in the following section followed by a review of the related factors.

### 2.3.2 Child Related Reasons

Age and a child's behaviour were frequent related to entry into care. Block and Libowitz (1983, p. 39) defined child reasons as including antisocial behaviour, mental retardation and mental illness of the child. Kadushin (1980, p. 322) included these factors as well as deviant, delinquent behaviour, physical handicaps, emotional disturbance, and aggressive behaviour in the home, school, or community.

Fanshel (1976, p. 146) studied 624 children who entered care in New York between 1966 and 1971. He found that infants were often placed because of the unwillingness or inability of their mothers to assume care, while older children were placed because of their behaviour.

Fisher et al (1986) completed a study in Britain in which they examined the ages and legal status of children entering care and their ages. Their report suggested that younger children required more physical protection and entered care for different reasons than older children. The Nova Scotia Task Force (1987, p. 83) found the placement of infants and young children to be rare. It found children entering care are older and have more problems than in the past. The Task Force (1987:87) speculated that since the children were older (over 10), they had remained longer in situations of neglect and abuse. Hence, they entered care with more serious socio-emotional and behaviourial problems. The Task Force (1987) interpreted this situation as a family problem rather than placing the onus for entry into care primarily on the parent or the child.

In a number of studies discussed below, the child's behaviourial difficulties were found to be related to entry into care.

Reid et al (1988, p. 33) found that the "number and severity of the child's problems were among the strongest predictors of placement". They found that when children who

were placed were compared with those not placed, the placed group had more behaviour problems. Of the placed group of 31 children, 64.5% or 20 children exhibited 4 or more behaviour problems while of the 55 not placed, only 29% were recorded as having 4 or more behaviour problems (Reid et al, 1988, p. 30). Millham et al (1986, p. 51) found that of the 450 children they studied, 25% entered care because of their own behaviour problems.

In a prevention/intervention study of 243 families, Jones (1985, p. 111) found that the child's functioning was a significant factor in the need for placement.

Packman et al (1986:41) examined the decisions of two local authorities whether or not to admit children to care. Three hundred and sixty-one (361) children from 266 families were considered for care in the monitoring year of 1980-81. They found that concern was expressed about at least one aspect of the children's behaviour for over half of the children in the sample. Packman et al (1986) identified 10 categories of troubling behaviour. There was some overlap between the categories and a child could be placed in more than one category by the reporting social workers. The two largest groups were aggressive children and children who were "unmanageable, disobedient or disruptive." (Packman et al, 1986, p. 42). Children classed as aggressive included those who were verbally and physically aggressive and whose behaviour ranged from "noisy defiance" to threats of assault

and actual assaults on siblings, parents and others.

Children included in the category "unmanageable, disobedient or disruptive" were seen as being very difficult to control. Young children as well as adolescents were included in this category. Packman et al (1986, p. 42) stated that labelling a child as having behaviourial problems actually related as much to the inadequacy of the parenting as to the actions of the child himself. Over half (55%) of the children categorized as "unmanageable" were also labelled "aggressive" and 42% were said to be "delinquent". This term included children who had been convicted of offenses and those who were alleged to have participated in delinquent behaviour.

Reid et al (1988) compared 55 families in New York where placement was prevented with 31 families where a child had entered care. The researchers found that adolescents were more likely to be at risk of being placed in care than younger children because the behaviour problems exhibited by adolescents were more numerous and more threatening to the community (Reid et al, 1988, p. 33). Hornby and Collins (1981, p. 12) in a study of 500 children in Maine found that behaviourial problems were reported by social workers as the reason why teenagers entered care more frequently than younger children.

A relationship between behaviour problems and age for children who enter care was a common finding in many of the studies reviewed. The following section explores this

relationship in greater detail.

## 2.4 Age and Gender

Age and its relationship to entry into care is one of the major themes of this thesis.

Several studies indicated that age at entry into care had risen in recent years. Millham et al (1986) found that 51% of the children who entered care in England and Wales in 1982 were 10 years of age or over. Finch et al (1986) in their study in New York found the average age of entry ranged from 8.9 years to 9.7 years as compared to 4.5 years in studies completed during the 1970's. This increase in age was also documented by Gruber (1978), Jones et al (1976) and the Nova Scotia Task Force (1987). These studies suggested that the increase in age reflected the fact that more children were coming into care because of their own behaviourial difficulties.

The Nova Scotia Task Force (1987) reported that the average age of Nova Scotian children who were in foster care had risen. In 1985 - 1986, 81% of the children in care were 10 years of age and older as compared with only 49.5% in 1970 - 1971. This report also expressed concern about the numbers of older and more difficult children entering care (Nova Scotia, 1987, p. 87).

Packman et al (1986) reported that in England, 56% of admissions in 1963 were children under school age compared with 31% in 1980. Their research showed a considerable shift from preschool children and towards school age children entering care.

Although it is commonly believed that child abuse mainly occurs with younger children. Several studies argued that the presence of child abuse among adolescents was an important factor in their entry into care. This was recognized and documented by researchers such as Powers and Eckenrode (1988) who compared official reports of maltreatment involving adolescent victims to those involving younger children in New York State. Their analysis revealed that adolescents represent a substantial proportion of all victims of official child maltreatment reports. Russell and Trainor (1984, p. 23) reported that children 12 - 17 years show the most sexual and emotional maltreatment, the least neglect, and slightly more than average physical injury.

Russell & Trainor (1984, p. 23) found that physical injury affected a sizeable proportion of all age groups but the highest rate of physical injury was found among the oldest children. Powers and Eckenrode (1988) and Garbarino et al (1986) found that adolescent victims were predominately female across all types of maltreatment. Powers and Eckenrode (1988, p. 190) questioned whether this gender difference was an accurate reflection of differences in the incidence of

maltreatment or whether it reflected the public's perception of who is at risk. They suspected that the reporting of maltreatment was influenced by gender, with females more likely to be perceived as "maltreatment" cases. They suggested that males were perceived as less vulnerable and more capable of taking care of themselves than adolescent females. Thus, adolescent male children were not reported to agencies as frequently as female children.(Powers and Eckenrode, 1988)

Further studies have indicated that adolescents entering care came from considerably more affluent, secure, stable and intact families than did younger children (Garbarino et al, 1986; Rosenblum, 1977; Russell and Trainor, 1984).

Cameron et al (1983), Garbarino and Gillam (1981), and Powers and Eckenrode (1988) pointed out that there was little empirical research on adolescent abuse and that its characteristics were different from the abuse of younger children. These researchers recommended more indepth study on this issue.

As this review of the literature indicates, age and gender are related to reports of child maltreatment and the entry of children into care. Another important factor related to children in care is the family's financial circumstances. This variable is explored in the following section.

## 2.5 Financial Circumstances

In the studies reviewed, it was questionable whether sufficient weight had been attributed to the influence of factors such as single parenthood or financial circumstances in attributing reasons for entry into care.

The relationship between these factors has been recognized as the following studies demonstrate. However, they appear to be viewed as characteristics of families with children in care and not as causative or deciding factors. The importance of the presence of these factors in the decision to place a child in care does not appear to be well documented in the literature reviewed.

Pelton recognized the relationship between poverty and children coming into care in his statement that:

> while the rationales and motives for separating children from parents have changed over time, a predominant characteristic of displaced children in this country has not changed: by and large they have continued to be poor children from impoverished families. (Pelton, 1987, p. 40)

Pare and Torczyner (1977, p. 1228) stated that most of the families who place their children in care are poor. Jenkins and Sauber (1966, p. 70) also found that while finances were not noted as a distinct factor relating to the placement of children, inadequate financial resources comprised an underlying factor which was present in one degree or another in almost all cases where children were in foster care.

In a study of 172 abused and/or neglected children who had been placed in a residential home for maltreated children, Cooper et al (1987) found that data on family income showed that approximately 60% of the subjects came from families in the very lowest reported income level.

Palmer (1976, p. 79) found "a very high correlation between inadequate physical care and economic deprivation" which suggested to her that financial pressures were a significant contributor to the inadequate care of children.

As circumstances related to children in care, the single parent family and economic factors were identified by a number of researchers such as Cautley & Plane (1985), Jenkins & Sauber (1966), and Kadushin (1978). These issues were frequently related to parental functioning and, while not always defined as a primary reason for care, they were prevalent throughout the literature. Kadushin (1978, p. 95) noted that in studies published since 1970, a sizable percentage of families (30% to 40%) were receiving financial assistance.

In this province, Lawrence (1989, p. 20) found that "lone-parent families and consequently children in lone-parent families (particularly female headed) are financially worse off." She found female single-parent families with three or more children have an average income which is much lower than the average income for comparable husband/wife families and male single-parent families.

Cox & Cox stated that:

> single-parent families are greatly over represented among those with children in foster care. A conservative estimate is that 80% - 85% of foster children are from single parent homes. (Cox and Cox, 1984, p. 17)

They also found that extremely poor families were greatly over represented among those whose children entered care.

Pare and Torczyner (1977) found that a crisis situation was compounded by the families' lack of resources to privately survive the crisis. It was this lack of resources which frequently led to social service involvement.

## 2.6 Voluntary Care

A 1983 U. S. study that compared the use of voluntary and court-ordered placements reported that nationally, approximately 75% of children were under court orders and approximately 25% had been placed on a voluntary basis. (Stein, 1983, p. 641) Children placed voluntarily tended to be under 6 years of age, while those placed under court order were primarily over 12 years of age. He further noted that involuntary placements were most often the result of child abuse or neglect while voluntary placements frequently occurred for reasons such as family conflicts, parental absence, or illness (Stein, 1981). This coincided with Packman et al's (1986) findings.

The majority of court orders arose because of the behaviour presented by the child or as a result of abuse or neglect by the parents. Voluntary admissions into care, tended to be used to deal with breakdowns in family functioning. Nearly half of the voluntary admissions followed a mother's illness or inability to cope (Packman et al, 1986).

In a study by Millham et al (1986), it was found that in situations where voluntary care was utilized, social workers had a predominately family focus. When court orders were used the child was seen as the prime concern and in need of protection, counselling or therapy. Voluntary admissions to care applied to male and female children of all ages.

There is an indication in the literature, that voluntary care is more readily accepted by parents. Jenkins and Norman (1972) asked 128 mothers of children in foster care whether they felt placement of their child was necessary. Most negative responses came from mothers for whom the placements were involuntary (Jenkins and Norman, 1972, p. 52).

Stein, while seeming to favour voluntary care presented arguments for both:

> It has been argued that court involvement can be therapeutic; that the authority of the court may be instrumental in increasing the chances of family compliance with case planning and service delivery. The court's ability to objectively monitor progress toward case goals and reduce the chance that children will drift into unplanned, long-term care is yet another argument in favour of court action. Countering these positions is the suggestion that court involvement is not necessary when parents are cooperative. It is argued that the courts can impede development of a working relationship because they increase the law enforcement dimension of the

> worker's role. Clients may perceive service delivery as threatening rather than helpful. (Stein, 1981, p. 206)

In contrast to this Packman et al (1986) argued that voluntary care should be the preferred mode of entry. They stated that "there was clear evidence that the admission process and the care experience itself are likely to be less distressing for the child or young person and less distressing for his family when the admission is voluntary rather than court ordered (Packman et al, 1986, p. 199).

In voluntary placements the parents and the young person can participate in the decision making process. Packman et al felt that separations which can be planned and managed with some degree of sensitivity provided sufficient reason for choosing the voluntary route as opposed to the court process (Packman et al, 1986, p. 200).

Besharov (1988), and Goldstein et al (1979b) viewed voluntary placements as preventative. They saw it as providing parents with a relatively "stigma-free" and "non-violent" opportunity to invoke the child placement process, and in this way to protect some children from potential neglect or abuse.

In his research on the career patterns of 231 children in care, Thorpe (1988, p. 143) found that legal status had a bearing on the length of time a child remained in care. He found that cases admitted in a compulsory manner through the

court process were more likely to remain longer in care than those admitted voluntarily. Of the 231 children Thorpe (1988) studied, 142 were admitted to care voluntarily. Of these, only 19.7% remained in care at the end of 52 weeks; whereas, of the 89 children admitted through the court process, 32.6% were still in care after the same time period. Millham et al (1986) and Packman et al (1986) also found that children admitted to care voluntarily were discharged earlier than those who entered through court orders. These findings refuted the findings of Stein (1981) that voluntary placements can lead into unplanned, long-term care.

Fanshel and Shinn (1978, p. 118) failed to find any significant differences between court ordered cases and voluntary admissions.

## 2.7 Conclusion

The literature review has examined studies and writings concerning children who enter care. It is from this review that the factors to be studied related to this topic were selected and the propositions cited in Chapter 1 were formulated.

The findings from the literature indicated that separation from one's family is a traumatic and undesirable event for any child. Most children grow up in their natural families. Those who enter foster care are living in a

situation which sets them apart from the majority of children in the population.

The literature pointed to a number of parent and child related reasons for entry into care. The parent's inability or unwillingness to care for the child, abuse, and neglect were the most common parent related reasons. The most common child related reason was the child's own behaviour. Aggressiveness in the home and the community were most frequently given as examples when the child's behaviour was cited as the reason for care.

Age and gender were also examined in the literature reviewed. There is evidence to suggest that a trend has been developing towards an increase in the age of children who enter care. The majority of children were school age. The gender of the child did not seem to be related to entry into care in the studies reviewed. Both males and females entered care in approximately the same proportions.

Family circumstances were also identified as being related to entry into care. There was a very strong relationship between low income, particularly among female headed, single parent families, and the presence of circumstances related to poor child care.

A common theme in the literature was the lack of financial and personal supports available to families and particulary to those with low incomes to assist them in caring for their children.

There were some gaps identified in the reviewed literature. There was a lack of common definition of the variables related to children who enter care. Terms such as abuse, mental illness, alcohol problems, behaviour problems, and school problems were defined differently in different studies making comparisons among studies difficult.

Many of the studies were conducted in larger cities; thus, there was a possibility of an urban bias.

Most of the literature was based on research completed in the U.S. or in Great Britain. Since there were few Canadian or Newfoundland studies, comparisons to Newfoundland were further limited.

The present study builds on the information available and contributes to the knowledge of children in care in the province.

The introduction presented the research question and the propositions to be investigated in this study. The literature review has placed these issues in a wider context.

The following chapter explains the methodology employed in this study. The key points discussed in Chapter 3 are the nature and rationale of the study design, threats to the reliability and validity of the research, data collection, analysis, and limitations of the study.

# CHAPTER THREE

# METHODOLOGY

## 3.1 Research Design

The research is focused on an effort to identify the recorded reasons children entered care. This is an exploratory study carried out by examining the reasons recorded by social workers of the Department of Social Services for children entering care in a two year period. The dependent variable is "entering care" and there are several independent variables. The primary independent variables have been identified through the literature review and are articulated in the propositions which are listed in Chapter One.

According to Rubin "truth is always layered, that is, there are multiple interpretations of any given social phenomenon" (Rubin, 1983, p. 341). This research has not attempted to find a single answer to the question of why children entered care or to fully explain the social process associated with it. However, after exploring the problem, it is anticipated that one's understanding of this multi-faceted social phenomena will be improved.

The advantages of exploratory research are that it allows the researcher to remain flexible, to get an overview of the

situation and to provide insight into complex problems. This research attempts to provide insight into how situational and personal factors interact to create the observed outcome - entry into care.

Tripodi et al (1983, p. 38) stated that there are three requisites for a study to be classified as exploratory. Firstly, it is not classifiable as experimental or quantitative-descriptive; secondly, systematic procedures for the obtaining and analysis of data are used; thirdly, the investigator should go beyond descriptions by attempting to conceptualized the interrelationships observed and to construe them into a theoretical or hypothetical framework. In this study, there was the systematic collection of data through the use of techniques such as random sampling, a data retrieval sheet and statistical analysis. The researcher not only described the recorded reasons why children entered care but also conceptualized the relationships between the identified variables. Hence, the nature of this research permits it to be classified as an exploratory study.

Normally, exploratory studies do not have formal hypotheses. The open endedness of exploratory studies is a positive feature in that non-experimental designs help determine more precisely the nature and form of the problem. (Babbie 1983, p. 92) To keep this study focused and manageable, propositions were developed based upon the literature. These propositions establish the scope and

direction of the study.

## 3.2 Secondary Analysis

This study utilized a research method termed "secondary analysis". Secondary analysis refers to the analysis of data collected earlier by another researcher for some purpose other than the purpose of the current study. (Babbie, 1983, p. 241). The utility of this method for exploratory studies according to Grinnell (1988, p. 328) stemmed from the ease with which many different possible relationships between variables can be examined in an existing data base.

The possibility of interviewing social workers involved in the cases was examined. This method was rejected after the consideration of factors such as the high staff turnover rate, the availability of the social workers and the necessity to depend upon the social workers' recall.

Time and intervening activities may have influenced the social workers' perceptions of the reasons children initially entered care. It was felt that a more reliable and valid study could be completed through obtaining the original perceptions of the social worker by utilizing the original records, written by the primary worker at the time the children actually entered care.

Magura & Moses (1981, p. 9) saw the use of case records as being just as useful and reliable as interviews with social

workers. They viewed case records as simply being another form of worker provided information. As the information was recorded at the time the event occurred, Magura and Moses (1981) felt file data was accurate and reliable.

Some advantages of secondary analysis are the ease of access to the data and, given the nature of the material, the non-reactivity of archival records. Webb et al (1981, p. 78) recognized that it is not unusual to find "masking" or sensitivity when using other research methods. By this, he meant that the reactivity that can occur between the material and the producers of the data when they know they will be studied by some researcher, is not normally present when using archival material. Those doing the initial recording would not foresee research as a possible use for the data they were gathering. Webb et al (1981) saw minimal reactivity as a gain which "by itself makes the use of archives attractive if one wants to compensate for the reactivity that riddles the interview" (Webb et al, 1981, p. 78). They realized that there were risks in the use of such material in that one is relying on someone else's recordings; however, it was felt this could be controlled for by randomly sampling from the body of records (Webb et al, 1981, p. 141). In order to reduce this risk of error, a random sample was selected from among all of the children who entered care during the period under study.

Other considerations involved in the decision to use secondary analysis include the low cost of obtaining

pertinent data and the accessability of the information. The fact that the information was centrally located was a positive considerations in determining the feasibility of this methodology.

Consent of the Department of Social Services was required for the use of these files. This was given by the Deputy Minister of Social Services upon the recommendation of the Director of Child Welfare.

A formal contract was entered into between the Department of Social Services and the researcher. Departmental consent for the use of files was based on three conditions. Firstly, no identifying information about any child was to be released. A second condition included the destruction, upon completion of the thesis, of all data retrieval sheets and any other material that may identify individual children or families. Finally, the approval of the Department of Social Services would be required before any results of or information generated by the study can be published by the researcher in any form other than the thesis.

## 3.3 Reliability and Validity

In the following section, concerns regarding reliability and validity are discussed and in particular, how these issues were dealt with in this research.

### 3.3.1 Reliability

Reliability is that quality of a measure which ensures a degree of consistency in the measuring of whatever is to be measured. Arkava and Lane (1983, p. 20) define a reliable measure as one which reveals actual differences in what is being measured rather than differences inherent in the measurement process itself. Reliability focuses on the measurement process rather than on what is actually measured.

Possible sources of error were considered and accounted for in designing this study.

One potential threat to reliability is attempting to measure "outcomes" that have different meanings to different recorders. This threat to the study's reliability has been reduced by several important factors in this study. Firstly, the "outcome" was clearly defined. Either a child entered care or he/she did not. There are no personal judgements required. The meaning is clear and consistent.

Secondly, the time period for the study was clearly defined. The total population of the study included all children who had entered care for reasons other than adoption, during the period January 1, 1987 to December 31, 1988. Original case records were all completed by social workers who were working in the area of Child Protection.

Thirdly, the Policy and Procedures manual of the Department of Social Services outlined specific information

which must be supplied to the Director of Child Welfare whenever a child enters care. (Department of Social Services, 1976) Thus, it can be argued that the data regarding individual children would be readily available, consistent and reliable. To assess the availability of information a sample of 10 files was randomly selected. The data collection instrument was used to test its appropriateness and determine if the data was present in the case files.

The fact that only one instrument, the data retrieval sheet and one researcher was used, increased the reliability of the study by ensuring consistency in the recording and assessing of data from the files.

The researcher has had 17 years experience in supervision within the Department of Social Services including 7 years direct child welfare experience, and a professional education in social work. The researcher possessed a familiarity with the topic on an experiential level and with the Department of Social Services terminology, policies and procedures. Knowledge of these recording systems enhanced the researcher's ability to extract required information from files, to evaluate it, and to record it appropriately.

The belief in the reliability of the information is based on a confidence in the records, the abilities of the social workers who had completed the original recordings and the researcher's ability to extract, analyze and interpret the data.

### 3.3.2 Validity

The validity of a measure is the extent to which it measures or assesses what it is supposed to measure. Campbell and Stanley (1966) identified various types of extraneous variables which, if not controlled for, may produce threats to the validity of research. Threats to validity such as history, maturation, and instrumentation as defined by Campbell and Stanley (1966) were considered in designing this research.

The records studied were gathered by social workers in the field as the actual events occurred and without the knowledge that they would later be reviewed for research purposes. Thus, it can be assumed that they reflect the reasons for care as seen by the social workers involved in the cases at the time.

Differences in obtained values due to the influences of the instrument or differences in observers or judges were controlled for, as the researcher used one instrument and reviewed all of the files.

Another threat to validity is the application of "standardized" instruments. These are instruments which have been developed by researchers for specific applications and are occasionally applied to other contexts or research projects. They sometimes do not take into consideration cultural or regional variances and hence produce invalid

results. This problem has been eliminated by the researcher's development of a data retrieval sheet specific to this study.

Another method used to assess validity is to determine whether the general pattern of responses to the questions asked and relationships observed between variables are consistent with what one would logically expect or with findings from other studies. Cameron and Rothery (1985, p. 13) also believed that the presence of a number of clear patterns, which relate to one another in readily explainable ways and which are consistent with what was previously known, is good evidence for the face validity of any research. The research propositions developed for this study are based on knowledge gained from the literature and relate to each other in explainable ways. Thus, the validity of the design is enhanced.

Questions of validity are always a concern in research when much of the data is interpretative. But, based on the discussion above, the researcher concluded that the design of the research would produce data that was both sufficiently reliable and valid.

## 3.4 Sample Selection

Child welfare records of the Department of Social Services are not computerized but manual records are maintained on each child who enters care. These were reviewed

for the period under study and a population of 704 children was identified. By definition, the population was comprised of children who spent more than one night in an out of home placement. Children included in the study range in age from birth up to 16 years. These ages were chosen by using the definition of a child as stated in the Child Welfare Act (1972) which is "an unmarried boy or girl actually or apparently under the age of 16 years." Children who have reached their 16th birthday cannot legally be taken into the care of the Director of Child Welfare and thus, could not be included in the study.

Of 704 children, there were 101 children identified as having been relinquished for adoption. Since the reasons children are placed for adoption are usually different than the reasons other children enter care, these cases were removed from the population and considered not eligible for the study.

The remaining 603 cases were listed and assigned consecutive numbers from 001 - 603. The Table of Random Numbers (Ary et al, 1979, pp. 378-382) was then used to select the 100 subjects to be included in the sample. Random sampling was used so that the sample would be sufficiently representative of the population from which it was drawn.

The random selection of subjects from the total population was also a control used to enhance the study. The basic characteristic of random sampling is that all members

of the population have an equal and independent chance of being included in the sample. Random sampling is purposeful and methodical. The sample selected is not subject to the biases of the researcher. This process guarantees that any differences between the sample and the parent population are a function of chance, thus, increasing confidence in the results of the study (Ary et al, 1979, p. 131).

## 3.5 Data Collection

Data was organized and collected by the researcher through the use of a data retrieval sheet. This instrument was designed based on the literature review and the researcher's own experience in child welfare practice. A copy of the instrument and the definitions used are included in Appendices A and B.

When important information was not available from the case files at headquarters, key informants were interviewed by telephone. These informants were social workers who were involved with the family when the child came into care or were the current social worker for the case. If these workers were not available or the case was no longer active, other social workers who had access to the District Office files were contacted. When social workers were contacted for information, the data retrieval sheet was used as a guide to structure the interview. There were only four occasions when interviews were

necessary. In all other cases, the required information was available from the headquarters files.

The anonymity of the subjects was safeguarded through coding and through the use of an assigned identification number on the data retrieval sheet. Clients were identifiable only to the researcher who maintained a master list of identification numbers and corresponding children's file numbers. These records and the completed data retrieval sheets will be destroyed at the conclusion of the study to comply with the agreement consented to with the department. The report of the findings is in an aggregate form; thus, no single individual or family will be identifiable through the discussion.

Primary reasons for care were defined as referring to the main reasons which resulted in a child entering care. Contributory reasons referred to those reasons that influenced the social workers' or the parents' decision to place the child in care. Many factors such as illness, substance abuse or behaviour problems could be primary or contributory depending upon the situational context in which they occurred. A variable could be primary in one case and contributory in another but it could not be both primary and contributory in the same case.

In some case records, the primary reason for entry into care was not explicitly stated. However, the researcher was able to determine the necessary information from the file

reports. Sometimes the information was ascertained through an examination of the section of the Child Welfare Act which was cited on the application to the Court. In other files, descriptive accounts indicated the reasons for care. An example of these accounts is "drinking has been a problem for some time but on.....a neighbour called to report the children were left alone." The researcher interpreted the description to mean that alcohol abuse was a contributory factor but child abandonment or desertion was the primary reason for care.

In some files, two reasons were cited as being the primary reasons for care. An example is the case of a teenager who was exhibiting behaviour problems and was described as being beyond the control of his parents. The family stresses had escalated to such a point that the young person had gone to a friend's home and refused to return home. The parents, upon contact by the social worker, refused to accept the child home and requested he be placed in care. In such instances, the parent's request for care and the child refusing to return home were considered primary reasons for care while the child's behaviour was considered a contributory factor.

In such cases two primary reasons for care were recorded. The result is that the total number of primary reasons in the study exceeds 100. It was felt that since either reason by itself would have resulted in the child coming into care, both should be classed as primary.

The procedure for recording data prior to analysis was as follows:

- the case files were reviewed;
- data retrieval sheets were completed; and
- information was coded and reduced to a form usable for computer statistical analysis.

An explanation of the data analysis is contained in the following section.

## 3.6 Data Analysis

According to Rubin (1983, p. 20), data analysis is an effort to categorize, to summarize and to seek patterns and relationships within the information collected. The quantification of data is necessary to permit analysis and manipulation. Through statistical procedures, patterns of information are extracted from raw empirical data.

Following the data collection, the researcher began the task of coding, reducing and analyzing the data.

The research is an exploratory study which uses primarily qualitative data and codes it in a quantitative manner. The researcher is using qualitative and quantitative methods in an attempt to establish the relationships which may exist among the variables. In this study univariate and bivariate analysis are used to analyze the data and to determine relationships.

The univariate analysis describes the units of analysis and allows one to make descriptive inferences about the larger population. Bivariate analysis are aimed primarily at explanation of the relationship between variables (Babbie, 1983, p. 355).

All responses were coded for computer analysis using the Statistical Package for the Social Sciences. The results were then analyzed in terms of the frequencies of values for the variables. Cross tabulations were also completed on selected variables. The resulting tables were studied, analyzed and compared using the propositions to guide the researcher in deciding how to proceed in reporting the results.

The data is presented in subsequent chapters which describe the sample and present the analysis of the relevant variables. These variables include age, and family circumstances. The relationship of these variables to the parent and child related recorded reasons for care is presented and interpreted.

## 3.7 Limitations

Rubin (1983) identified three limitations of secondary analysis. Firstly, the data was collected for other purposes; thus, it may not be completely relevant to the problem under study. Secondly, since the data has been collected prior to the study, the researcher is dependent upon previous decisions

regarding the importance of case information. Thirdly, data gathered for administrative purposes does not always meet the standards of reliability and validity required in systematic research (Rubin, 1983, p. 299).

These concerns were considered in designing and carrying out this study. The initial data were collected to meet the legal and policy requirements of the Department of Social Services. It was documented for the purposes of recording why children entered care and what their family circumstances were at the time. Thus, the purpose for collection is relevant to the study. The data for the study was collected systematically using the data retrieval sheets.

Since the information was previously collected by the social workers, they made decisions about the significance of information to be recorded. This can be considered a limitation; however, this situation would also exist if personal interviews were carried out. Interviews could result in selective reporting of the facts. It is doubtful that this selectivity would be deliberate, but the social worker may consciously or unconsciously, re-interpret the facts in the light of subsequent happenings with the family. The interview, as a source of information or method of data collection, could also result in serious concerns about the reliability and validity of the information.

Arkava & Lane (1983, p. 188) identified the lack of knowledge about quality control in the initial data gathering

process as a major disadvantage or limitation in the use of secondary analysis. Webb et al (1981, p. 141) also cautioned that there must be a careful evaluation of the way in which records were origionally produced if they are to be used as a source for other research.

Some of the limitations articulated by Cameron & Rothery in their study concerning home support services to child welfare clients in Ontario also apply. They stated:

> First, our results must be read in light of the fact that we recorded workers' perceptions of the cases reviewed. While that was our purpose and mandate, and while we consider such information to be relevant, we cannot know to what extent these perceptions would concur with client perceptions or with objective measures of client circumstances.
>
> Another limitation has to do with the broad scope and exploratory nature of the study. A consequence of this is that many specific questions cannot be explored in as much depth as they would have been had this been a more narrowly focused study. Also, information produced in studies of this sort is necessarily treated as comprising initial ideas rather than final answers. (Cameron and Rothery, 1985, p. 16)

Knowledge about the reasons why children enter care in this province is still limited. Thus, it can be argued that workers' perceptions of the causes is worthwhile information to pursue.

Cameron and Rothery stated that:

> ..... although a study such as the one we conducted could not be expected to provide final answers to specific hypothesis, it can perform the equally

> valid function of clarifying questions, identifying relevant variables, and generating tentative information about areas which were previously relatively uncharted. If such information cannot be regarded as final, it may at least be valued as an improvement over what existed before the study was conducted.
> (Cameron and Rothery, 1985, p. 16)

These comments also apply to this study. As the research was exploratory, it would be premature to attempt to establish a cause - effect relationship between variables. Areas for future, more indepth research are identified throughout the study.

The following chapters explore variables such as age and family circumstances as they are related to entry into care. However, before the findings are presented, the sample is analyzed and compared to the population to ensure that the sample adequately represented the population.

# CHAPTER FOUR

# SAMPLE DESCRIPTION

## 4.1 Sample Description

The sample selected was composed of 100 children who entered care during the two year period under study.

To ensure that the sample adequately represents the total population, some comparisons are made between the two. Some statistics from other places are also used to compare the Newfoundland situation to other areas. Although these statistics are sometimes calculated differently, they do provide the opportunity to identify recent trends in other regions. However, only cautious comparisons can be made.

Some of the variables examined are: urban/rural distribution, age, gender, previous admission to care and legal status.

## 4.2 Urban/Rural Distribution

At the time of this study, the population of Newfoundland and Labrador was 568,350 (Statistics Canada: Census, 1986). Areas with populations of over 10,000 people were considered urban. Included in these areas were individual cities and

towns such as St. John's and Corner Brook. For towns located in close proximity to each other, the combined populations were considered. Examples of such areas are Grand Falls/Windsor and Wabush/Labrador City.

The urban/rural breakdown for the sample, and the entire population of children who entered care, is as follows:

Table 4 - 1

Urban/Rural Distribution of Sample

| Location | Sample * | | Population* | |
|---|---|---|---|---|
| | N | % | N | % |
| Urban | 52 | 52.0 | 321 | 53.2 |
| Rural | 48 | 48.0 | 282 | 46.8 |
| Totals | 100 | 100.0 | 603 | 100.0 |

* Statistics: Department of Social Services

This table illustrates that there is less than a 2% difference in the percentage of children in the sample and the percentage of children in the entire population who come from urban or rural areas. The table further shows that the percentage of children coming from urban areas is slightly greater than the percentage coming from rural areas.

As can be seen, the percentage distribution of children in the sample and the in-care population are comparable.

## 4.3 Age

The age breakdown for children in the sample as compared with the total number of children in the population is presented in Table 4 - 2.

Table 4 - 2

Children Entering Care by Age

| Age | Sample* N | Sample* % | Population* N | Population* % |
|---|---|---|---|---|
| up to 5 | 42 | 42.0 | 241 | 39.9 |
| 6 - 11 | 18 | 18.0 | 135 | 22.4 |
| 12 - 16 | 40 | 40.0 | 227 | 37.6 |
| Total | 100 | 100.0 | 603 | 99.9 |

* Statistics: Department of Social Services

The table illustrates that an almost equal proportion of children who enter care are under 6 years of age or are over 12 years of age. The smallest percentage of children who enter care are between the ages of 6 years and 11 years. The majority of children who enter care are school age (6 years plus).

These proportions hold true for both the sample and the population. There is less than a 5% difference between the percentage in a particular age category in the sample and in the population.

The data concerning age furthers the argument that the sample adequately represents the population from which it was drawn.

## 4.4 Gender

There were 46 females and 54 males in the sample. This coincides closely with the breakdown of males and females in the total population of children who entered care during this period. It is also comparable to the general Newfoundland population. See table 4 - 3.

Table 4 - 3

Children Entering Care by Gender

| | Sample* | | Population* | | Provincial Population** | |
|---|---|---|---|---|---|---|
| Gender | N | % | N | % | N | % |
| Male | 54 | 54.0 | 312 | 51.7 | 81,350 | 51.2 |
| Female | 46 | 46.0 | 291 | 48.3 | 77,600 | 48.8 |
| Totals | 100 | 100.0 | 603 | 100.0 | 158,950 | 100.0 |

* Statistics: Department of Social Services
** Statistics Canada: Census, 1986

The distribution by gender in the sample is comparable to that for the population from which it was drawn, supporting the argument that the sample is representative.

## 4.5 Previous Admissions to Care

Of the sample, 31% had been in care on a previous occasion and 69% had not been in care before.

Figures were not available for the entire in-care populations as these statistics are not maintained by the province. However, the literature indicates that 31% is comparable to findings in other studies. Block and Libowitz (1983, p. 68) found that 27.3% of children entered care on more than one occasion. Fisher et al (1986, p. 17) found that 30% of the population they studied had been admitted and discharged from care previously. In the research done by Sherman et al (1973, p. 80), 20% of the children studied returned to care at least once. This illustrates that the findings related to the sample studied are comparable in a limited way, to other studies.

## 4.6 Legal Status

Legal status was used to record whether a child entered care voluntarily or through the court process. This finding is comparable to the legal status of all children in the population who entered care during this period.

Table 4 - 4

Children Entering Care by Legal Status

| | Sample* | | Population* | |
|---|---|---|---|---|
| Legal Status | N | % | N | % |
| Voluntary | 41 | 41.0 | 230 | 38.1 |
| Court Ordered | 59 | 59.0 | 373 | 61.9 |
| Total | 100 | 100.0 | 603 | 100.0 |

* Statistics: Department of Social Services

As can been seen, the majority of children in both the sample (59%) and in the population under study (61.9%) entered care through the court process. Stein (1987) and Packman et al (1986) reported that children who entered care through the court process outnumbered those who entered through voluntary agreements. The same trend was found in this study.

One of the parent related reasons for care explored in Chapter 5 is the parent's request for care. The parent's request for care was recorded as a primary reason for entry into care for 40% of the sample. Thus, the findings that 41% of children enter care through voluntary agreements and 40% of children who enter care do so as a result of a request by the parent appeared to support each other. Requests for care by a parent are further analyzed in Chapter 5.

Table 4 - 4 illustrates that the percentage of children who enter care voluntary and through the court process is

comparable for the sample and the population. This indicates that the sample is representative.

## 4.7 Summary

Based on the above presentation, the following picture emerges concerning the majority of children who entered care during the two year period under study:

- 52% came from an urban area;
- 58% were 6 years of age or older;
- 54% were male;
- 31 % had been in care on at least one previous occasion; and
- 41% had entered care through a voluntary agreement.

The tables and discussion indicate that the sample adequately represents the population from which it was drawn. In addition, there exists an argument that analysis of the sample will produce results similar to those found in other North American studies. Hence, the findings can be cautiously generalized to the population in Newfoundland and possibly to other areas.

# CHAPTER FIVE

# THE RELATIONSHIP OF AGE TO RECORDED REASONS FOR ENTRY INTO CARE

## 5.1 Introduction

This chapter explores the relationship of age to the recorded reasons for entry into care.

Age is the independent variable in three of the propositions being investigated. The predicted relationships between the dependant and independent variables are evident from the propositions. The propositions relevant to the relationship of age to recorded reasons for entry into care are:

1. Preschool children (under the age of six) enter care for reasons related to parental behaviour such as illness of the care giving parent, neglect or abuse.
2. There is no consistent relationship between the age of the child and the reason for entry into care for children between the ages of six and eleven years.
3. Older children (twelve and over) enter care for reasons related to their own behaviour such as aggressive behaviour in the home, school or community.

As can be seen from these statements, age is considered to be a critical factor influencing the reasons a child enters care.

The age breakdown for children who entered care as compared with general population in Newfoundland under 16 years is as follows:

Table 5 - 1

Age of Children Entering Care

| Age | Sample* | | Population (Nfld.)** | |
|---|---|---|---|---|
| | N | % | N | % |
| 0 - 5 | 42 | 42.0 | 52535 | 33.1 |
| 5 - 11 | 18 | 18.0 | 60210 | 37.9 |
| 12 - 15 | 40 | 40.0 | 46205 | 29.1 |
| Totals | 100 | 100.0 | 158950 | 100.1 |

* Statistics Department of Social Services
** Statistics Canada: Census 1986

This breakdown indicates that children between the ages of 6 and 12 are underrepresented in the sample while children at the ends of the age range are overrepresented. Forty-two percent are under age 6 years and 40% are 12 years and over when they enter care.

It is proposed that as a child gets older the onus for his care and behaviour shifts from the parent to the child. As a result, more older children tend to enter care for

reasons related to their own behaviour than do younger children. This trend is evident in that when a child is classed as "beyond parental control", (a term frequently used but poorly defined in the child welfare literature (Kadushin,1980) the child is considered as the focus of the problem and not the parent or the various factors which have contributed to the development of the situation whereby the parent cannot control the child (Cameron & Rothery, 1985), (Finch et al, 1984), (Gabarino et al, 1986), and (Wittner, 1981).

The literature suggested that the age of children entering care was rising and that the majority of children who enter care are over school age (Hornby and Collins, 1981; Millham et al, 1986; Packman et al, 1986; Reid et al, 1988; Nova Scotia Task Force, 1987).

This pattern is consistent with the findings of this study as 58% of the children who entered care were above school age.

The propositions predict children in the lower age range (under 6 years) enter care for parent related reasons and this is demonstrated in the following tables. No clear pattern emerges for children in the mid age range (6 - 11 years).

Russell and Trainor in their study of child maltreatment in the United States found that:

> children 0 - 2 years show the most neglect, the least sexual and emotional maltreatment, and an average amount of physical injury. Conversely, children 12 - 17 years show the most sexual and emotional maltreatment, the least neglect, and

> slightly more than average physical injury. Patterns for 3 - 5 year olds and 6 - 11 year olds fall in the middle. This pattern has been consistent from 1979 to 1982. (Russell and Trainor, 1984, p. 22)

The findings of this study concerning the 6 - 11 year old age group are consistent with Russell and Trainor's study in that strong trends do not occur as they do with the other two age groups.

Parent and child related reasons for care are explored in the following sections.

## 5.2 Reasons for Care

The following two tables list parent and child related reasons for care as either primary or contributory. The totals reflect the numbers of cases in the sample where the problem was determined to be present and relevant to the child's entry into care.

Table 5 - 2

Parent Reasons Recorded for Entry into Care

| Reasons for Care | Primary | | Contributory | | Total | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Physical Abuse | 7 | 7.5 | 11 | 14.3 | 18 | 10.6 |
| Sexual Abuse | 7 | 7.5 | 2 | 2.6 | 9 | 5.3 |
| Neglect | 18 | 19.4 | 11 | 14.3 | 29 | 17.1 |
| Physically Ill Disabled | 1 | 1.1 | 4 | 5.2 | 5 | 2.9 |
| Mentally Ill Disabled | 10 | 10.8 | 4 | 5.2 | 14 | 8.2 |
| Substance Abuse | 4 | 4.3 | 32 | 41.6 | 36 | 21.2 |
| Abandonment/ Desertion | 6 | 6.4 | 3 | 3.9 | 9 | 5.3 |
| Requested Care | 40 | 43.0 | 10 | 13.0 | 50 | 29.4 |
| Totals | 93 | 100.0 | 77 | 100.1 | 170 | 100.0 |

As can be seen from Table 5 - 2, abuse, neglect, parent mentally ill or disabled and parent requested care are the primary parent related reasons for care.

Table 5 - 3 indicates that the most frequent child related reasons are behaviour problems and the child refusing to return home.

Table 5 - 3

Child Reasons Recorded for Entry Into Care

| | Primary | | Contributory | | Totals | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| School Problems | 0 | 0.0 | 15 | 12.8 | 15 | 9.7 |
| Behaviour Problems | 20 | 54.0 | 61 | 52.1 | 81 | 52.6 |
| Refusing to go home | 16 | 43.2 | 3 | 2.6 | 19 | 12.3 |
| Truancy | 0 | 0.0 | 15 | 12.8 | 15 | 9.7 |
| Substance Abuse | 0 | 0.0 | 7 | 6.0 | 7 | 4.5 |
| Mentally Ill/ Disabled | 0 | 0.0 | 8 | 6.8 | 8 | 5.2 |
| Physically Ill/ Disabled | 1 | 2.7 | 3 | 2.6 | 4 | 2.6 |
| Promiscuity | 0 | 0.0 | 5 | 4.3 | 5 | 3.2 |
| Totals | 37 | 99.9 | 117 | 100.0 | 154 | 99.8 |

The above table illustrates that some variables are directly related to children entering care while others play a major contributing role but do not of themselves result in a child entering care. Examples of such variables are truancy, child substance abuse, and school problems, none of which were considered the primary cause of the child entering care. In some cases they may have precipitated the initial involvement. For example, a child may have been referred to the social worker for truancy but without the presence of other factors, it appears the child would not have entered care. Millham et

al (1986, p. 49) also found that, while school attendance may be a prime reason for referral, it is not likely to precipitate a child coming into care. This study also indicated that some factors, like truancy may have contributed to the parent's decision to request care. But they were not the primary reason for care.

The following table compares the total percentage of primary and contributory child and parent reasons for entry into care.

Table 5 - 4

Parent and Child Reasons Compared

| Reasons | Primary N | Primary % | Contributory N | Contributory % |
|---|---|---|---|---|
| Parent | 93 | 71.5 | 77 | 39.7 |
| Child | 37 | 28.5 | 117 | 60.3 |
| Totals | 130 | 100.0 | 194 | 100.0 |

As can be seen, parent reasons predominate as the primary reasons for entry into care, occurring more than twice as often as child related reasons. However, when contributory reasons are considered, the trend reverses and child related factors predominate.

The relationship of age to parent and child reasons for entry into care is demonstrated in the following sections. This pattern of parental problems resulting in the majority

of children entering care is also documented in the literature (Jenkins and Sauber, 1966; Jones, 1985; Kadushin, 1980; Stein, 1981; Sinanoglu and Maluccio, 1981).

5.3 Parent Related Reasons

The following table compares the relationship of age to the reported presence of physical abuse, sexual abuse and neglect.

Table 5 - 5

Type of Abuse by Age

| Age | Physical | | Sexual | | Neglect | | Totals | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| 0 - 5 | 8 | 32.0 | 0 | 0.0 | 18 | 62.1 | 26 | 41.9 |
| 6 - 11 | 1 | 4.0 | 3 | 37.5 | 7 | 24.1 | 11 | 17.7 |
| 12 - 15 | 16 | 64.0 | 5 | 62.5 | 4 | 13.8 | 25 | 40.3 |
| Totals | 25 | 100.0 | 8 | 100.0 | 29 | 100.0 | 62 | 99.9 |

Physical abuse, sexual abuse and neglect combine to total 34.4% of the primary reasons and 31.2% of the contributory reasons children entered care. (See tables 5 - 2 and 5 - 3).

None of the children in the lowest age range entered care because of sexual abuse.

The major abuse related reason for entry into care for the youngest group was neglect followed by physical abuse.

For the 6 - 11 year olds, sexual abuse predominated followed by neglect. Physical abuse was a factor related to entry into care for only four percent of children in the 6 - 11 year old age range. However, for children aged 12 years and up, physical abuse was the most frequent type experienced. This was followed by sexual abuse; however, only a very small percentage of children in the 12 - 15 year old age range entered care due to neglect. As age increases, the recorded incidence of neglect decreases and the recorded incidence of physical and sexual abuse increases.

The relationship of age to each type of abuse is explored in the following sections.

### 5.3.1 Physical Abuse

When physical abuse was identified as a factor in determining the need for care, the age breakdown was 32% for children under 6 years and 64% for children over 12 years. This was somewhat surprising as physical abuse is more commonly associated with younger children. However, recent studies have reported that a significant number of adolescents are being physically abused (Garbarino et al, 1986; Powers and Eckenrode, 1988; Russell and Trainor, 1984).

While it may seem somewhat unusual to consider physical abuse contributory, it was recorded as such in cases where social workers identified other problems as the major reasons

for the child coming to their attention, or when the physical abuse may have been suspected rather than proven. An example is when the explanation for a bruise on a child was questionable, given the location and shape of the injury. Another situation was when an older child alleged physical abuse by a parent, who denied the abuse. These circumstances were seen as needing investigation and intervention but not, of themselves, as warranting the entry of the child into care. The social worker's file recording in these cases indicated that the child would not have been removed from the home if other factors had not been present.

When age was related to the occurrence of physical abuse the following relationship emerged:

Table 5 - 6

Physical Abuse by Age

Number of Reported Instances

| Age | N | % |
|---|---|---|
| 0 - 5 | 8 | 44.4 |
| 6 - 11 | 1 | 5.6 |
| 12 - 15 | 9 | 50.0 |
| Totals | 18 | 100.0 |

Physical abuse as a recorded reason for entry into care does not conform to the propositions, regarding age. As a parent reason, it was predicted physical abuse would be a

primary factor for the youngest group of children rather than for those 12 years of age and over. However, the tables and the literature are consistent indicating that older children are just as susceptible to physical abuse as younger ones.

### 5.3.2 Sexual Abuse

Sexual abuse as a primary reason for care was reported in 7% of the sample. Of these incest was the primary reason for entry into care for 85.7% of the victims and extra-familial sexual assault resulted in 14.3% entering care. Table 5 - 7 illustrates the breakdown by age.

Table 5 - 7

Type of Sexual Abuse by Age

| | Incest | | Extra-Familial | |
|---|---|---|---|---|
| Age | N | % | N | % |
| 0 - 5 | 0 | 0 | 0 | 0.0 |
| 6 - 11 | 3 | 50.0 | 0 | 0.0 |
| 12 - 15 | 3 | 50.0 | 1 | 100.0 |
| Totals | 6 | 100.0 | 1 | 100.0 |

Extra-familial sexual assault was rated as primary in one case where the child was exhibiting other behaviour problems which brought the case to the attention of the

Department of Social Services. The sexual abuse was considered primary as the problems exhibited occurred after the assault and were believed to be a consequence of the abuse.

It was recorded that 3 of the children in the mid age group (6 - 11) entered care as the result of sexual abuse. No younger children entered because of sexual abuse but it was considered the primary reason for care for 4 children in the 12 - 15 year old age group.

This finding does not indicate that children under the age of 6 years are not sexually abused, rather that they are less likely to report sexual abuse than older children.

Those who have entered the school system are given information about sexual abuse and what to do if being abused. Given this increased knowledge, and the exposure of older children to systems other than their family, it is not surprising that children over 6 years are more likely to report abuse when it comes.

As Table 5 - 2 (p. 61) indicates, sexual abuse was considered contributory in two instances. Further review of the data retrieval sheets revealed that in one case, the victim was a 6 year old who had also been a victim of incest. The incest was recorded as the primary reason for entry into care. The second case was that of a 14 year old girl who was physically abused by her father and who stated she had also been sexually abused. She later denied the sexual abuse. There was medical evidence of physical abuse, but no physical or

medical evidence of sexual abuse. The physical abuse was considered primary and the sexual abuse contributory to entry into care.

Children are likely to be removed from a home because of sexual abuse only when the perpetrator is resident in the home or it appears the parent will not protect the child from future abuse. Otherwise, sexual abuse victims do not normally enter care. This finding is consistent with the literature which indicated that the majority of sexual abuse victims do not enter care (Badgley, 1984, p. 597).

The gender of the child appears to be an important factor in incidences of sexual abuse. Five of the seven victims were female. Only two were male. Of the male children, one was a victim of extra-familial assault by an adult male and the other was a victim of incest again by a male. This breakdown is consistent with findings in the Badgley Report on sexual abuse in Canada (Badgley, 1984).

Sexual abuse as a primary reason for entry into care differs from the direction predicted in propositions one, two and three. It was expected that sexual abuse, as a parent related reason for care, would be more prevalent in the youngest age group than in the other two groups. But this was not the case.

5.3.3 Neglect

A breakdown of neglect by age is as follows:

Table 5 - 8

Neglect by Age

| Age | Number of Reported Instances N | % |
|---|---|---|
| 0 - 5 | 18 | 62.2 |
| 6 - 11 | 7 | 24.0 |
| 12 - 15 | 4 | 13.8 |
| Total | 29 | 100.0 |

Neglect was recorded second in frequency to parents requesting care as a parent related reason for entry into care. This pattern is illustrated in Table 5 - 2 (p. 61).

A further analysis of the data indicates that in 22 of the 29 reported instances, children who were neglected were subjected to a general lack of care and supervision at home. This category was used to reflect a combination of reasons such as lack of adequate supervision, children poorly fed and/or clothed and dirty. It referred to the condition of the child and the care he/she received, rather than the physical conditions of the home.

The category was used to describe situations such as when a young child was allowed to wander in the streets of the

community in a way which was considered unsafe for him or her. For example, a 4 year old child was found at about 2:00 AM wandering alone in downtown St. John's. This category also reflected situations when children were left alone or with inappropriate babysitters.

Medical neglect was used only in cases where there was a specific, diagnosed medical condition and the parent refused medical attention or did not follow medical advice, thus, placing the child at risk of further illness or injury. This was recorded in only 2 cases. Both were children under 6 years of age.

If other conditions, such as poor housekeeping, were present they were most frequently recorded by the social worker as secondary considerations and classed as contributory by the researcher.

Unsanitary conditions and poor housekeeping were used to describe the physical conditions of the home. It was considered primary only when the home was dirty and unkept in the extreme. In one file where these conditions were ranked as primary, a police officer involved in the apprehension of the children is quoted in the file as saying he had never seen such "dirt and filth in all his life". The case record continued to describe the house as having garbage everywhere, feces on the floor, mouldy dishes strewn throughout the house, dirty clothes "knee-deep" in the basement and holes in walls. The house was a government owned subsidized housing unit,

which had been inspected before the family moved in six months before. At that time the physical conditions of the house had been good.

For the age group 12 and over, only one child entered care primarily due to neglect. This child entered due to dirty unsanitary conditions in the home. There were other children in the family under 12 years all of whom entered care at the same time.

The gender of the child was not a distinguishing factor in analyzing neglect. Of the 29 children who were affected, 51.7% were male and 48.3% were female. This distribution closely parallels the breakdown by gender in the entire sample.

The findings concerning neglect supported the propositions concerning the relationship of age to recorded reason for entry into care. This parent related reason was more predominant for younger children than for those in the other two age groups.

### 5.3.4 Parental Illness or Disability

The category of "Parental Illness or Disability" was used when the parent or caregiver had a physical, mental or emotional health problem which restricted normal activity and affected the level of care within the home.

Table 5 - 9 illustrates the relationship of age at entry into care to this variable.

Table 5 - 9

Parental Illness or Disability by Age

| | Physical | | Mental | | Totals | |
|---|---|---|---|---|---|---|
| Age | N | % | N | % | N | % |
| 0-5 | 2 | 50.0 | 7 | 50.0 | 9 | 50.0 |
| 6-11 | 1 | 25.0 | 1 | 5.0 | 2 | 11.1 |
| 12 - 15 | 1 | 25.0 | 6 | 45.0 | 7 | 38.9 |
| Totals | 4 | 100.0 | 14 | 100.0 | 18 | 100.0 |

The table illustrates that a parent's mental illness or disability was recorded as related to entry into care three times more often than physical illness of the care giver.

Speculation as to the reasons for this situation could include the assumption that physical problems are socially more acceptable than mental problems. Thus, others are more willing to care for children when a parent is physically ill. It may also be possible that there were more home supports for the physically ill parent (such as homemaker services) than for the mentally ill caregiver. Another possibility is that those with mental health difficulties are so disturbed that they are unable to arrange suitable care for their child.

The findings supported the propositions regarding age in

that parental illness is a parent related problem and the children most affected were under 6 years of age. The literature also found that parental illness was a factor frequently related to entry into care (Fanshel, 1976; Jenkins and Norman, 1972; Jones, 1985; Kadushin, 1980; Phillips et al, 1971).

5.3.5 Desertion

Desertion was defined as the situation resulting when parents or caretakers had left their children and could not be located or refused to care for them. Such situations usually extended over night before coming to the social workers attention. Of those cases where desertion was considered contributory, other circumstances were present which the social worker believed to be more directly related to the child's entry into care. An example is the case where the primary reason for care was recorded as neglect - four children, the oldest of whom was 10 years were found living in very poor physical conditions with no adult responsible for their care. They had virtually no clothes, no furniture and no food in the house. The mother returned a couple of days after the children had come into care, saying that the children had been left with a sitter. The neglect, which appeared to be long standing and obviously had not occurred only during the mother's absence, was considered more relevant

to the children coming into and remaining in care than the mother having left them alone. In this case, neglect was considered the primary reason for entry into care and presented to the court as such. Desertion was considered a contributory factor.

Children who are abandoned or deserted made up 6.4% of the primary parental reasons for care and 3.9% of the contributory parental reasons. (Table 5 - 2, p. 61 refers)

Age is a relevant factor in this category as all but 16.7% of the children for whom it was a primary reason for care were under 6 years. All of the children for whom this was a contributory reason were under 6 years of age as the following table illustrates.

Table 5 - 10

Desertion/Abandonment by Age

| Age | Primary | | Contributory | | Totals | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| 0 - 5 yr. | 4 | 66.7 | 3 | 100.0 | 7 | 77.8 |
| 6 - 11 yr. | 1 | 16.7 | 0 | 0.0 | 1 | 11.1 |
| 12 - 15 yr. | 1 | 16.7 | 0 | 0.0 | 1 | 11.1 |
| Totals | 6 | 100.1 | 3 | 100.0 | 9 | 100.0 |

Gender did not appear to be a relevant variable factor as males and females were affected in the same proportion as in the sample - 55.5% males, 44.4% females.

The findings regarding age and desertion support the first three propositions as it is a parent related reason for care which mostly affects younger children. Children in the 6 - 11 year old and 12 - 15 year old age group were affected equally but to a much lesser degree than younger children by this variable.

### 5.3.6 Parent Substance Abuse

Substance abuse was defined as being present when the parent or caregiver was described by the social worker as being unable to care for the child because of the abuse of alcohol and/or drugs.

Some of the situations described linked alcohol abuse to family violence, neglect, physical abuse, desertion, children refusing to return home, and parents requesting care. Examples of cases where it was considered contributory include the situation of a single parent who was described as having "gone drinking" and did not return home for four days. In a second case, the father was reported to have used the majority of the family income for liquor resulting in the children being neglected in that they were left without sufficient food, heat or clothing. In still another case, family violence was linked to alcohol abuse. The father when drinking abused his wife who sought shelter in a transition house with two children. Later, she requested care for the children as she was unable to cope.

In some of the cases where parents requested care, they identified themselves as having an alcohol or drug problem and requested care while seeking assistance with their problem. Some of the children who refused to return home cited alcohol or drug abuse in their home as having reached a level which they could no longer tolerate. Reid et al (1988) also found alcohol or drug abuse to be a common parental problem associated with children entering care.

If a request for care was made by the parent, the case was categorized "parent's request" as the primary reason for care and "alcohol abuse" as contributory. The social worker indicated that it was often the request for care accompanied by the parent's admission that he/she could not cope, which brought the family to their attention and most influenced the decision to take the child into care.

Substance abuse was considered to be the primary recorded reason for entry into care in only 4.3% of all the primary reasons cited. However, it was frequently reported as a contributory reason (41.6%). Younger and older children were equally affected when alcohol abuse was a primary and a contributory factor. It was not considered primary for any children in the mid age range. Table 5 - 11 illustrates this relationship.

Table 5 - 11

Parent Substance Abuse by Age

| Age | Primary | | Contributory | | Totals | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| 0 - 5 | 2 | 50.0 | 13 | 40.6 | 15 | 41.7 |
| 6 - 11 | 0 | 0.0 | 6 | 18.8 | 6 | 16.7 |
| 12 - 15 | 2 | 50.0 | 13 | 40.6 | 15 | 41.7 |
| Totals | 4 | 100.0 | 32 | 100.0 | 36 | 100.1 |

The gender of the child does not appear to be a relevant variable as half of the children in both the primary and contributory categories were male and half female.

Substance abuse was categorized as a parent related reason for care, it was assumed that more younger children would be affected than children in the other age ranges. As table 5 - 11 demonstrates, children in the youngest and oldest age range were equally affected. Children in the 6 - 11 year old age group were affected to a lesser degree.

### 5.3.7 Parent Requested Care

Children can enter care in the Province of Newfoundland and Labrador through two processes. First, there is the voluntary agreement whereby a parent agrees to or requests

his/her child enter care. This action may be initiated by the parent through a request for care or it may come about through a process of intervention by the social worker; whereby, the child's placement is agreed upon by both the parent and the social worker.

The other method through which a child may enter care is through a court order. In every instance where a child has been apprehended the circumstances surrounding the case must, according to the Child Welfare Act (1972), be presented to the court. Even when a child enters care with the agreement of the parents, the circumstances of the case may be such that the social worker may chose to invoke the court process. In their study Fanshel and Shinn (1976), found very little difference between the situation of children who entered care through the court route and those who entered through a voluntary agreement.

In this study, parent and child related reasons for care were looked at in relation to the child's legal status upon entry into care to determine if there was a difference in the reasons for entry into care attributed to each group.

The legal status of children was examined in relation to their age to determine if any particular age group is more likely to enter care through the voluntary or court process. Table 5 - 12 illustrates this relationship.

Table 5 - 12

Age by Legal Status

| Legal Status | Age 0 - 5 N | % | 6 - 11 N | % | 12 - 16 N | % | Total N | % |
|---|---|---|---|---|---|---|---|---|
| Court Order | 20 | 47.6 | 14 | 77.8 | 25 | 62.5 | 59 | 59.0 |
| Voluntary | 22 | 52.4 | 4 | 22.2 | 15 | 37.5 | 41 | 41.0 |
| Total | 42 | 100.0 | 18 | 100.0 | 40 | 100.0 | 100 | 100.0 |

As can be seen, the majority of children entered care through court orders. For the 42 children 5 years and under who entered care, about half entered voluntarily and half through the court process. For children in the mid age group (6-11 years) 77.8% of those who entered care did so through court orders. This tendency is true also for children in the oldest age group (12-16 years) where 62.5% of children entered care through the court process. This indicates that as children get older, court orders are more frequently used than voluntary agreements.

Stein (1981) stated that there seemed to be an increased willingness on the part of parents to turn their 'hard to handle' adolescents over to public social services. If this were the case, more older children would be expected to enter care voluntarily. However, the findings of this study do not coincide with this statement. A possible explanation is that because of the seriousness of the problems being experienced

by the adolescent or by the family as a whole, social workers are opting to use the court process.

The relationship of age to the legal process whereby a child enters care requires further investigation.

The relationship between the gender of a child and the legal status upon entry into care was also examined. It was found that both males and females enter care on a voluntary basis in relatively equal proportions. However, when the use of the court process was examined, it was found that more males (57.6%) than females (42.4%) of females enter care through this process. Table 5 - 4 (p. 63) illustrates that when primary parent related reasons for care are considered, 57% of children entered care through the court process as opposed to 43% who entered through voluntary agreements. Primary reasons for care were chosen to demonstrate this relationship as these directly affected the decision to utilize the court process or enter into a voluntary agreement.

Table 5 - 13

Legal Status by

Primary Parent Related Reasons for Care

| Primary | Court Ordered | | Voluntary | | Total | |
|---|---|---|---|---|---|---|
| Parent Reason | N | % | N | % | N | % |
| Neglect | 15 | 28.3 | 3 | 7.5 | 18 | 19.4 |
| Physical Abuse | 6 | 11.3 | 1 | 2.5 | 7 | 7.5 |
| Sexual Abuse | 5 | 9.4 | 2 | 5.0 | 7 | 7.5 |
| Parent Requested Care | 11 | 20.8 | 29 | 72.5 | 40 | 43.0 |
| Desertion | 6 | 11.3 | 0 | 0.0 | 6 | 6.5 |
| Parent Substance Abuse | 4 | 7.5 | 0 | 0.0 | 4 | 4.3 |
| Parent Mentally Ill/Disabled | 6 | 11.3 | 4 | 10.0 | 10 | 10.8 |
| Parent Physically Ill/Disabled | 0 | 0.0 | 1 | 2.5 | 1 | 1.1 |
| Totals | 53 | 99.9 | 40 | 100.0 | 93 | 100.1 |

As can be seen from Table 5 - 13, abuse or neglect resulted more often in court action than in the use of voluntary care.

When the parent requested care, a voluntary agreement is used nearly three times as often as the court process. Sometimes even when parents request care, the court process is used. These situations require further study.

Desertion and parent substance abuse, when they are the primary reasons for care, always resulted in the use of a court order.

Parents who were mentally or physically ill or disabled made up only a small percentage of the primary reasons children enter care. The same percentage of children enter care under such circumstances through voluntary agreements as through court orders. It is possible that where the court process was used the parents were not mentally competent enough to enter into a voluntary agreement or had already been hospitalized before the child entered care.

Child related reasons for care made up 28.5% of the total primary reasons for care. The breakdown of legal status and primary child related reasons is provided in Table 5 - 14.

Table 5 - 14

Legal Status by Primary Child Related Reasons for Care

| Primary | Court Ordered | | Voluntary | | Totals | |
|---|---|---|---|---|---|---|
| Child Reason | N | % | N | % | N | % |
| Child Physically Ill/Disabled | 0 | 0.0 | 1 | 5.6 | 1 | 2.7 |
| Child Mentally Ill/Disabled | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Promiscuity | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Substance Abuse | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Truancy | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Child Refusing to Return Home | 9 | 47.4 | 7 | 38.9 | 16 | 43.2 |
| School Problems | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Behaviour Problems | 10 | 52.6 | 10 | 55.6 | 20 | 54.0 |
| Totals | 19 | 100.0 | 18 | 100.1 | 37 | 99.9 |

As can be seen from the above table, the child related variables primarily related to entry into care are "child refusing to return home" and "child behaviour problems". These are the predominant reasons in both the court ordered and voluntary care cases.

Only one child entered care because of physical illness or disability and in that case the parents entered into a voluntary agreement.

The other reasons related to the child's entry on a voluntary basis are behaviour related. The children who entered through the court process also entered for behaviour related reasons. Previous findings related to age indicated that behaviour related reasons most often occur with children in the over twelve year old age group. This finding relating behaviour to entry into care is consistent with the literature reviewed. (Besharov, 1988; Dingwall and Eekelaar, 1982; and Stein, 1981).

The "child refusing to return home" is an interesting phenomenon. Wittner (1981) and Hornby and Collins (1981) referred to children voluntarily leaving home and entering care. Goldstein et al (1979a) and Garbarino et al (1986) referred to children wanting to terminate family relationships and leaving home. This reason was recorded both for children who entered through the court process and on a voluntary basis. However, no one legal status predominated.

Differences in legal status are not significant for children who entered care for child related reasons.

In summary this research has indicated that some differences exist, between children who enter care voluntarily and those who enter through the court process. A summary of these differences are listed below:

- as children get older they are more likely to enter care through the court process;
- more males entered care through the court process

and more females through the voluntary route;

- 60.3% of the court ordered, parent related reasons for care involved neglect, abuse or desertion;
- 72.5% of the voluntary reasons for care resulted from the parent's request for care;
- when primary child related reasons for care are explored, the child's refusal to return home and behaviour problems were the most frequently recorded reasons for both court ordered and voluntary admissions to care.

Packman et al (1986) reported that there were differences between children who entered care through different legal routes. Additional research is required to determine what factors influence the use of the court process as apposed to voluntary care.

## 5.4 Child Related Reasons

Child behaviour problems, child refusing to return home and child physically/mentally ill or disabled were the primary child related reasons for care.

Promiscuity, child substance abuse, truancy and school behaviour were contributory reasons. The following sections discuss the primary and contributory child related reasons for care in relationship to age.

### 5.4.1 Child Behaviour Problems

Statistics on children who were considered as physically or verbally aggressive were included with those exhibiting other behaviour problems.

A child was considered physically aggressive if he or she had physically assaulted another child or adult in his/her home or in the community.

Verbal aggression included threats of physical harm or violence as well as verbal abuse of parents, siblings or others in the community. It was often described in case records as a "regular" occurrence and not an isolated incident when a child lost his/her temper and verbally attacked another person.

"Beyond parental control" was also used as a classification of behaviour problems. This category was defined as including children whose behaviour combined a number of the above problems. They were identified by their parents, and frequently by the school or some other professional, as refusing to recognize or respect any parental control or supervision and of generally disregarding all adult authority. These children were reported to have totally ignored all supervision or guidance from persons in authority and in particular from their parents or caregivers. Such children may also have been recorded as truant, promiscuous or involved in substance abuse, all of which may be considered

"acting out" behaviours.

Other behaviours considered to be problematic and included in this category were displays of defiance. This could be exhibited verbally or through behaviour. For example, a child could "answer back" and refuse to follow directions or he/she could simply ignore parental requests and do as he/she pleased. An illustration would be of the young person who ignores curfews which the parents had established.

Theft was also considered a problem behaviour. To be recorded as a reason for care the young person had to have been charged with the offence. Children incarcerated under the Young Offenders Act were not considered in the sample but some offenders not sentenced to custody entered care under the Child Welfare Act - often at the request of the parent.

Self-destructive behaviour was viewed as problematic. This included attempted suicide or self-mutilation.

Behaviour problems are recorded as primary in 54.0% of the child related primary reasons. They are considered contributory in 52.1% of child related reasons for entry into care. (Table 5 - 3 refers) The age breakdown for the cases where behaviour problems were recorded is presented in the following table.

Table 5 - 15

Behaviourial Problems by Age

| | Primary | | Contributory | | Total | |
|---|---|---|---|---|---|---|
| Age | N | % | N | % | N | % |
| 0 - 5 | 0 | 0.0 | 2 | 3.2 | 2 | 2.5 |
| 6 - 11 | 6 | 30.0 | 11 | 18.0 | 17 | 21.0 |
| 12 - 15 | 14 | 70.0 | 48 | 78.7 | 62 | 76.5 |
| Totals | 20 | 100.0 | 61 | 99.9 | 81 | 100.0 |

As can be seen, the child's behaviour plays a major role in entry into care for children over the age of 12 years. As was expected, the prevalence of behaviour problems increases with age. Hornby and Collins (1981) also found that teenagers enter care more for "acting out" behaviours than do younger children.

The gender of the child is a relevant variable when behaviour problems are examined. Eighty-six instances were recorded for males as compared to 37 instances for females. As the number of males and females in the population are approximately equal, it is evident that behaviour problems affect more than twice as many males as females.

More males are likely to exhibit behaviours such as physical and verbal aggression, truancy, school problems and to be considered beyond parental control. The same numbers of substance abuse are recorded for males and females. Gabarino

et al (1986) and Packman et al (1986) also found that males exhibited higher levels of behaviour problems than females.

### 5.4.2 Child Refusing To Return Home

As Table 5 - 3 (p. 62) indicated, the child refusing to return home was considered to be a primary reason for care in 43.2% of the recorded child related reasons for care. It was considered contributory in only 2.6% of the reasons cited.

When the gender of the children refusing to return home was examined, it was found that 47.3% were male and 52.6% were female. This is comparable to the male/female breakdown in the entire sample. Thus, gender does not appear to be a factor when the child refusing to return home is considered.

Children who refused to return home were taken very seriously by social workers. In their refusal young people portrayed situations of neglect, abuse, family violence and/or alcohol abuse within their homes.

Some of these children approached guidance counsellors or other professionals asking for assistance to leave home. Others had already physically left and were taken into care to provide them with services under the Child Welfare Program. Some children were exhibiting acting out behaviours and as a part of this rebellion, refused to return home. In all such cases the refusal to live at home was considered the primary reason for entry into care. Cases were recorded in this manner

by social workers who indicated that had the young persons been agreeable to remaining at home or had there been other family members to care for them most of these children would not have entered care.

All of the children who refused to return home or who requested care were over 12 years of age. While not addressed in depth in the literature, this was not a unique finding as Besharov (1988), Hornby and Collins (1981), and Wittner (1981) also recorded similar instances.

The department's willingness to provide services to children who refuse to return home accepts children as having a right to have their wishes considered and to participate in decisions concerning their future.

Children have become more aware of their options and their alternatives, (i.e. that they do not have to live in situations of family violence or abuse). Teenagers are approaching service agencies and bringing their circumstances to the attention of those who can provide assistance to help alleviate their situation.

This group requires further study as children who refuse to live at home comprise a significant proportion of children over 12 years who enter care for child related reasons.

### 5.4.3 Child Physically or Mentally Ill or Disabled

This factor was considered the primary reason for care

for only one child - a male from a rural area under one year of age. It was recorded as contributory in only three other cases. Two of these cases were urban and one rural. One case was recorded in each of the age groups. The numbers in this category are so small that one can only conclude that very few children enter care because of their own physical disability.

Similar results were found for children considered mentally ill or disabled. It was considered as a reason for eight cases or 6.8% of the total contributory reasons (Table 5 - 3, p. 62 refers). The children for whom it was contributory were found in each age range. No child entered care primarily because of the mental illness or disability of the child.

In recent years the Department of Social Services has aggressively pursued a programme of deinstitutionalization for the developmentally delayed. In conjunction with this effort, a programme of home supports was established to assist parents of physically and/or mentally disabled children to support these children in their own homes. The low rate of entry into care because of the physical or mental illness or disability of the child is probably related to these policies and programmes.

No statistics are available from Social Services and no program evaluations have been reported which have assessed the impact of improved home support to such families. The

literature indicated that home supports are effective in maintaining families. The types of supportive services utilized and their effects on families of physically and or mentally disabled children could be the subject of a separate study.

### 5.4.4 Other Child Contributory Reasons

Promiscuity, child substance abuse, truancy and school behaviour problems were all recorded as contributing to children entering care but none of these factors or situations was considered a primary factor.

Promiscuity was recorded, when children were identified by parents or professionals and/or when the young people themselves admitted to frequent, indiscriminate sexual activity.

Only five children, all between the ages of 12 and 15 years, were recorded as being promiscuous. This behaviour was recorded more frequently for females than males. This indicates that sexually active females continue to be labelled. Social workers appear to share the bias that such activity, when engaged in by females is a problem behaviour. The sexual behaviour of males does not appear to be considered an issue by social workers or by parents. For the children for whom promiscuity was recorded as a contributory reason for care, the primary reason was recorded as parent requested care

or behaviour problems.

It is illegal for children to drink alcohol or engage in the use of illegal drugs. Indications that these behaviours were occurring was considered "substance abuse". In most cases, the reports of drinking or drug use originated from parents or schools. When asked about it, the young person usually admitted they had tried alcohol and in some cases, drugs but usually denied any abuse. Only seven instances were recorded as involving the use of alcohol or drugs. All these young people were between the ages of 12 and 15 years.

One boy, age 15 years, admitted to regular and long term use of alcohol and hashish. He was on probation for offenses which were associated with his use of alcohol. The primary recorded reason for entry into care for this boy was the parent's request that the child be removed from their home as they felt he was beyond their control.

Truancy was used to describe cases where children should have legally been in attendance at school but were absent from or refused to attend school. All children were registered at a school but many attended irregularly if at all. The actual number of days missed was not usually recorded in the file. Two children in the 6 - 11 year age range and thirteen of the children in the 12 - 15 year age range were recorded as being truant.

Where truancy was a contributory factor, behaviour problems or parent requested case were recorded as the primary

reasons for care.

School problems, as with truancy, were not identified as a primary reason for care for any child. In this category behaviour problems exhibited in school were recorded. These problems were identified by school professionals and were brought to the attention of the social worker by the school or the parents. The child did not come into care unless the problem occurred in conjunction with other problems. The most frequent combination was other behaviour problems and/or the parent's requesting care.

Problematic situations included incidents when the child was physically aggressive towards other students. For example, an adolescent became angry with a younger child and attempted to strangle him. The file reported that the young man had to be physically restrained to prevent him from seriously harming the child. Physical aggression was the most commonly identified cause of school behaviour problems. Others were destruction of school property; an example was breaking windows or punching holes in the walls. A child who was being disruptive to other students in the classroom was also considered a problem. Some of the actual behaviours recorded were: refusing to follow directions, making loud and offensive comments to teachers and other students, walking in and out of class at will, and slamming doors. Theft in the school was also included if the child had been formally charged.

School behaviour problems were recorded as contributory

in fifteen instances. Five children were in the 6 - 11 year old range and ten in the 12 - 15 year old group. Thus, as is the case with all the contributory behaviour related reasons for care, the oldest group of children are more likely to be recorded as exhibiting behaviour problems. It is interesting to note that school problems begin to be recorded as soon as children become school age. Further investigation of the relationship between school related problems and entry into care is warranted. Table 5 - 3 (p. 62) indicates that school problems and truancy comprise 25.6% of contributory reasons for care. Substance abuse, promiscuity and child mentally ill or disabled which were also only recorded as contributory comprised 17.1% of contributory reasons.

In all instances, the majority of children were over 12 years of age.

These results support the proposition that the child's own behaviour is a more relevant factor for older children than for younger children who entered care.

## 5.5 Summary

This chapter has demonstrated the relationship between recorded reasons for entry into care and age.

When the primary reasons for care are examined in relation to age, the propositions are supported. Children under 6 years of age enter care primarily for reasons related

to parental functioning or behaviour. Children over 12 years of age are most likely to enter care for reasons related to their own behaviour.

Children in the age group 6 - 11 years enter care, for parent and child related reasons.

The relationship of age to primary parent and child related reasons for care is illustrated in the following table:

Table 5 - 16

Primary Parent and Child Related Reasons for Care by Age

| Age | Parent Related N | % | Child Related N | % |
|---|---|---|---|---|
| 0 - 5 | 48 | 51.6 | 1 | 2.7 |
| 6 - 11 | 14 | 15.1 | 6 | 16.2 |
| 12 - 15 | 31 | 33.3 | 30 | 81.1 |
| Total | 93 | 100.0 | 37 | 100.0 |

This table indicates that parent reasons predominate for all age groups. As children get older, more factors are considered by social workers to be contributory. This is demonstrated in Table 5 - 17.

Table 5 - 17

Contributory Parent and Child Related

Reasons for Care by Age

| Age | Parent Related N | % | Child Related N | % |
|---|---|---|---|---|
| 0 - 5 | 35 | 45.5 | 5 | 4.3 |
| 6 - 11 | 16 | 20.8 | 22 | 18.8 |
| 12 - 15 | 26 | 33.8 | 90 | 76.9 |
| Totals | 77 | 100.0 | 117 | 100.0 |

For children in the 0 up to 6 years age group, parent reasons made up the majority of the recorded reasons for entry into care. The only child related reason was "child is physically ill or disabled". This category does not appear as a primary reason in any of the other age groups.

Parent requested care was the single predominant reason for care for the age group 0 up to 5 years. It played a lesser role in the 6 up to 11 age group but increased again for the 12 up to 15 year old group.

Age is related to reasons for entry into care in the direction anticipated by the propositions in that:

- the majority of children enter care for parent related reasons. This relationship is strongest for children under 6 years of age who as per proposition one, are likely to enter care for reasons related

to parental behaviour;

- children between 6 and 11 years do enter care for parent and child related reasons; as proposed, neither set of variables predominated;
- children over 12 years of age are likely to enter care for reasons related to their own behaviours more frequently than younger children.

These findings coincided with the conclusions reached in the literature.

# CHAPTER SIX

# FAMILY CIRCUMSTANCES

## 6.1 Family Circumstances

When studying children who enter care, it is necessary to also study some of the family circumstances which affect them. Areas explored in this study included whether the family was a single parent or two parent family and their housing and financial circumstances.

The distribution of children in single and two parent families is compared to the general population and related to age, gender, urban/rural breakdown, and parent and child related reasons for care. These are analyzed in the following sections. Income and the presence or absence of housing problems are also explored in relation to children entering care. These circumstances were examined as their influence on families whose children entered care was a frequent theme in the literature.

Proposition Four stated that:

> children from single parent families are more likely to enter care than children from two parent families.

In examining family composition, families were divided into 3 groups - one parent, two parent and other.

Single parent families were families where the child resided with one of the natural parents. Only 7% of these were male single parents, the reminder were female headed. Two parent families included both the natural parents and other unions where one of the parents was the natural parent.

"Other" was used to refer to cases where children were not living with a parent. In these instances, the child was residing with a relative such as a grandparent or had been adopted. Since this category included only four children, it was not maintained throughout the data analysis. These children form a separate group whose situation is unique. They are not included in this analysis, but could be the subject of a separate study.

Since statistics on family status are not collected by the Department of Social Services, no comparisons can be drawn with the entire population of children entering care. However, comparisons were made between the sample and statistics gathered on Newfoundland families by Statistics Canada (1986).

The breakdown is as follows:

Table 6 - 1

Family Composition

| | Sample | | Nfld. Population* | |
|---|---|---|---|---|
| | N | % | N | % |
| 1 Parent Family | 56 | 58.3 | 15,830 | 14.2 |
| 2 Parent Family | 40 | 41.7 | 95,610 | 85.8 |
| Totals | 96 | 100.0 | 111,435 | 100.0 |

* Statistics Canada: Census, 1986

Single parents make up 14.2% of the general population but they comprise 56% of the study sample. That children of single parent families enter care more frequently than children from two parent families is consistent with the findings of a number of researchers such as Cox & Cox (1985), Fisher et al (1986), Packman et al (1986), and Shapiro (1979),

Kadushin (1978) found, as did this study, that a larger percentage of families whose children enter care are headed by single parents. He found that children often are at high risk of foster care because they lack access to a supportive network of extended family members. Kadushin reasoned that single parent families have no one to take over when they are unable to care for their children; thus, the children enter care. Millham et al (1986), Gabarino et al (1986), Packman et al (1986), and Jones (1985) also found single parenthood and the supports available to a family to be related to children entering care.

## 6.2 Family Composition and Age

Age has been a central theme in this thesis. When the age of children who entered care is broken down by one or two parent families, the data indicates that children in the 0 - 5 year age range enter care more often from single parent families; however, children in the 12 - 15 year age range enter care more frequently from two parent families. Children 6 - 11 years enter care in the same proportions from one and two parent families. Table 6 - 2 demonstrates these patterns.

Table 6 - 2

Family Composition by Age

| | 1 - Parent | | 2 - Parent | | Totals | |
|---|---|---|---|---|---|---|
| Age | N | % | N | % | N | % |
| 0 - 5 | 27 | 48.2 | 14 | 35.0 | 41 | 42.7 |
| 6 - 11 | 11 | 19.6 | 7 | 17.5 | 18 | 18.8 |
| 12 - 15 | 18 | 32.1 | 19 | 47.5 | 37 | 38.5 |
| Totals | 56 | 99.9 | 40 | 100.0 | 96 | 100.0 |

It would appear that as children get older and are more able to take care of their own physical needs, a smaller percentage enter care from single parent families than from two-parent families.

This is an interesting finding as in Chapter 5 it was found that older children enter care more frequently for child related reasons. It would appear that either single parents are more tolerant of the behaviour of older children, the children of single parents come into care earlier so are not living at home during the difficult teen years, or teenagers of single parents exhibit fewer behaviour problems than those from two parent families. This relationship is further explored further in Section 6.5.

The relationship of gender to family composition is examined in the following section.

## 6.3 Gender

As the following table demonstrates, there appears to be no relationship between the sex of a child entering care and the family composition.

Table 6 - 3

Family Composition by Gender

| Sex | 1-Parent | | 2-Parent | | Totals | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Male | 31 | 54.4 | 21 | 52.5 | 52 | 54.2 |
| Female | 25 | 44.6 | 19 | 47.5 | 44 | 45.8 |
| Totals | 56 | 100.0 | 40 | 100.0 | 96 | 100.0 |

Both male and female children are as likely to enter care from single-parent as from two parent families.

Whether a family resided in urban or rural locations was also explored to see if there was a relationship between location and family composition.

## 6.4 Urban/Rural Distribution

The findings indicate that there are differences in the family composition of children who entered care from urban and rural centres. The following table illustrates that more children who entered care were from urban areas and lived in households headed by a single parent.

Table 6 - 4

Family Composition by Location

| | 1-Parent | | 2-Parent | | Total | |
|---|---|---|---|---|---|---|
| Location | N | % | N | % | N | % |
| Urban | 34 | 60.7 | 18 | 45.0 | 52 | 54.2 |
| Rural | 22 | 39.3 | 22 | 55.0 | 44 | 45.8 |
| Totals | 56 | 100.0 | 40 | 100.0 | 96 | 100.0 |

Children from single parent families who entered care came from urban areas 60.7% of the time whereas, only 45% of children from two-parent families came from urban areas.

One interesting piece of information which was not available in the files was the length of time families resided in the area in which the child came into care. Files often refer to the family having come from another area but there is frequently no reference as to why the family moved, how frequently, or how long they have been at their current location.

This raises some interesting questions about family composition and location which are beyond the scope of this study. Some areas for further exploration are:

- the origins of single parent families in urban and rural centres. For example, do many of these families come from rural areas and thus, not have the personal supports they need in the urban environment to keep their families intact;
- the nature of the support systems for each and how they differ in urban and rural locations.

The relationship of family composition to parent and child related reasons for care is explored in the following sections.

## 6.5 Parent and Child Related Reasons for Care

The purpose of this section is to demonstrate the relationship of the parent and child related variables to children entering care from one and two parent families.

The primary and contributory recorded reasons for care have been combined in the following tables.

Table 6 - 5

Family Composition by Parent Related Reasons for Care

| | 1 - Parent | | 2 - Parent | | Totals | |
|---|---|---|---|---|---|---|
| Reason | N | % | N | % | N | % |
| Neglect | 20 | 19.0 | 9 | 15.3 | 29 | 17.7 |
| Physical Abuse | 4 | 3.8 | 13 | 22.0 | 17 | 10.4 |
| Sexual Abuse | 2 | 1.9 | 4 | 6.8 | 6 | 3.7 |
| Desertion | 8 | 7.6 | 1 | 1.7 | 9 | 5.5 |
| Parent Requested Care | 33 | 31.4 | 16 | 27.1 | 49 | 29.9 |
| Parent Mentally Disabled | 13 | 12.4 | 1 | 1.7 | 14 | 8.5 |
| Parent Physically Disabled | 3 | 2.9 | 2 | 3.4 | 5 | 3.0 |
| Parent Substance Abuse | 22 | 20.9 | 13 | 22.0 | 35 | 21.3 |
| Totals | 105 | 99.9 | 59 | 100.0 | 164 | 100.0 |

As the above table illustrates, parent related reasons for care occur more frequently in single parent than two - parent families. However, when physical and sexual abuse are examined, it becomes apparent that these forms of abuse occur more frequently in two parent families. This is an interesting and important finding which warrants further study.

Children whose parents are physically ill or disabled

enter care at approximately the same rate from both single parent and two parent families.

Children from single parent families whose parent is mentally ill or disabled are more likely to enter care than children from two parent families whose parent becomes mentally ill. A possible explanation for this finding relates to the issue of family supports. As the period of incapacity is less defined for a mental illness than a physical illness or disability a single parent may have greater difficulty in locating someone willing and reliable to care for children when they are not able to do so themselves. (Pardeck, 1988)

"Parent's request care" as a variable is almost equally divided between children from one and two parent families. A further analysis of this variable reveals that this is a primary reason for entry into care for single parents more often than for two parent families. Of the 39 situations where this was a primary reason for entry into care, 27 (69.2%) of the instances were single parent families.

Table 6 - 6 combines primary and contributory child related reasons for care to demonstrate the relationship to and family composition.

Table 6 - 6

Family Composition by Child Related Reasons

| Reasons | 1 - parent N | % | 2 - parent N | % | Total N | % |
|---|---|---|---|---|---|---|
| Child Mentally Disabled | 4 | 6.0 | 4 | 4.8 | 8 | 5.3 |
| Child Physically Disabled | 1 | 1.5 | 2 | 2.4 | 3 | 2.0 |
| Promiscuous | 3 | 4.5 | 2 | 2.4 | 5 | 3.3 |
| Substance Abuse | 2 | 3.0 | 5 | 5.9 | 7 | 4.6 |
| Child Refusing to Return Home | 8 | 11.9 | 11 | 13.1 | 19 | 12.6 |
| Truancy | 7 | 10.4 | 8 | 9.5 | 15 | 9.9 |
| School Problems | 5 | 7.5 | 10 | 11.9 | 15 | 9.9 |
| Behaviour Problems | 37 | 55.2 | 42 | 50.0 | 79 | 52.3 |
| Totals | 67 | 100.0 | 84 | 100.0 | 151 | 99.9 |

There appeared to be very little difference between family composition and child related reasons for entry into care. This is true for reasons such as "child behaviour problems", and "the child refusing to return home" which were recorded as both primary and contributory and for reasons which were recorded as only contributory such as promiscuity, truancy and school behaviour problems.

A critical determinant in entry into care appears to be the social and personal supports available to single parent families. Kadushin (1978) found that families are often at

high risk for foster care because they lack access to a supportive network. Gabarino (1976) in his study of ecological correlates of child abuse found that one way of dealing with the social problem of child abuse would be to focus on providing supports to mothers.

Analysis of the above tables reinforces the conclusion that a major influence on parent related reasons for care especially for single parents, is the lack of supports. For example, in a two-parent family, if one parent deserts the family, the children are not likely to have to come into care. Likewise, if one parent is ill, disabled or impaired, there is a second parent to care for the children.

In analyzing family composition and its relationship to entry into care, one finds that the majority of children who enter care come from single parent families as Proposition Four stated. The research indicates that the greater portion of these children are under 6 years and enter care for parent related reasons as Proposition One predicted. Thus, the findings support these propositions.

However, the question must be asked whether many of these children would be in care if appropriate in-home supports were available. The appropriate use of supportive services in protection cases, particularly where the family is headed by a single parent, requires further study.

## 6.6 Financial Circumstances

According to proposition five, there is a relationship between financial circumstances and entry into care.

This proposition is supported when one looks at the percentage of children in the study whose parents were in receipt of social assistance, a source of income which is commonly associated with poverty.

In the general population, Lawrence (1989, p. 22) found that "lone-parent families are generally poorer than husband/wife families and consequently children in lone-parent families (particularly female headed) are financially worse off." She found "female single-parent families with three or more children have an average income which is much lower than the average income for comparable husband/wife families and male single parent families" (Lawrence, 1989, p.22).

Lawrence (1989, p. 27) further stated that "Newfoundland was plagued by poverty and unemployment and that given social assistance rates, families on social assistance are clearly in dire poverty." When the income sources of the parents of children in care were reviewed, it was evident that children who come into care are predominantly from poor families.

In this study, information about sources of income was recorded for both male and female parents.

The sources of income were recorded as being unemployment insurance, social assistance, canada pension, employment and

training allowances. Categories were also maintained for "other" and no income source recorded.

When female income sources were analyzed, it was determined that in 64 of the 80 recorded cases (80%) the income was recorded as social assistance. The percentage recorded as being employed and as being in receipt of unemployment insurance was the same - 7.5%.

Income was recorded for 46 males. Of these 22 or 47.8% were in receipt of social assistance, 5 or 10.9% were in receipt of unemployment insurance and 18 or 39.1% were employed. Thus, while the majority were still in receipt of social assistance, the percentage employed and receiving unemployment insurance far exceeded that for females.

However, when family composition is analyzed by income source, we find 47.2% of single parents and 23.6% of two-parent families were in receipt of social assistance. These families have fewer resources and a reduced capacity to utilize alternatives other than care for their children. Of parents who requested care 73.4% were in receipt of social assistance.

Recipients of social assistance are overrepresented in the families of children entering care. Lawrence (1989, p.27) stated that 10.4% of all families were in receipt of social assistance. It appears that there is a strong relationship between poverty and entry into care when the proportion of social assistance families in the sample is compared with

those in the general population.

The findings of the research supported the literature and the proposition that children who enter care are more likely to come from low income families. This finding was supported by Garbarino et al (1986), Gruber (1978), Jones et al (1976), Pare and Torczyner (1977), Pardeck (1988), and Sauber (1967). Low income families often do not have the financial resources to care for their children or the economic supports necessary to provide other types of alternate care. The personal pressures associated with low income contribute to the overall stress and problems these families experience.

Packman et al (1986) found that financial hardships sometimes went hand in hand with accommodation problems. The following section explores the relationship between housing problems and the entry of children into care.

## 6.7 Housing

Housing was not recorded as a reason for care; however, the presence of housing problems was noted. Housing problems were defined as occurring when a family was living in housing that did not meet their needs due tc the physical condition of the house, overcrowding, or no housing at all.

"No housing" included situations where persons had been "put out" of their home, had been victims of a fire, or had returned to the province with no housing arrangements. Housing

was reported by social workers as a problem in 20.4% of cases.

Lack of water and sewer and/or electricity were among the housing problems identified by the researcher prior to examining files. However, this was not noted by social workers as a problem unless it occurred in combination with factors such as overcrowding or a dilapidated house. In these situations, the emphasis was on the general conditions of the home in relation to community standards and not the lack of water, sewer or electricity.

Social workers appeared to relate housing problems to entry into care only when the client had no where to live or when the accommodations were unsafe for the children. Twenty instances of housing problems were reported.

However, of the 20 instances of housing problems that were recorded, 68.4% were single parent (N = 13 families), 31.6% (N = 6) were two-parent families. Different types of housing problems were experienced by each group. For two-parent families eviction or dilapidated conditions were the major problems. For single parent families, the main problems were overcrowding, no housing, and eviction in that order.

Of the 20 families who experienced housing problems, 55% requested care for their children. Thus, housing problems appear to be a factor in a parent's decision to request care.

## 6.8 Summary

When family circumstances are examined in relation to children who have entered care, the following characteristics emerge:

- children under 6 enter care more frequently from single parent families;
- children between 6 and 11 years enter care in equal proportions from one and two parent families;
- children 12 years and over enter care more frequently from two - parent families;
- male and female children enter care in similar proportions from one and two parent families;
- children from two parent families entered care more frequently from rural areas;
- children from single parent families entered care more frequently from urban areas;
- children from single parent families enter care more frequently for parent related reasons;
- the majority of families whose children enter care are headed by female single parents;
- the primary income source for families whose children enter care is Social Assistance; and
- one fifth (20%) of the families were experiencing housing problems when the child entered care.

The picture which emerges is consistent with propositions 4 and 5 which indicate that the majority of children enter care from single parent families and families who receive social assistance.

# CHAPTER SEVEN

# SUMMARY AND RECOMMENDATIONS FOR FUTURE STUDY

## 7.1 Introduction

This research has attempted to explore the recorded reasons for entry into care of children in Newfoundland and Labrador during a two year period.

Case files were used to obtain information which was recorded on a previously designed data retrieval sheet. Five propositions were formulated which focused the research by identifying potential relationships. Briefly summarized, the propositions proposed that young children, would be more likely to enter care for reasons related to the parents' behaviour, older children would be more likely to enter care for reasons related to their own behaviour and children in the mid age range would likely enter care for both parent and child related reasons.

It was further proposed that children from single parent families would be more likely to enter care than children from two parent families and that children whose families are in receipt of social assistance would enter care more frequently

than children from other income groups.

For the sample studied, the breakdown of reasons for care was 71.5% parent related and 28.5% child related. When each age group was examined separately, it was found that:

- 42% of the children in the study, as compared to 33% of all children in the province, were in the 0 - 5 year age group. Thus, this age group was over-represented in the study. Of this group 98% entered care primarily for parent related reasons.
- 18% of the children in the study, as compared to 37.9% of children in the province, were in the age range 6 - 11 years. This group was under-represented the study. The findings indicate that 70% of the group entered care for parent related and 30% for child related reasons. This was within 2 percentage points of the breakdown for the entire sample; thus, no strong trends existed for this age group.
- 40% of children in the study, as compared to 29.1% of children in the population at large, were in the 12-15 year age range. This indicated that children in this group were over-represented in the sample. Forty-nine percent of this group entered care for reasons related to their own behaviour. This percentage exceeded that of children in the entire sample who entered care for these reasons by 20.6%. This indicated that children aged 12 - 15 years were

more likely to enter care for reasons related to their own behaviour than are children in the other age groups.

The majority of children in the sample came from single parent families and from families in receipt of social assistance. These groups are overrepresented in the sample. Fifty-eight percent of the children were from single parent families; whereas, single parent families made up only 14.2% of the Newfoundland population (Statistics Canada: 1986).

Families in receipt of social assistance made up over 70% of the sample under study; but made up only 10.4% of the general population (Lawrence, 1989).

These findings are further discussed in the following sections.

## 7.2 Findings Regarding Children Ages 0 - 5 Years

The findings indicated that parent related reasons for care were recorded for 98% of children in the 0 - 5 year old group.

The majority of children in this age group entered care as a result of neglect or the parent's request for care. These factors made up 69.4% of the recorded reasons for care for this age group.

Physical abuse resulted in care for only 4.1% of children in this age group. This exceeded the percentage for the 6 -

11 year old group, but was only half the percentage for the 12 - 15 year old group. There are a number of possible explanations for this finding. For example, Physical abuse of young children is harder to detect than for older children. Younger children are frequently not exposed to systems outside their families which could report any suspected abuse and are too young to recognize or report maltreatment. For older children, the alleged abuse frequently came to the attention of a social worker through self-referral or through a referral from a teacher or some other professional. This reporting avenue is not usually available to young children. No children in the mid age group were reported as entering care directly as a result of physical abuse but many older children who reported abuse stated that it had been occurring for a number of years.

Neglect was recorded as the primary reason for entry into care for 24.5% of the children in this age group. Neglect was also the primary reason for entry into care for a quarter of the children in the 6 - 11 year old group; whereas, it was only recorded for 1.6% of children in the oldest group.

There are possible explanations for this finding. It is the youngest children, who are the most dependent and require the most physical care and supervision, who are most affected by neglect. These children are the least able to provide for themselves without the assistance of a capable caregiver.

Neglect frequently results from a lack of understanding and knowledge or an inability or unwillingness on the part of parents to care for their children rather than from a deliberate attempt to harm a child. If successful efforts are made to alleviate the situation and to strengthen families, children could be prevented from entering care. The literature and this study indicated that supports have a critical role to play in preventing young children from entering care.

The files indicated that, in some cases, homemaker services and/or day care services had been provided in an effort to alleviate a neglectful situation and enhance the level of care. In the majority of cases, however, it appeared that social work counselling and referral to a medical professional such as a psychiatrist or public health nurse were the services most frequently utilized.

Support services are designed to either teach parents how to manage their homes and care for the social, emotional and developmental needs of their children, or to relieve the stresses associated with child care. Some examples of support services used to improve skills are parenting courses, assistance with budgeting, meal planning, household management and general housekeeping techniques. Other services which have been employed to assist parents in caring appropriately for their children are babysitting, 24 hour homemaker services, transportation, improved housing, self-help groups and recreational activities for the parent and the child. The goal

in providing these services is to assist parents in the care of their children and to prevent these children from entering care.

The need for the provision of support services to assist parents is a recurrent theme in the literature. The high incidence of children under 12 years who entered care due to neglect in this province is a reflection of the lack of the availability of such services.

This finding is reinforced by the fact that 44.9% of children 0 - 5 years, entered care through voluntary agreements. In many of these instances parents may have requested a service because they recognized they could not cope with the care of their children. As other supports are not readily available or affordable, parents requested the service with which they were familiar i.e. care. These parents recognized the existence of a problem and were motivated to seek help. One can expect that they would have accepted and benefited from supportive services were they offered as an alternative.

Twelve percent of children 0 - 5 years entered care due to the parents mental or physical illness or disability. Services such as homemaker could have prevented some of these children from entering care. Such services could enable the child to continue to reside for in his/her own home, even though the parent is unable to provide care. Clearly, this alternative would be less disruptive for the child.

Children in the age group 0 - 5 years are completely dependent on their adult caregivers for all the necessities of life. When parents did not have the knowledge, ability or resources to care for their children, various types of assistance were required. Supportive services would not prevent every child in this age range from entering care. There are families who are so dysfunctional that they pose a physical risk to the child. Such families require other types of services. However, it would appear from this research and the literature that supportive services would alleviate a number of the problems families experience. This, in turn, would reduce the number of children in the 0 - 5 year age range who enter care.

### 5.3 Findings Regarding Children Ages 6 - 11 Years

The findings of this study indicated that children in this age range entered care less frequently than those in the other two age groups. When reasons for care were examined, it was evident that no strong trends existed for children 6 11 years.

When individual reasons for care were examined, it was found that no children in this age range entered care primarily for reasons related to physical abuse. Children did enter care for reasons related to sexual abuse at a higher rate than children in the oldest age group. No child in the

0 - 5 year old group entered care due to sexual abuse; however, after abuse was disclosed by older children, it was frequently revealed that the abuse had been ongoing for several years.

This was not interpreted to mean that children in the 6 - 11 year age range are more likely to be sexually abused. Rather, they are more likely to enter care as a result of the abuse than children in the older age group.

It would appear that attendance at school results in this age group coming to the attention of others as possible victims of sexual abuse. The vulnerability and dependence of this group, as opposed to older children, may lead to more of them entering care as a result of the abuse. The majority of children entered care as a result of incest rather than sexual assaults by persons from outside the home. One reason for this is that when the perpetrator is someone outside the home the child is more likely to be protected by the family and is in less danger of the assault being repeated. Thus, removal from the home is not necessary.

Children in the 6 - 11 year old group entered care in the same proportion as the younger group for reasons related to neglect. One quarter of the children in this age range as compared to less than 2% of the 12 - 15 year olds entered care as a result of neglect. Such a finding indicates that children 6 - 11 years are just as vulnerable and in need of services to prevent neglect as are children in the 0 - 5 group.

Much of the discussion regarding the need for supportive services to prevent children 0 - 5 years from entering care is applicable to this age group. There are other types of services required related to the different developmental needs of this older group. Supports such as homemaker services and parenting courses are still necessary, but this group would also benefit from additional services such as tutoring, after school and recreational programmes.

While a parent's physical illness did not affect any children in this age range, the parent's mental illness affected approximately the same percentage of children in this group as in the 0 - 5 year age range (i.e. 10%). This again highlights the similarities between this group and the 0 - 5 year olds. As with the younger child, illness would appear to be a situation where supports such as homemaking services could reduce the necessity of children entering care.

The parent's request for care or entering into a voluntary care agreement was among the major reasons for entry into care for the population as a whole. This was not the trend for children in the 6 - 11 year old age group.

It would appear that as children in this age group require less physical care than younger children and as they are in school, pressures on the family are somewhat reduced. Parents apparently feel more able to cope with the demands of this age group than of younger or older children and, as the findings indicated, do not request care for these children as

frequently as those in the other age groups.

The only child related reason for care which affected this age group was behaviour problems. Thirty percent of children in the 6 - 11 year old age range entered care for this reason. These were children recorded as being beyond the control of their parents. Among the behaviours described were verbal and physical aggression, defiance, destroying property, setting fires, shop-lifting, car theft, refusing to `do as they are told', and a total lack of respect for parents or other authority figures.

If such children are to learn more appropriate and acceptable behaviours, both the children and parents require a variety of services. In some of the files various supports such as respite, behaviour management services and psychological services were made available after the child came into care. The question must be raised why these services were not put in place to prevent the child from entering care, particularly if the parents were capable of utilizing the services and were receptive to improving their parenting skills.

Services which enhance parenting abilities better equip parents to cope with their child care responsibilities. More appropriate care may reduce the child behaviour problems which resulted in many of the children in this age group entering care.

Children in the 6 - 11 year old group appear to be perceived by parents as not needing as much care as the younger children and as being easier to manage than the older children. This is apparent from the fact that while 30% were recorded as entering care for behaviour problems, fewer parents requested care for this group than for any other.

This review of the reasons for care for 6 - 11 year olds, again points out the necessity for appropriate and affordable support services to prevent children from entering care.

## 7.4 Findings Regarding Children Age 12 - 15 Years

Children aged 12 - 15 years entered care more frequently for reasons related to their own behaviour than any other group.

Physical abuse was more prevalent for this group than for children in any other age range. One justification for the abuse, cited by parents, was their frustration and inability to cope with behaviours exhibited by children 12 - 15 years of age. The physical abuse, which rarely resulted in severe injuries, was often explained by parents as resulting from an attempt to discipline a child. The abuse was frequently blamed by the parent on the child's behaviour. The child saw the parent as at fault. The interpretation of a particular action appeared to be different for the child, the parent and the social worker. Many of these children disclosed

situations of family violence and abuse which had been occurring for a number of years. The higher incidence of physical abuse for this group coincided with the findings in the literature.

Sexual abuse as a recorded reason for care also affected this age group but to a lesser degree than children in the 6 - 11 year old group. The percentage of children who enter care as a result of reported sexual abuse was less; however, this result does not indicate that fewer children in this age range are abused. Older children are better able to report abuse and they may be considered, by the professionals involved, to be better able to protect themselves from further abuse than a younger child. As a result they are not placed in care as frequently.

In this province, the awareness of child abuse, both physical, and sexual, has grown considerably over the past year. The issue of abuse is under scrutiny, at the present time, by the Hughes' Royal Commission. The Commission is investigating allegations of abuse at Mount Cashel Home for boys during the mid 1970s; and in particular the social services and legal systems response to the abuse. It is hoped that the results of the Commission will lead to a more effective response to abuse within the province. Programmes, policies and laws which encourage the removal of the offender, rather than the child, would assist in dealing with this issue in a manner which enables the child to remain at home without

risk of further abuse.

Very few services are available to children and families who experience sexual or physical abuse. The situation has improved somewhat since the Badgley Report (1984); however, the lack of appropriate co-ordinated services highlighted by Badgeley still exists. Programmes must be put in place to encourage the early reporting of family violence, and physical and sexual abuse. Preventative services and treatment for parents and children should result in fewer children being abused and fewer of those who are abused entering care.

The parent's request for care affected one quarter of the children in this age range as it did with children in the 0-5 year group. The parent's request for care can be interpreted as a request for service.

The predominant reason for the request was recorded as the child's behaviour. Parents who recognized their inability to cope with and help their children through various behaviourial and emotional problems requested the child be placed in care. Removal from the home was seen as the only viable option to an intolerable situation.

Again the question arises whether the provision of appropriate supports could have alleviated the situation and prevented some children from entering care. Not all children can be prevented from entering care through improving family functioning. But, since the most difficult group to place in appropriate care are teenagers with behaviour problems, it

would benefit both the child, the family and the care system to provide increased support services. Length of time in care could probably be shortened with the provision of appropriate in home supports.

Children refusing to return home was a reason for care for 26% of children in the 12 - 15 year age range. This was a surprising finding as while the problem of "street kids" was addressed in the literature, the phenomena of children refusing to return home was recognized but not discussed in the any depth. The 12 - 15 year age group are more independent and have developed more personal networks than younger children. They appear to be more aware of their rights and are exercising these rights by refusing to live in situations of abuse or family violence.

Teenagers are taking more control over their lives and their requests that they not live at home are being taken very seriously by social workers. In some cases, this refusal is the young person's way of requesting assistance when they are unable or unprepared to articulate the problems in the home situation. In some instances, the request by the child that he/she not live at home was reinforced by the parents who also expressed the view that the child would be "better off" somewhere else.

In my experience with the Department of Social Services and in discussions with other professionals involved with teenagers, it appears that children requesting to leave home

and requesting the assistance of the care system is a relatively new phenomenon in this province. Further study of this area is recommended.

The child's own behaviour is perceived by social workers as playing a major role in the entry into care for this age group. The onus does not appear to be placed on what is often an ineffective, dysfunctional family situation. The extent of the problems experienced by this age group reinforces the need for services for them and also the need for services to families with young children. A concentrated effort to provide services to families of young children should help prevent many of the problems experienced by older children and their families which led to them entering care.

## 7.5 Family Circumstances

There were several findings in the study related to income and family composition.

The female headed single-parent family is overrepresented in the study as are families who are in receipt of social assistance. There appears to be a definite relationship between single parenthood, the receipt of social assistance and children entering care.

As chapter 6 demonstrated, parent related reasons for care occur more frequently in single parent than two parent families. One important exception to this is that physical

and sexual abuse were found to occur more frequently in two parent than in single parent families. This finding coincides with the literature which indicated that the majority of perpetrators in sexual abuse cases are male. Likewise, where there is family violence, such as wife battering and physical abuse, the majority of abusers are male. Thus, if there is no male in the home, it is possible that the likelihood of a child being abused in the home is reduced.

A result of the combination of female single parenthood and poverty is that these parents have few resources and are unable to access supportive services. If a single parent becomes ill, or so stressed as to be unable to cope with child care responsibilities, there are very few options. The supports needed to prevent care in such circumstances are either not available or are so costly that the female single parent cannot access them. A network of support services would undoubtedly prevent children from poor families from entering care.

The majority of children who come into care are from families who are in receipt of social assistance. Unfortunately, this system does not provide supportive services to families. Services, such as tutors, school transportation, respite, child care, and homemaking are rarely, if ever, provided through social assistance.

There appears to be a general systems failure in meeting the needs of poor, female headed, single parent families. This

gap in services must be addressed if children are to be prevented from entering care.

There must be a recognition that the system fails to meet the needs of women and the poor. This results in children, particularly children in the 0 - 5 year age range, entering care. The data demonstrates that many of the children in care are "system created". Removal of a child from a parent is not only a comment on the failure of that parent but on the failure of the system. It is crucial that there be changes within the system if the needs of these groups are to be met and children are to be prevented from entering care.

## 7.6 General Discussion

The reasons recorded for care in this province as determined by this study are similar to those reported in the literature. This indicates that while, as a province, Newfoundland may have various unique characteristics, problematic families do not vary a great deal from families in other areas.

A consistent theme in the literature is that families experiencing problems benefit from an array of preventative and supportive services ranging from assistance with transportation or child care to intensive treatment programmes. The development of such programmes must allow for creativity and flexibility if the varied needs of the children

and their families are to be met.

The findings of this study indicate that children who enter care are, to a large extent, from single parent families who are in receipt of social assistance. This combination of circumstances causes stress for families.

In reviewing the case files for this study it was evident that with the exception of a very few cases, only traditional types of services such as social work intervention and referral to medical professionals (doctors or public health nurses) are the major formal services provided to families whose children have entered care.

Cameron and Rothery (1985) stated that finding an acceptable balance between the protection of children and the support of families remains a perplexing problem in child welfare. They distinguished between interventions that focus upon changing individuals and families and those intended to support them. They pointed out that in practice there are many fruitful combinations of the two approaches. The files examined for this study also illustrated a need for assistance and supportive services to parents to help them better cope with personal, emotional and social problems and to enable them to improve their child rearing practices. Efforts to enhance and reinforce family competence to ensure a safe environment for children are required.

There is little emphasis in this province on the provision of services to families to prevent children from

coming into care; yet, there are many services provided to the children after they have entered care.

Large institutions for the mentally and physically handicapped have been closed in the province. The successful use of in-home supports has been demonstrated by the mental retardation and child welfare allowance programs that provide assistance to physically and mentally handicapped children in their own homes. Less than 1% of children entered care because of illness or disability and it was contributory in only 5.7% of cases. This type of assistance is a model that could be successfully expanded to include children in need of protection.

Such a program may not only prevent some children from coming into care but would be cost effective. Providing services in the home would be less costly than formalized care. Expenditures related to foster care and accommodation in other residential facilities would be reduced. This is not to deny the necessity of any child entering care; but, it may not be necessary for over 400 children per year to enter the care system in this province (Department of Social Services, 1988).

Solnit (1979) recommended that a child should be removed from the home only when it is essential for their physical health and safety. If the child welfare philosophy, of keeping families together and enhancing their functioning is to be implemented, more services are required so that the removal

of children from their homes is a solution of last resort.

## 7.7 Areas for Future Study

Throughout this paper, areas for future study have been highlighted. Some topics, which were beyond the scope of this research, have been articulated in this section and are recommended for further study.

One area recommended for study is an investigation of the variables which distinguished the families on protection caseloads where children remain at home from those whose children actually enter care. A comparative study examining the situations, resources, services and supports provided to both types of families would help distinguished the factors which cause one child to enter care as opposed to another.

A second area recommended for study is the parent's request for care. Such a study should include information gathered from parents who have requested or agreed to placement, the social worker, and the children themselves.

Among the issues for research in this area are: What was the parents' motivation in seeking care? How do parents perceive voluntary agreements? Is the orientation of social workers more family focused when voluntary agreements are used as Packman et al, (1986) alleged? Does the child and family play a larger role and have more input into the child being in care when voluntary agreements are used as opposed to the

court process? The literature was not definitive as to the positive or negative aspects of using voluntary agreements. An exploratory study which investigated the use of such agreements and the impact on families would result in a better understanding of this issue.

A third recommended study involves children over 12 years of age who request care or refuse to return home. This issue did not appear to be addressed in the literature although Besharov (1988), Hornby and Collins (1981), Packman et al (1986), Wittner (1987), and all acknowledged that it occurred. Some of the questions to be answered by such research could relate to identification of the family situation and personal and emotional problems. How do these compare with children who run away? Children refusing to return home is a significant emerging issue requiring research to better understand what is happening. Without a better understanding of this phenomenon, services cannot be developed to meet the needs of the children and their families.

Another area for research could be an extension of the present study. Further research is required to explore the perceptions of the parents whose children entered care and of the children themselves. Their perceptions of the reasons for care and the services available should be explored. The correlation between how parents and children see their problems as compared to the social worker's perception would be very useful data to have in designing appropriate services.

## 7.8 Conclusion

Like Packman (1986) in her research, this study has not attempted to specify the influence any one factor alone has had on a child entering care. However, some insights have been provided into major problem areas.

The literature and the findings from this study are consistent in that the parent related reasons for care most commonly recorded were abuse, neglect and the parent's inability or unwillingness to care for their children. In this study, physical abuse, sexual abuse, neglect, and parent requested care were the major parent related reasons.

The most predominant child related reasons were the child's own behaviour problems and for children aged 12 - 15 years, the child's request for care or refusal to return home.

The study also found that single parents and families in receipt of social assistance were overrepresented. These factors, alone or in combination with each other, affected the majority of children who entered care.

The findings are useful to policy makers and service providers. As Craft et al, (1980, p. 65) stated "a recurring concern in service planning and administration is to project service needs". These projections will only be as good as the data base from which they are derived. This study has added to the data base and can be utilized to contribute to the development and provision of appropriate services to meet the

needs of families and children.

Attempts to discern the exact reasons why children enter out-of-home care are more than an academic exercise. (Stein,1981, p. 72) They are important because resources to assist problematic families should be designed to meet the types of problems these families are experiencing.

Cox and Cox (1984, p. 195) stated that "even disrupted families with severe problems usually have strong emotional bonds" and that disrupting these bonds may be depriving the child of his or her most valuable asset.

Child welfare workers are often confronted with the decision to either place children in out-of-home care or allow them to remain in questionable circumstances in which they may be at risk of physical or emotional harm. The decision to place a child or allow him/her to remain at home is an extremely difficult one with serious implications.

The practice philosophy of child welfare services today is the preservation of family life. Although not always attainable, the goal is to ensure the well-being of children by maintaining or restoring adequate parental care. It is hoped that this study, in its exploration of the recorded reasons why children enter care, its emphasis on the need for the provision of appropriate supportive services, and its recommendations for future study will bring social work in this province a step closer to achieving this goal.

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## APPENDIX A

## DATA RETRIEVAL SHEET

Form __ of __

Case #_____ Community_____ U____ R____

Date of Admission_____ to _____
YR MO YR MO

Length of Time in Care MOS ____

Siblings in Care Yes___ No___ if yes #____

Siblings under 16 not in care Yes___ No___ if yes #____

Sex____ Age at Entry into Care months_____

Legal Status_____

Comments_____

_____

REASONS FOR CARE (P-primary C-contributary )

Physical Abuse: P____ C_____

Type_____

_____

Comments_____

_____

Sexual Abuse: P _____ C _____

Type (Incest/Third Party)_____

_____

Comments_____

_____

Neglect: P _____ C _____

Type _____

_____

Comments _____

_____

Parent Physically Ill/Disabled: Yes____ No___ P__ C__

Parent mentally Ill/Disabled: Yes____ No___ P __ C__

Substance Abuse by Parent: Yes____ No___ P __ C__

Desertion/Abandonment by Parent: Yes____ No___ P __ C__

Parent Requested Care: Yes____ No___ P__ C__

Housing Problems : Yes____ No___

If Yes - Comments_____

_____

Income of custodial parent(s) :

| | Mother | | Father | |
|---|---|---|---|---|
| Social Assistance | Yes____ | No _____ | Yes____ | No_____ |
| U.I.C. | Yes_____ | No _____ | Yes ____ | No ____ |
| Employed | Yes___ | No _____ | Yes ____ | No _____ |

Other _____

_____

Child Physically Ill/Disabled Yes____ No___P___ C____

Child Mentally Ill/Disabled Yes____ No___P___ C____

Substance Abuse by Child Yes____ No___P____ C____

Child Physically Aggressive Yes____ No___P ___ C____

Child Verbally Aggressive Yes____ No___ P ___ C____

Truancy Yes____ No___ P___ C____

Promiscuity Yes____ No___ P___ C____

Child Refusing to Return Home Yes____ No___ P___ C____

Personality/Behavior of Child Yes____ No___ P___ C____

Comments:_____

_____

School Problems Yes ____ No____ P ___ C ___

Comments:_____

_____

Education of Custodial Parents:

Mother Grade _____ Tech_____ Univer._____

Father Grade _____ Tech_____ Univer._____

Custodial Family Composition:

Mother Yes___ No_____ Father Yes____ No_____

Single Parent Yes____ No____ Sex _____

Stepparent Yes____ No____ Sex _____

Other Yes____ No___ (If Yes Specify)_____

Other comments:

Date Completed_____ Signature _____

## Appendix B

### Definitions

Age at Entry into Care: The child's age, in months, was recorded at the time of entry into care. For coding and analysis purposes, these numbers were later reduced into years.

Case Number: Every child identified as having entered care during the period under study was assigned a number ranging from 001 to 698. A table of random numbers was then used to select cases for study from the population. The case number selected was entered on each sheet to identify the file, yet maintain the anonymity of the child.

Child Behaviour Problems: This term denoted that the child's behaviour was identified as a problem. Activities such as theft, lying, defiance, staying out all night, self-destruction, beyond parental control, physical aggression and verbal aggression were included.

Child Physically Aggressive: This category referred to a child who was physically aggressive towards parents, siblings, other children or himself. Physical aggression included slapping,

punching, kicking or otherwise attempting to injure someone. Included also is the destruction of property.

Child Refusing to Return Home: This category referred to a child who had run away from home or who had left home and refused to return. The child may have requested alternate placement or have accommodations and be requesting financial or other services.

Community: The actual name of the community in which the family resided when the child came into care was recorded.

Contributory As applied to reasons for care meant those reasons which of themselves did not cause the entry into care but their presence contributed to the social worker and/or the parents' decision to place the child in care. Many factors such as illness, substance abuse, behaviour problems could be primary or contributory depending on the context in which they occurred.

Date of Most Recent Admission and Discharge: This was broken down into the year and month the child most recently entered care and the year and month the child was discharged from care. Children remaining in care as of February 28, 1989 were

noted.

Desertion/Abandonment: This category indicated the absence of the parent/caregiver and an inability to contact the person.

Education: The actual educational level of custodial parents was recorded. These categories were reduced for coding purposes to grades 0 - 4, 5 - 8, 9 - 12, technical and university training.

Family composition: This category referred to the composition of the family in which the child resided when coming into care such as single parent, two parent family, and other arrangements. step-parent and sex; grandparents; adoptive parents and other.

Form__of__: This was used to indicate other forms had been completed as the child had had previous admissions to care. The most recent admission was considered admission 1; the preceding admissions were numbered in descending order. e.g. next most recent admission was coded 2.

Gender: Male or female was indicated.

Housing Problems: This category indicated that the family was living in housing which had been identified as not meeting their needs. Items such as having an eviction notice, sharing/overcrowded

conditions, home in poor repair, no water/sewage or electricity, and lack of available housing were considered "housing problems".

Income: This category was operationalized in terms of income source such as social assistance, unemployment insurance, earnings, Canada Pension and training allowances. The adequacy of income was not considered.

Legal Status: The legal status was recorded under four categories 1. "Temporary Ward" was is a child who entered care with an order for temporary wardship from the court. 2. "Non-ward" or voluntary care was a child who entered care through a voluntary agreement signed by the parents. This indicated either the parents requested care or were in agreement with the child coming into care. 3. Placed for "Adoption" indicated that the child was placed in care by the parent(s) for the purposes of adoption. 4."Permanent wardship" indicated that a child entered care with an order for permanent wardship from the court.Primary "Primary meant the main reason for care.

Length of Time in Care: Length of time was identified in months. Any period from one to thirty days was

considered one month.

Mentally Ill/Disabled: This category referred to the parent/caregiver or child who has a mental or emotional health problem or illness that was clearly affecting the level of care within the home.

Neglect: Neglect included all reports of neglect whether substantiated or not. A neglect report resulted when one of the responsible caregivers did not appear to provide items or circumstances necessary for the child's physical care and supervision. These included food or clothing, poor housekeeping to such a degree that the children are living in dirty and unsanitary conditions, failure to provide medical care, failure to thrive, and/or a lack of supervision such that the child is endangered.

Parent Requested Care: This category indicated that there was a request to have the child placed in care by the parent. This request may have been a primary reason for care or may have contributed to the social worker's decision to place the child in care.

Physical Abuse: Physical abuse was defined to include reports of intentional physical violence towards a child by the caregiver, whether substantiated

or unsubstantiated. It was operationalized to mean such activities as punching, slapping, kicking, threatening and\or burning a child. Family violence and verbal threats of abuse were also included.

Physically Ill/Disabled: This category included the child or parent/caregiver who had a physical problem or illness which restricted normal activity.

Previous Admissions to Care: If there were previous admissions a simple "yes" was recorded. If this was the first admission a "no" was recorded.

Primary: As applied to reasons for care was interpreted to mean the chief or main reason which precipitated the child coming into care.

Rural: Communities whose populations, either singly or in combination with others in close proximity (such as Grand Falls/Windsor) was according to the 1986 Census, less than 10,000 people were considered rural.

School Problems: This category denoted behaviour in school which was reported by the school as being a problem. Included were behaviours such as physical and/or verbal aggression towards teachers and other children, destruction of school property, cheating, thefts, disruptive in class, and a discipline problem in the

school.

Sexual Abuse: Sexual abuse was defined as the involvement of a child in any sexual act or situation including sexual exploitation of the child by an adult or a child over the age of 12 years. All reported sexual activity between an adult and a child, substantiated or not was considered sexual abuse. Sexual abuse was categorized as "incest" and "third party assault". The sex and relationship of the perpetrator and victim were coded.

Siblings Not in Care: This response indicated if the child had other siblings under 16 years of age who were not in care at the time of admission. The number of siblings was also recorded.

Substance Abuse: The parent/caregiver or the child was identified as abusing alcohol and/or drugs.

Truancy: This category referred to absence from school by children while legally mandated to attend.

Urban: Communities whose population according to the 1986 Census exceeded 10,000 people were considered urban. Other communities were considered urban because of their proximity and total population in excess of 10,000 persons, an example is Grand Falls / Windsor which has a combined population of over 10,000.

Verbal Aggression: This term referred to a verbal attack upon a parent, sibling or other person. This could include name calling, threats and loud abusive language.

## APPENDIX C

Table A - 1

Primary Reasons for Entry into Care by Age

| | 0 - 5 yrs | | 6 - 11 yrs. | | 12 - 15 yrs. | | Total | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| Physical Abuse | 2 | 4.1 | 0 | 0.0 | 5 | 8.2 | 7 | 5.4 |
| Sexual Abuse | 0 | 0.0 | 3 | 15.0 | 4 | 6.6 | 7 | 5.4 |
| Neglect | 12 | 24.5 | 5 | 25.0 | 1 | 1.6 | 18 | 13.8 |
| Physically Ill | 1 | 2.0 | 0 | 0.0 | 0 | 0.0 | 1 | 0.8 |
| Mentally Ill | 5 | 10.2 | 2 | 10.0 | 3 | 4.9 | 10 | 7.7 |
| Desertion | 4 | 8.2 | 1 | 5.0 | 1 | 1.6 | 6 | 4.6 |
| Substance Abuse | 2 | 4.1 | 0 | 0.0 | 2 | 3.3 | 4 | 3.0 |
| Parent Requested Care | 22 | 44.9 | 3 | 15.0 | 15 | 24.6 | 40 | 30.8 |
| Behaviour Problems | 0 | 0.0 | 6 | 30.0 | 14 | 22.9 | 20 | 15.4 |
| Refusing to Return Home | 0 | 0.0 | 0 | 0.0 | 16 | 26.2 | 16 | 12.3 |
| Physically Ill | 1 | 2.0 | 0 | 0.0 | 0 | 0.0 | 1 | 0.8 |
| Totals | 49 | 100.0 | 20 | 100.0 | 61 | 99.9 | 130 | 100.0 |

## APPENDIX C

Table A - 2
Contributory Reason for Entry into Care by Age

| | 0 - 5yrs | | 6 - 11 yrs | | 12 - 15 yrs | | Total | |
|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % |
| Physical Abuse | 6 | 15.0 | 1 | 2.6 | 4 | 3.4 | 11 | 5.7 |
| Sexual Abuse | 0 | 0.0 | 2 | 5.3 | 0 | 0.0 | 2 | 1.0 |
| Neglect | 6 | 15.0 | 2 | 5.3 | 3 | 2.6 | 11 | 5.7 |
| Physically Ill | 1 | 2.5 | 1 | 2.6 | 2 | 1.7 | 4 | 2.1 |
| Mentally Ill | 2 | 5.0 | 1 | 2.6 | 1 | 0.9 | 4 | 2.1 |
| Substance Abuse | 13 | 32.5 | 6 | 15.8 | 13 | 11.2 | 32 | 16.5 |
| Abandonment | 3 | 7.5 | 0 | 0.0 | 0 | 0.0 | 3 | 1.5 |
| Requested Care | 4 | 10.0 | 3 | 7.9 | 3 | 2.6 | 10 | 5.2 |
| School Problems | 0 | 0.0 | 5 | 13.2 | 10 | 8.6 | 15 | 7.7 |
| Behaviour Problems | 2 | 5.0 | 11 | 28.9 | 48 | 41.4 | 61 | 31.4 |
| Refusing to Return Home | 0 | 0.0 | 0 | 0.0 | 3 | 2.6 | 3 | 1.5 |
| Truancy | 0 | 0.0 | 2 | 5.3 | 13 | 11.2 | 15 | 7.7 |
| Substance Abuse | 0 | 0.0 | 0 | 0.0 | 7 | 6.0 | 7 | 3.6 |
| Illness/ Disability | 3 | 7.5 | 4 | 10.5 | 4 | 3.5 | 11 | 5.7 |
| Promiscuity | 0 | 0.0 | 0 | 0.0 | 5 | 4.3 | 5 | 2.6 |
| Totals | 40 | 100.0 | 38 | 100.1 | 116 | 100.0 | 194 | 100.0 |