The importance of continued contact between crown wards and families of origin.

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LA THÈSE A ÉTÉ MICROFILMÉE TELLE QUE NOUS L'AVONS RECEUE
The Importance of Continued Contact Between Crown Wards and Families of Origin

by

Peter J. Bates
Thomas J. Bryce
and
Denis B. Dufault

A thesis presented to the University of Windsor in partial fulfillment of the requirements for the degree of Master of Social Work

Windsor, Ontario, 1983
(c) Peter J. Bates, Thomas J. Bryce and Denis B. Dufault, 1983
RESEARCH COMMITTEE.

Professor R. Chandler, M.S.W., Chairman.
Professor V. Cruz, M.S.W., Member.
Dr. J. Norman King, Ph.D., Member.
RESEARCH MAY NEVER BE ABLE TO GIVE US WHAT WE WANT. BUT
RESEARCH MAY BE ABLE TO GIVE US SOME INCREASINGLY MODEST
AMOUNT OF WHAT WE NEED (Henry S. Maas, 1971).
ABSTRACT

CONCERN

This study was precipitated by the concern of the authors who often supervised crown wards who seemed to drift from placement to placement, without any sense of direction or belonging.

The authors considered that some of these children may well be beyond concentrated intervention strategies but also felt that the child welfare system contributed to the youngsters' sense of worthlessness. It seemed that the system further advanced their withdrawn, apathetic, depressed and hopeless outlook through the multiple placement, cut-off-from-family process the authors call "entrenchment".

It was believed that, if contact between the crown ward and the family of origin were to be maintained, wherever possible, the entrenchment process would be thwarted or its effects, such as separation anxiety or identity diffusion, at least, reduced. These children, then, would be able to adjust to the placement reality while maintaining a sense of belonging and continuity.
THE LITERATURE

A review of the pertinent literature uncovered support for the authors' belief indicating that ongoing contact would indeed facilitate a more stable placement for children destined to remain in long-term care. Not only would contact enhance the placement planning process (permanency planning), but it would also contribute toward the sense of continuity and belonging necessary for the development of an integrated identity.

THE STUDY

The authors developed hypotheses and research questions concerning contact between crown wards and their families of origin to discover whether certain variables affected the pattern of contact. Variables which were thought to contribute toward the cessation or reduction of contact between ward and family were researched and analyzed to test for any significant associations.

Results indicated that, in fact, some variables (level of education of social worker, size of caseload, type of placement, and distance of placement) were significantly associated with less contact between crown wards and their families of origin and further study of these variables was recommended.
CONCLUSIONS

It was concluded that, since contact between crown wards and their families of origin is considered in the literature as crucial in continued healthy identity integration, and in maximizing permanency planning, child welfare agencies ought to re-examine their traditional policies of protection and placement where family ties are broken, and concentrate on keeping the family involved even where the child may never again live at home.

It was recognized that child welfare policy in Ontario is inexorably influenced by the legislation. Since the present government is proposing changes in the legislation which essentially will replace the historical protection mandate with a preventive one, agencies must become vocal in promoting changes benefitting the children and families they serve.
ACKNOWLEDGEMENTS

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INTRODUCTION

THE C.A.S.

The concern for the welfare and safety of children has been so valued in Ontario that legislation exists to protect children from physical and emotional harm as well as exploitation.

Historically, in Ontario, the business of protecting children and providing for their safety was, and continues to be the forte of Children’s Aid Societies which were, at one time, independent, philanthropic groups of caring people who took it upon themselves to care for street urchins; the deserted, abandoned, or merely ignored children left by parents to fend for themselves.

As these societies gained momentum, they began lobbying for laws to protect children from abusive and exploitative parents and began to operate a system of temporary and permanent substitute foster homes in an effort to provide these children with a more stable and decent upbringing.

Children’s Aid Societies in Ontario, today, continue to be the primary providers of child welfare services: the protection of children from abusive and neglectful treatment and the provision of substitute care in a variety of residential settings.

Societies maintain their independent status, being governed by boards of directors selected and appointed from the public at large, but they are dependent on government funds to run their programs rather than on the charitable donations which were sufficient in the past.
The actual protection work, as legislated, is no longer performed by philanthropists but has become complex and sophisticated such that societies now employ professionals, many with social work or related education or training, to carry out their mandate.

Despite the apparent independent nature of Children’s Aid Societies, the child welfare mandate is strictly regulated and legislated through the Child Welfare Act, and agency performance is scrutinized by the funding governmental ministry.

IN-CARE STATUS

No longer can a society arbitrarily decide how long a child should remain in care away from parents. Specific lengths of time a child can remain in care is now dictated through the legislation.

Basically, there are three types of child-in-care status under which a child can remain in care: care by voluntary agreement, society wardship, and crown wardship.

Care by voluntary agreement is essentially a contract for short-term substitute residential care made between the child’s parents and the Children’s Aid Society, which does not require a court hearing. Both society and crown wardship require a court hearing in which a family court judge decides whether a child should remain in the care of the society or return home to parents.

Loosely defined, a parallel can be drawn between society wardship and "temporary" wardship as the maximum amount of time a child can remain in care as a society ward is twenty four consecutive months. Crown wardship can be paralleled to "permanent" wardship since parents forfeit
all parental rights and responsibilities once an order for crown wardship has been made and the child usually remains in care until adulthood which, in Ontario, is considered to be age sixteen. Under certain circumstances, however, crown wards can retain crown wardship status until age eighteen.

Thus, for children who become crown wards at an early age, and who are unlikely to be adopted, many years of crown wardship can indeed foster a sense of permanency of crown wardship status.

In effect, crown wardship severs the legal ties between parent and child where the Children's Aid Society assumes guardianship, and performs all parental duties, in lieu of the parents, and on behalf of the Crown.

Ultimately, responsibility is delegated to professional staff so that the quality of parental care, guidance, and supervision offered to the crown ward depends on the case management skills of the caseworker. It is likely that the worker's job performance will be further influenced by personal beliefs and attitudes as well as agency policy which in turn is influenced by the legislation, be it current or proposed. That is, child welfare legislation periodically undergoes revisions as new trends develop and public attitudes change. Agency policy sometimes reflects those shifts prior to the approval of any new law.

If, for example, the caseworker adheres to the traditional and historical child welfare position that it is better to protect the crown ward from uncaring, neglectful parents, then it is possible that any efforts to maintain contact between the child and his family of origin will be minimized. The worker, however, must also make decisions
according to some interpretation of current legislation, whether this is a personal or agency supported interpretation, and must also adapt to any progressive policy that the agency may advocate which is based on future trends, whether these are spawned by public opinion or developed in response to research in the child welfare field.

It must be understood that the above example where the worker is reluctant to maintain contact should not to be misconstrued as the general practice in present day Children's Aid Societies. In fact, the current trend (reflected in the proposed new legislation, The Children's Act) is to promote the continuation of family contact wherever possible.

However, for reasons yet to be pinpointed, and as the literature suggests, many crown wards experience multiple placements, drifting from home to home, to become more isolated and withdrawn.

It has been the authors' shared experiences of encountering a number of these crown wards that has precipitated the study which follows.

ENTRENCHMENT IN THE SYSTEM

Many factors must have contributed toward foster home drift, or as the authors prefer, the child welfare entrenchment process which is characterized by the symptom of foster home drift and includes other symptoms such as a depressed, fatalistic outlook on life, a sense of apathy and hopelessness, and feelings of being alone, isolated, and cut off.

The most obvious factor to consider which contributes toward the entrenchment process is probably the troubled family situation which initially precipitated the child's entry into the child welfare system.
The fact that crown wardship was granted further suggests that the family situation did not improve during the period of substitute care prior to the wardship hearing, and that the situation was not likely to improve in the future.

Therefore, many of these crown wards enter the child welfare system already damaged psychologically and emotionally.

Other factors which may contribute toward the entrenchment process and may be conducive to further psychological and emotional damage seem to be generated by the child welfare system itself.

The fact that crown wardship terminates parental rights and responsibilities. The fact that crown wardship connotes long-term care and is sometimes associated with "permanent" wardship. The fact that, historically, the function of Children's Aid Societies was to protect children from inappropriate parenting and to seek more caring adoptive or foster homes may linger in the practice of some workers. The fact that, where adoption is ruled out, crown wards can expect several replacements during their period in care.

All the above situations must be given consideration as factors contributing toward the entrenchment process. In addition, it is felt that all contribute, in some manner, to the feelings of being isolated and cut off that the entrenched crown ward experiences, and to the sense of failure and worthlessness that seems to accompany the entrenchment syndrome.
CONTINUED CONTACT AND LONG-TERM PLANNING

In the study to follow, it is proposed that the maintenance of contact between unadoptable crown wards and their families of origin, before, during, and after the crown wardship order, will militate against the entrenchment process, will facilitate the establishment of a more stable, less anxious, long-term placement, and will contribute toward a more healthy, integrated identity for the crown ward.

In the ensuing chapters, an analysis and discussion of collected data which tested variables thought to be contributing toward, or detracting from contact between the crown ward and the family of origin will be presented along with conclusions and recommendations.

Although the authors included a variety of categories in their definition of contact in the chapter "Methodology", it was recognized that most people tend to view contact as being synonymous with visiting. As will be seen, other forms of contact, where visiting may not be feasible or advisable, can become just as important and beneficial to the crown ward in escaping the entrenchment process.
THE IMPORTANCE OF CONTACT FOR CROWN WARDS AND THEIR FAMILIES

OVERVIEW

Children are born, not into isolation, but into social interaction, at first with their mother and secondly with significant others known as "family". It is through interaction that the infant begins to develop identity, formed according to how well its needs are met, beginning with physical needs and progressing through emotional, psychological and other needs.

The child welfare system grew out of concern for those children whose needs had apparently not been adequately met. Programs were developed to provide services best thought to meet the needs of these deprived children.

Inherent in the development of the child welfare system was the conviction that children's needs are best met in a family context, hence the growth of policy geared towards the provision of adoptive homes, or where this was not possible, the provision of a family environment through foster homes. Historically, the focus in child welfare has been on separating the unfortunate, neglected children from their inadequate, unsuitable parents and providing a more desirable and nurturing environment.

(Agencies) sought to break as completely as possible all continuity with a former home when a child for any reason was moved into a foster home. This policy was based on the assumption that the child would adapt more completely in his new home if he were not remembering and yearning for people.
and conditions in his former home (Cowan and Stout, 1977, p.252).

The belief that a family placement provides the most suitable environment for a child admitted to care persists today and Children's Aid Societies, in the authors' experiences, tend to seek foster placement for children over other forms of placement, such as group homes or institutions which are considered less nurturing.

The preference for, and suitability of family-based placement over other forms of placement can be debated but is not under scrutiny here. Suffice it to say, that even when a nurturing environment has been provided, many children, although separated from their parents for a number of years, continue to cling to memories or fantasies of them, and identify themselves with their biological families; defending them and harbouring thoughts of eventual reunification with them (Jolowicz, 1946; Mason, 1968; Sisto, 1980).

John Bowlby remarks that:

The attachment of children to parents who by all ordinary standards are very bad is a never ceasing source of wonder to those who seek to help them. Even when they are with kindly foster parents these children feel their roots to be in the homes where, perhaps, they have been neglected and ill treated, and keenly resent criticism directed against their parents. Efforts made to "save" the child from his bad surroundings and to give him new standards are commonly of no avail since it is his own parents who, for good or ill, he values and with whom he is identified (Bowlby, 1967, p.69).

These observations are fascinating because, if accepted as generally true, the historical belief, held over the years in the child welfare field, that a complete break from the past is desirable must be seriously questioned.
From observations it seems apparent that a complete break from the past is not possible for most children, excluding perhaps infants too young to remember their past and those who may be developmentally impaired in some manner. Therefore, if children cannot "throw off" the past, it seems fruitless to attempt to stifle their memories and fantasies by promoting a complete break from the past.

Perhaps it would be more fruitful to undertake an intervention strategy which assisted children to accommodate and incorporate the reality of the past which is very much a part of their identities and which certainly has contributed to their "in care" status.

The shift from cutting the ties between children in care and their families to the advocacy of contact and maintenance of contact has emerged as theorists and policy makers analyzed the wealth of information that has been accumulated from studies which addressed and examined the processes inherent in such classical concerns as the nature of attachment and bonding, separation and its resulting anxiety, privation, and maternal and other stimulus deprivation.

The results of these studies seem to have raised more questions than answers in the continuing quest to understand variables which affect the quality of the developmental processes in humans.

Rutter, in reviewing a multitude of these studies, points to a definite interplay of all factors but alludes to the results of some studies as inconclusive and cites contradictory results in others (Rutter, 1981).

These inconclusive and contradictory results detract from the possibility of providing any concrete policy recommendations with regard
to provision of child welfare intervention services because a linear cause-effect chain cannot be constructed.

No concrete conclusions can be drawn pointing to the effects of separation or failure to bond or deprivation or any of the associated processes alone as being the primary causal process on which to base the establishment of a comprehensive child welfare policy.

In Ontario, despite the above situation, there has been a theoretical shift in the child welfare field from promoting complete cutoff to an emphasis on continuing contact. This shift in emphasis may have influenced the drafting of a consultation paper which introduces and outlines "The Children's Act", designed to amalgamate existing law governing children and to replace the Child Welfare Act.

If legislated, the proposed act would seek to focus child welfare activities on keeping families together through preventive intervention aimed at reducing admissions to care and insuring continued contact between families and their children who are already in care (The Children's Act, 1982).

It must be stated that the proposed new act is not being supported wholeheartedly here as there are elements of the paper which seem regressive and subject to much debate. However, superficially, the proposed legislation does seem to recognize the importance of family ties and the need for contact between separated members.

Why, if, as has been stated, studies of the classical concerns in human development and relationship have produced inconclusive and contradictory results, would the Ontario government promote a shift in policy advocating contact rather than cutoff between children in care
and their families? Is it enough to know that children continue to harbour thoughts of the past to warrant a complete reversal of policy?

The answers, it is submitted, can be discovered in the examination of more recent investigative studies prompted by the questions raised by the classical studies. As Rutter states:

New issues have also come to the fore in the last eight years. Those which are particularly likely to continue to influence our thinking and our practical policies are: firstly, a focus on the reciprocal nature of parent-child interaction and on the process by which parent-child relationships develop... (Rutter, 1981, pp. 217-218).

It would appear that the policy makers in Ontario have adopted the focus suggested by Rutter in stressing, through the proposed Children's Act, that the parent-child interaction is desirable and to be maintained, if necessary through preventive intervention; and through the proposed legislation, making admission to care a difficult task as it would become "the most drastic intervention possible", to be used only where less drastic means have proved unsuccessful (The Children's Act, 1982, p. 85).

Since this policy is currently being advocated, it seems that child welfare agencies ought to be shifting focus to facilitate a continuation of parent-child relationships including contact between parents and those children already in care, rather than adhering to the outdated belief in "complete break with the past". Whether or not this is happening in practice will be examined in a later chapter of this study.

To accept the shift in focus from cutoff to contact requires an examination of the literature which advocates ongoing contact between families and the children who have been separated from them, particularly as it is of importance to the children with whom this study concerns itself: crown wards.
THE NEED FOR CONTACT: SYSTEMS THEORY

In the field of Social Work, there has been a gradual movement over the years from a focus on intervention with the individual only, to accepting the family unit as a focus for intervention.

New theories are addressing the issues of the reciprocal nature of interaction and the developmental process central to the parent-child relationship, as forecast by Rutter (1981, p. 217).

Whereas traditional theorists explained behavior as an individual enterprise governed by intrapsychic mechanisms, and understood the processes in behavioral interaction and personality development to be a product of chance or random collision between nature and nurture in a linear cause-effect paradigm (Lillienfeld, 1978), the more recent theorists have favored the hypothesis that the universe unfolds according to a pattern of circular interaction as posited in General Systems Theory.

General Systems Theory conceptualizes a world of interrelationship where there is no linear causality per se, but rather a reciprocal, circular interplay where participants change, develop, and modify their behavior as a direct result of their interaction. Although General Systems Theory was developed to explain processes in the applied sciences such as Biology and Physics, the attraction of the theory is its adaptability to the social sciences, as it lends itself well for use as a framework in many of the newer psychodynamic theories.

Of particular interest is the application of many systems theory concepts to the growing field of interactional theories in human behavior and development, particularly in the context of the family.
French, paraphrasing several theorists, defines a system as "a structure composed of a set of elements and a set of rules that specify the relationship among the elements" (French, 1977, p.20).

Buckley views systems theory as an integrated approach to explaining and understanding elements. In his words it is

a synthetic approach where piecemeal analysis is not possible due to the intricate interrelationships of parts that cannot be treated out of context of the whole (Buckley, 1967, p.39).

Don Jackson, one of the forerunners in the interactional school of thought, writes:

The make-up of a person is a product of and describes his typical interactions which occur in response to a particular interpersonal context (Jackson, 1977, p.2).

Kantor and Lehr describe interaction as a product of trading and sharing information through both verbal and non-verbal communication. Individuals define themselves and discover their roles and functions in a system, whether it be a family, work, church, social club, or other system, through an input-throughput-output-feedback information processing system (Kantor and Lehr, 1975, pp.10-15).

It can be implied that this information processing system is the mechanism through which an individual defines himself or formulates his identity. Simply stated, it works in a circular and spiralling fashion as the individual receives information from the environment (input), processes it through his brain (throughput), responds to the stimulus received initially from the environment (output), and receives further information from the environment based on his response (feedback). The feedback then becomes new input which, by processing, the individual can assess his previous response and modify if necessary.
This is a never ending spiralling process and, as has been mentioned, is the process by which, according to systems theory, we formulate our self concept or identity, as will be discussed in greater detail further on in this chapter.

Systems theorists in the social sciences field would accept that the information system described above not only applies to individuals but also to other systems such as the family. Individuals, although complete in their own right, are parts of a stronger family system which is self-perpetuating, and like the ant colony, uses these individuals to further the good of the whole (Commoner, 1971; French, 1977).

Not only do individual members develop within the family system in their interactions with other family members, but they are also the media through which the family interacts with the external systems of society.

It would seem, then, that systems theory views elements of any system to be interconnected in some reciprocal manner and, if the family is to grow in interaction with external systems, family members as "go-betweens" are indispensable.

The Bowen Theory

Murray Bowen, psychiatrist and theorist, although denying any knowledge of, or collaboration with the fledgling General Systems Theory, began, at the same time, to develop a systemic approach to psychotherapy with the family which utilized many of the core concepts of General Systems Theory.
Bowen's family systems theory is based on the premise that people do not exist in isolation but in relationship with others in interactional systems of which the primary system is the family:

The total fabric of society, as it pertains to human illness, dysfunction, and misbehavior, is organized around the concept of man as an autonomous individual who controls his own destiny. When the observing lens is opened to include the entire family field, there is increasing evidence that man is not as separate from his family, from those about him, and from his multigenerational past as he has fancied himself to be. This in no way changes what man is or has always been. He is as autonomous as he has always been, and he is as "locked in" to those about him as he has always been. The family focus merely points to ways that his life is governed by those about him (Bowen, 1978, p. 289).

Again, the theoretical concept of human kind as existing, not in isolation, but as being connected by nature to each other in social interaction is being underscored by Bowen.

Just as the universe unfolds through the relatedness and interaction of objects, so too the individual and the formation of his identity and personality "unfolds"; developing and evolving through the interaction of the individual in relationship with everyone and everything around him.

This concept of "man-in-interaction" is not new to the field of social work as practitioners have been treating clients using the "person in his situation" configuration since Mary Richmond popularized it in the early part of the century (Richmond, 1917). However, Bowen understands the individual as being more than merely "in his situation" claiming that the individual cannot be removed from his situation. He is as much a part of his surroundings as they are of him; each is a part of the same interacting system.
Children, then, according to systemic thinking, although often physically separated from their families and their environments by the admission to care process, can never really be "cut off" from them. Bowen expands this concept even further by postulating that the individual is also inexorably linked to his multi-generational past; a link which also cannot be broken (Bowen, 1976b, p.86).

Thus, in child welfare, to separate a child from his family and subsequently to attempt to "cut the ties" between him and his family is a fruitless undertaking if Bowen's theory is accepted.

Fernando Colon, a clinical psychologist at the time his article was written, who experienced years in care as a foster child cut off from his family, lends support to Bowen's theory:

"...physical separations or death need not be experienced as permanently irretrievable losses. One's memories of those lost others can keep them very much alive and they, therefore, remain a significant part of one, which indeed they are..." (Colon, 1973, p.434).

Bowen's theory does not negate the need to remove children from their homes and admit them to care, but it does suggest that children, perhaps in some hidden way, will maintain contact with their families.

Sidney Moss, a firm believer in the family systems approach, posits that "the child's pathology cannot be separated from the pathology of the family" (Moss, 1968, p.223) and, even if a child is admitted to care, the family system remains intact and includes the absent child:

Even if the family and the child maintain little direct connection with one another while they are apart, they are not necessarily unconcerned about their relationship... A child in placement who represses his feelings of guilt about being sent away from home and his grief for the loss of his family will not be able to establish meaningful relationships in the institution (Moss, 1968, p. 223).
Klein postulates "that a person occupies a given position or plays a role in a given way has little meaning unless viewed simultaneously as a function of different systems in interaction" (Klein, 1969, p.2), and explains that a family systems approach treats the family as the unit for intervention as a single client, rather than treating individuals as separate but in the context of the family environment (Klein, 1969, p.4). This, again, points to the inseparable nature of the parts of a system: in the case of humans, individuals (parts) become inseparable from their families (systems).

It may be argued that infants and very young children who do not remember their biological families would be better off never learning about their background. This continues to be a powerful item for debate in the area of adoption. Many children, however, remain in long-term care with no hope of, or plans for adoption. Certainly, in these cases, regardless of background and past, contact ought to be maintained in any manner possible even if it is only through information sharing by a social worker or a foster parent. This will be considered later in this chapter.

Differentiation of Self and Identity

The key task for individuals in the developmental process is, according to Bowen, the "differentiation of self" which is synonymous with the development of a healthy identity, and is accomplished through developing open, honest, one to one interactions beginning in one's family of origin; developing person to person relationships which are free from the inhibiting rules of conduct and interaction which have emerged in
families through the generations and which serve to maintain the status quo, and dictate limits to the behaviour which the family system will tolerate from individual members (Bowen, 1976b).

To become differentiated or to develop a healthy identity, one must understand the relationship between the intellectual and the emotional systems which influence decision-making, accepting that the emotional system is important and influential but investing the intellectual system with executive power.

The degree of differentiation of self depends on the individual's ability to separate and distinguish between subjective feeling and objective thinking (Bowen, 1976b, p.59). It is accomplished by taking an "I position" (Hall, 1981, p.59), which gives the intellectual system mastery over other systems so that feelings can be invested in each situation with appropriate import, rather than in a controlling way, overwhelming the decision to be made.

The degree of undifferentiation equals the degree of unresolved emotional attachments that a person has to his family of origin (Bowen, 1978, p.529), and, if further differentiation or identity growth is to occur, the person who is apart from his family must regain contact with his family of origin to begin or resume the differentiation process (Bowen, 1976a).

Children who have suffered the effects resulting from an admission to care would have great difficulty separating their emotional and intellectual systems because of the tremendous emotional upheaval that removal from home causes. In turn, rational decision-making, with regard to identity and situational status, would be made difficult
because of the disproportionate amount of affect, invested in the decision-making process. Secondly, children would also be unable to begin the differentiation of self/identity growth process if continuity of contact with their families of origin had not been effectively maintained.

In sum, for the purposes of this study, the essential components of Bowen’s family systems theory are as follows:

1. That the parts of a system (children), despite cutoff or separation from the rest of the system (family), remain identified and in some manner in contact with the system.

2. That the primary goal of the individual is to achieve self differentiation, a process through which one becomes: "a self", "self-actualized", "a complete, separate entity", "a whole and integrated identity"; it is a process of identity formation and growth perceived as paramount in the human developmental process if a person is to lead a fulfilling life.

3. Differentiation of self requires contact between the individual and the primary system of which he is a part. In-person contact seems the most desirable, but, as Colon suggests, contact can take on many forms, even as memories.

From the above, it becomes evident that children in long-term care ought to be in contact with their families in any way possible. It is suggested that workers ought to be advocating continued contact on behalf of those children for whose care they are responsible, and that workers should not become discouraged where parents seemingly seek a complete break from their children, as contact need not be physical only.
CONTACT AND THE INTEGRATED IDENTITY

It has been stated that studies of the classical issues have failed to identify a linear causal chain in identity formation and personality development. Just as the infant develops a sense of identity in relationship and interaction with others in its environment, so too, the effects of attachment and bonding or the lack of same, of separation, privation, deprivation, and so on, impinge on the growing child in an interactional manner. Each contributes in some measure and is blended into the complex process which is known as personality or identity formation.

Present day investigation studies of the relationship between the processes identified above, particularly the attachment-separation configuration, has prompted the evolution of a theory which, in step with systems theory, advocates for contact between children in long-term care and their families, rather than severance of contact.

This current theory promotes contact between children in long-term care and their families because observations and studies show that contact is necessary if a child is to maintain and develop a healthy sense of identity and come to terms with the realities which necessitated admission to care (Weinstein, 1960; Costin, 1977).

Identity: Definitions

The dictionary defines identity as "sameness of essential or generic character in different instances" or the "unity and persistence of personality" and "the condition of being the same with something described or asserted" (Webster's Seventh New Collegiate Dictionary,

David de Levita, who reviewed the extensive literature devoted to the concept of identity, formulated a composite definition:

Identity refers to something in the individual which causes him to remain the same, to his sameness and continuity. Indissolubly connected with this is the implication that, through the sameness and continuity, he is in a position to occupy a firm place in the community. (de Levita, 1965, p.129).

Kline and Overstreet emphasize the connection between the child's environmental experiences, the family, and continuity as all important in healthy identity formation:

Any aspect of the human and the nonhuman environment in which the child experienced continuity is lost when the child leaves it. The nuclear family as a unit, its ways, its customs, its dynamic system, of which he has been a part, have also been a part of him, his equilibrium, and his sense of identity (Kline and Overstreet, 1972, p.73).

Kline and Overstreet add that the familiarity of the home environment, regardless of how inferior or deteriorated it may be by adult standards, has a special meaning for the child and he holds on to "aspects of cherished intimacy which he has made privately his own" (Kline and Overstreet, 1972, p.73). Sampson posits that the whole field of social psychology is based upon, and revolves around the question "Who am I", which is a question of identity (Sampson, 1980, p.1). He understands the concept of identity as being a means by which individuals are able to define themselves, both as perceived internally and as seen by others:
We noted that we are both subject (I) and object (ME); that our identity is part of an open ended process arising in the encounter between us and other people; that we join with these others in our efforts to establish a stable sense of selfsameness. Achieving a stable identity was said to serve several important interpersonal functions (coordination, trust, and responsibility) in addition to its personal role in staving off anxiety and helping provide purpose and meaning to our lives (Sampson, 1980, p.20).

Identity, then, refers to how a person sees and understands who he is as a result of his interaction with others in his environment.

To live in a functional manner requires this sense of identity which is, in essence, the individual's definition of self. Self-definition provides a base or framework which dictates and describes how the individual is to behave and to interact in his environment and with the others in it.

In interaction, the individual assimilates feedback from others which is then incorporated into his self-definition. In this manner identity is modified, both positively and negatively, depending on the presented behaviour and the resulting feedback from others.

It becomes evident, then, that identity formation is a process of the circular interaction of the individual in relationship with everything which is outside of himself. A healthy, integrated identity requires continuity of contact between the individual, those important others around him, and all other important aspects of his environment. It is a systemic, rather than a linear, progression of interaction and relationship.

It stands to reason that those individuals who enjoy a healthy self definition or 'identity will present more positive behaviour' and, in turn, receive more positive feedback, thereby constantly enhancing
healthy identity growth than would those individuals with a stunted or poorly developed sense of identity.

From the above, it is implied that a healthy, integrated identity formation is in jeopardy for children in long-term care who are not in contact with their families, and who are suffering the trauma inherent in the attachment-separation process.

Using Strauss' words, what kind of "fateful appraisal" does the child in long-term care make of himself where there is no contact with his family? How does he answer the questions of identity proposed by Lynd? What is his sense of "sameness and continuity", which, according to de Levita, is needed to establish a firm place, when contact with family has been removed?

Erikson, in viewing identity as formed by the end of adolescence, writes:

The final identity, then, as fixed at the end of adolescence, is superordinated to any single identification with individuals of the past: it includes all significant identifications, but it also alters them to make a unique and reasonably coherent whole of them (Erikson, 1968, p.151).

Questions now arise concerning the child in long-term care. How integrated and, in Erikson's words, "reasonably coherent" can his sense of identity be if continuity with his past and contact with his family system has been allowed to lapse or has been interrupted or attempted to be terminated? How many "significant relationships" will he attempt to incorporate into his "reasonably coherent whole" when faced with multiple placements?

From the above, it appears evident that in order to formulate a healthy and integrated sense of identity, there is a need for "sameness and "continuity"; a need to be "connected"; to have "roots".
Identity: Contact and Continuity

The need for sameness and continuity has sparked what is being called "permanency planning" in the field of child welfare, and entails the development of long-term, stable foster placements for unadoptable children which should provide not only the necessary atmosphere for healthy identity cultivation, but also should diminish the occurrence of "foster home drift" common in the child welfare system where children experience multi-placements (Palmer, 1982, p.1).

Drifting further militates against positive identity formation, naturally so, as children become exposed to so many caretakers, a fact which serves to confuse their sense of continuity, belonging and sameness, as detailed earlier in this chapter (Fanshel and Maas, 1962; Moss, 1966; Jones and Biesecker, 1980; Sisto, 1980).

The issue of identity formation, according to Costin, is a critical one:

One of the most troubling aspects of foster care is the picture of confused identity which many foster children reflect. The multiple relationships they are expected to manage, many of them successive, temporary, and unsupportive take a toll on their level of well-being (Costin, 1977, p.356).

Buxbaum states plainly that:

Separation from previous environments including the parents, is the most drastic interference in a child's life since it necessarily disturbs the child's feelings of identity (Buxbaum, 1955, p.15).

The desirable atmosphere for identity cultivation and the reduction of placement drift may well be accommodated through the provision of
long-term foster placement, but authors suggest that permanency planning for children in long-term care must also include contact with natural parents if healthy identity is to be fostered and enhanced.

Fanshel and Shinn, who conducted a five year longitudinal study of many issues important to children in foster care, showed results which seemed to contradict the current theory that contact between children in care and their families is essential (Fanshel and Shinn, 1978), but they were quick to recognize that their method of collecting data fell short in measuring the "true" nature of the separation-placement configuration:

...and we are not sure that our procedures have captured the potential feelings of pain and impaired self image that can be created by impermanent status in foster care. We fear that in the inner recesses of his heart, a child who is not living with his own family or who is not adopted may come to think of himself as being less than first rate, as an unwanted human being.

It would appear to us on first glance, that the impermanent status suffered by many children in our sample, compounded by the massive failure of parents to visit, ...must be viewed as being potentially a profound insult to the child's sense of self identity (Fanshel and Shinn, 1978, 479-80).

These researchers join forces with the growing number who believe foster care drift is most detrimental to children and plans for continuity and permanency are essential if children in care are to develop a healthy sense of identity giving them an opportunity for stable social adjustment in their adult years. Permanency planning is, therefore, paramount.

Fanshel and Shinn also report evidence which supports the need for ongoing contact between children in long-term care and their families. Their study results indicated that children who were visited
consistently by parents while in care tended to fare better on psychological tests and emotional adjustment scales than did children who had sporadic or no contact (Fanshel and Shinn, 1978, p.486). They strongly suggested that child welfare agencies should consider providing more intensive ongoing services to parents in an effort to promote continued contact (Fanshel and Shinn, 1978, pp.483-490).

Fanshel, joined by Maas in an earlier study, found it interesting that in the cases of children committed to long-term care, "casework of only the most superficial kind has been provided for the parents" (Fanshel and Maas, 1962, p.128).

Meyer states that "all children need family ties, whether or not they are able to live in their own family" and she advocates the participation of parents in all phases of the placement and treatment process (Meyer, 1969, p.226).

Chandler reported studies by Weinstein and Fryzells (1960, 1968) which found that children who identified with foster parents and were visited by natural parents had a significantly higher rate of well-being than children who were not visited by parents (Chandler, 1975, p.31).

Kline, outlining characteristic conditions for care explains that:

There is an emotional involvement in the parent-child relationship, on the part of the parents, the child, or both, that demands a continuing relationship, after placement, for an indefinite period of time (Kline, 1965, p. 187).

Watson, commenting on the need for contact between a child and his natural family, maintains that:

Children in long-term care should not be protected from contact with their parents (except where gross damage is possible) but instead helped to cope with the pressures that such contact brings and to accept their parents as they are (Watson, 1968, p. 338).
In a study of children in long-term care conducted by Rachel Jenkins, it was found that 57% of foster children over one and a half years of age at placement with no parental contact were disturbed, as opposed to 35% having regular contact (Jenkins, R., 1969, p.352).

In general, Jenkins discovered that the level of disturbed behaviour increased as contact between children in care and their parents became erratic and infrequent, and the least disturbed children were those who enjoyed frequent contact with their parents (Jenkins, R., 1969, p.352).

It is a fact of life in the present child welfare system that many children remain in long-term care where future planning is nebulous at best. In Ontario, long-term care implies crown wardship which terminates all parental rights and responsibilities. This factor suggests a possible reason for a decision, be it initiated by the worker or ordered by the court, to discontinue contact between the crown ward and his parents. This issue will be addressed later in this study.

As has been previously stated, where contact, in the form of visiting between children and their families has been discontinued, it does not negate the need for ongoing contact in some other form as children continue to hold on to their memories and fantasies of the past.

Colon, already cited, actively sought out and rediscovered his family even after fifteen years in one, stable, continuous foster home placement, during which time he had no visits with his family (Colon, 1973, p.433).

Littner expresses concern over children in care who repress their feelings about placement issues and being in care:

As a result of this repressive effort, the child may no longer realize how much the separation and placement hurt him. However, their effects, like buried land mines, may haunt him.
for the rest of his life, interfering with his ability to function as an adult and impairing his later capacity to be an adequate parent (Littner, 1967, p.5).

Costin advocates intervention by the child's social worker to assist the child in dealing with the effects of separation from the family as many children

...show an intense need to understand the circumstances of separation from their parents...
...leaving the child alone with his feelings of confusion and rejection over what has taken place or avoiding his stressful feelings by giving him too ready reassurance about his future fails to alleviate the child's real suffering (Costin, 1977, pp.251-252).

The social worker also needs to share information to insure ongoing contact between the child and his past in order that identity formation be allowed to develop in as smooth a manner as possible under the traumatic circumstances resulting from admission to care.

Perhaps, if contact were maintained via social worker information sharing, the maintenance of steady placement and continuity might be more readily achieved.

Stone insists that, where there is no physical contact between children and family, at the very least, the social worker must share information with the child about the child's past:

...in his need to anchor himself, in his need to identify himself as a person with some dignity, in his need to give some semblance of wholeness to a riddled life structure, he frequently resorts to fantasy (Stone, 1953, p.146).

Earlier, Stone remarks:

The child who has no consistent adult figure in his early life has no resource to which to turn for that knowledge about himself which he cannot be expected to remember (Stone, 1953, p.146).
Stone is suggesting that it is up to the child's social worker to fill in the gaps in order that the child become more aware of the realities of the past; "linking him up" and thereby facilitating a sense of continuity which ought to enhance the formation of a healthier identity.

It can be seen from the above writings that contact need not be only physical contact through visiting but can be accomplished in other ways including the therapeutic "working through" of separation anxiety via social work intervention, and the sharing of information about the past which is hazy or unknown to the child.

Even where parental rights, including the right to access may have been discontinued, it continues to be crucial for the child to maintain contact on some level, and perhaps it should become the social worker's responsibility to initiate and promote contact where there is none.

**SUMMARY**

The literature reviewed strongly supports the shift from cutoff to contact between children in long-term care and their families. Even where studies found no evidence to support the supposed negative and traumatic effects of separation, the authors were skeptical of their own results and voiced their agreement with advocates for contact.

The swing from cutoff to contact grew from the writings of concerned practitioners who observed that children in long-term care continued to seek out contact with their families, even if the contact was merely fantasized, and regardless of how inadequate and destructive their families may have been.
The literature also suggested that the formation, growth and maintenance of an integrated, healthy identity, seen as a key ingredient in human development, required continuity between past and present which necessitated some form of contact between children in care and their families.

With the development and growth of General Systems Theory and the subsequent adaptation of many systems concepts to theories of interaction, particularly Bowen's family systems theory, researchers and believers in the need for contact between children and their families, at last discovered the support and theoretical base for their thinking that was previously lacking.

Today, the belief that contact between children in long-term care and their families is necessary and desirable, is almost unanimous, yet one persevering complaint in the field of child welfare is the apparent "lack of emphasis by agencies on family ties" and "the slowness of agencies to incorporate current theory into practice" (Palmer, S. 1976, p.102).

The chapters which follow outline and describe a study designed to address the issue of contact between children in long-term care (crown wards) and their families. What is the practice of child welfare workers in Ontario with regards to this issue? What are the beliefs and attitudes of workers with regards to this issue? Is there a lag in incorporating current theory into practice? These and other questions have been posed and are addressed in the chapters overleaf.
PURPOSE AND NATURE OF STUDY

PROBLEM IDENTIFICATION

Social workers in the field of child welfare, specifically those employed in Children's Aid Societies and Family and Children's Services in Ontario, are legally mandated by the Child Welfare Act (1978) to provide social work services to families on either a voluntary or involuntary basis.

Where it becomes clear that services to the family are not sufficient to allow a child to remain in the natural home, or where the child is deemed to be in need of immediate protection, removal and subsequent placement of the child occurs.

A final decision to separate a child from the natural family may result in:

1. An eventual return of the child to the natural home.

2. Continued placement of the child in an agency approved setting where the plan is to maintain and provide service to the child on a long-term basis.

3. Placement of the child in an adoptive home when this is deemed to be in the child's best interests.

Those children destined to remain in care on a long-term basis become permanent wards of the Crown.

The Ministry of Community and Social Services (1981) in its guidelines on the protection and care of children, defines crown wardship as follows:
Crown ward is a legal term which denotes that the Crown (province) is entrusted with all the responsibilities of legal guardianship for the crown ward, as they relate to parental care, custody, and control (p.106).

The implications of crown wardship for the child are most evident in that the child is now totally dependent on the Children's Aid Society for the fulfillment of both immediate and future needs.

A review of the pertinent literature related to children in long-term care has clearly shown that the child needs some form of on-going involvement with the natural family as a means of achieving a healthy and integrated self-identity.

Despite this stated need for the child, many child welfare agencies in their delivery of services, fail to acknowledge the significance of the natural family in the treatment process.

This lack of recognition and subsequent non-involvement on the part of the natural family, is further reinforced in that legally, crown wardship severs all parental rights unless otherwise stipulated in the court.

In the field of child welfare there appears to be more of an emphasis on the traditional placement and maintenance functions for children in long-term care, rather than an on-going focus on family treatment.

As Watson notes:

Child welfare agencies have tended to develop programs for preventing placement or for rehabilitating families and their returning children, yet have failed to develop a rationale and procedures for children in long-term care (Watson, 1968, p.331).

Agency adherence to traditional placement and maintenance functions ultimately leads to the entrenchment of children within the child welfare system, which further decreases involvement between the child and the 'family of origin'.
As Palmer notes:

The infrequency of family visits and contact during the child’s first year in care suggests a lack of emphasis by agencies on the importance of maintaining family ties and further illustrates the slowness of agencies to incorporate current theory into practice (Palmer, 1976, p.102).

To elaborate further on Palmer’s finding, one must critically question the validity of long-term care when the natural family is not directly or indirectly involved in the treatment process.

To accommodate this need for involvement, child welfare agencies must be willing to move from the traditional placement-maintenance model for the child in long-term care to one which views the child in relation to his natural family, and which structures services and treatment goals accordingly.

As the research has indicated, treatment of the child in long-term care must consider the significance of both the substitute caretakers and the natural family, with the realization that they are not mutually exclusive of each other. Only in this way can the child be expected to develop a healthy and integrated self-identity, essential to his future well-being and development (Costin, 1977).

Problem Formulation

The impetus for this study evolved from the professional experiences of the authors.

As direct service practitioners in the field of child welfare, the authors have observed that some children generally, and crown wards specifically, return home to their families of origin regardless of the stability of placement and despite the degree of family involvement maintained throughout the duration of placement.
As advocates of family systems theory, the authors adhere to the belief that a child's involvement with the family of origin is essential for the development and enhancement of an integrated self-identity.

As indicated in the previous chapter, despite physical separation, the natural family continues to play a significant role in the child's life. Family systems theory states that all individuals maintain a sense of family identity even though they may not actually reside with these families (Bowen, 1978).

Accepting this premise the authors proposed that involvement with the family of origin for the crown ward must be maintained on an on-going basis for as long as the child is in care.

The authors, therefore, sought to explore whether or not social workers employed in child welfare agencies were able to accommodate this need for family involvement in their treatment of crown wards, rather than merely fulfilling the traditional placement/maintenance functions which have long been a prevailing belief and working model.

Specifically, the purpose of the study was to research selected variables which may encourage or impede involvement of crown wards with their family of origin.

Secondly, the authors were interested in determining the degree of contact being maintained between the crown ward and the natural family, the ideal form of contact being participation of the natural family in the treatment process.

The review of literature facilitated the formulation of the questionnaire which addressed these two areas. In turn, the questionnaire provided the needed data to test the hypotheses and to examine the research questions developed by the authors.
METHODOLOGY

CLASSIFICATION OF PROJECT

The research design employed in this study was the quantitative-descriptive type which is defined as

...empirical research investigations which have as their major purpose the delineation or assessment of characteristics of phenomena, program evaluation or the isolation of key variables.

These studies may use formal methods as approximations to experimental design with features of statistical reliability and control to provide evidence for the testing of hypotheses. All of these studies use quantitative devices for systematically collecting data from populations, programs, or samples of populations or programs (Tripodi et al., 1969, p.38).

The study was further classified as a cross-sectional survey.

The cross-sectional survey design has the primary function of providing accurate quantitative descriptive data which can be generalized to some designated population (Grinnell, 1981, p.213).

Justification for employing the cross-sectional survey included the following points:

1. Specific hypotheses were developed prior to the study.
2. The dependent and independent variables were operationally defined.
3. The population was defined based on geographic and demographic characteristics.
4. The parameters of the study participants were defined.
5. The research instruments used in the study were pre-tested for their validity and reliability.

6. Permission from the agencies selected to participate in this study was sought prior to the forwarding of the questionnaires.

7. The individuals in the sample were contacted prior to the study to request their co-operation and assistance in gathering data (Grinnell, 1981, p.214).

THE RESEARCH HYPOTHESES

The research hypotheses used in this study evolved from the literature review as well as from the professional experiences of the authors in providing social work services to crown wards (children in long-term care).

The authors were interested in exploring variables which affected contact between crown wards and the families of origin and formulated the hypothesis that contact between the crown ward and the family of origin depends on the following variables:

1. The social worker's level of education.

2. The number of years of social work experience the worker has had in a Children's Aid Society or a Family and Children's Services agency.

3. The size of a social worker's caseload.

4. The age of the crown ward.

5. The length of time in care since the crown wardship order.

6. The type of placement in which the crown ward resides (receiving, emergency, foster or group home, treatment centre).
7. The number of placements since the time of crown wardship.
8. The distance of the crown ward's placement from the family of origin.
9. Whether or not the crown ward has experienced an adoption breakdown.

THE RESEARCH QUESTIONS

There were four research questions posed in the study which examined social workers' attitudes towards contact between the crown ward and family of origin. They were:

1. What were the social workers' attitudes towards contact between the crown ward and family of origin, when contact was determined through a court order?
2. What were the social workers' attitudes towards contact based on the relationship of the social worker with the natural family?
3. What were the social workers' attitudes towards crown wards maintaining contact, when contact perpetuated previous problems and intensified feelings of anxiety for the child?
4. Excluding those instances where gross damage was likely to occur, what were the social workers' attitudes towards allowing some form of contact between the crown ward and family of origin?
ASSUMPTIONS

For the purposes of this study, it was assumed that:

1. The family is the major socialization force for children.
2. A sense of family is essential to the child in maintaining a healthy sense of identity.
3. Crown wards must have contact with family of origin if this healthy sense of identity is to be achieved.

OPERATIONAL DEFINITIONS

Children's Aid Societies or Family and Children's Services

An agency which has the legal mandate of enforcing the Child Welfare Act of Ontario. Some Children's Aid Societies in Ontario have adopted the name Family and Children's Services. For the purposes of the study the agencies surveyed will be referred to as Children's Aid Societies.

Crown Ward

Crown ward is a legal term which denotes that the Crown (Province) is entrusted with all the responsibilities of legal guardianship for the crown ward as they relate to parental rights, care, custody, and control (Ministry of Community and Social Services, 1979).

Family of Origin

The Crown ward's biological family. Family of origin is also synonymous with the term 'natural family'.

Contact

Contact between crown ward and family of origin is defined as:
1. Active participation in treatment by the family of origin.
2. Visiting between the crown ward and family of origin.
3. Telephone contact between the crown ward and family of origin.
4. Correspondence between the crown ward and family of origin.
5. Information about the family of origin shared through the extended family or child's worker.

Placement

A place of residence for the child approved by the Children's Aid Society.

Agency Operated Placements

A place of residence approved and operated by the Children's Aid Society.

Outside Placements

A place of residence approved by, but not owned or operated by the Children's Aid Society.

Caretakers

Staff persons who are employed in placements to provide surrogate parental care, supervision, and treatment.

Court Order

For the purposes of the study, court order referred to a written order made by a Family Court Judge outlining the terms of a crown wardship order.
Gross Damage

Any physical abuse or on-going serious emotional trauma which a child may be exposed to through contact with the natural family.

Crown Wardship With Access

A legal term denoting the rights of the family of origin to have contact with the crown ward as determined by a Family Court Judge.

Adoption Breakdown

For the purposes of the study, adoption breakdown referred to any situation where the child's placement with an adoption family terminates, for whatever reason, and the child's status becomes that of a crown ward.

SAMPLE SOURCE AND SAMPLING METHOD

Of the 51 Children's Aid Societies in the province of Ontario, 30 agencies were randomly selected to participate in this study. To attain proportionate representation throughout the province of Ontario, the authors sub-divided the province into 10 distinct regions, and proceeded to randomly select agencies from each region. Identification of the regions was determined by surveying a map of Ontario (see appendix D). Classification of the regions was based on geographical clustering (proximity of agencies to each other), and type of population served.

Because of the natural clustering of agencies, some regions contained more agencies than others. As the authors desired to have over one-half
of the total agencies represented in the study, three agencies from each region were randomly selected using a random numbers table.

A random procedure assures that no systematic factors, from whatever source, account for the selection; rather, selection is purely a matter of chance (Grinnell, 1981, p. 74).

This process is referred to as stratified random sampling as a simple random sampling procedure was applied to more than two regions (Grinnell, 1981, p. 81).

This type of sampling procedure is also referred to as being disproportional in that different percentages of agencies were representative of the various regions. Specifically, in those regions that only contained three agencies, 100% of the agencies were represented in the study. For those regions which contained more than three agencies, less than 100% were represented.

Once the random selection of agencies was completed, the authors included all social workers in those agencies who maintained primary casework responsibility for at least one crown ward on their caseload. This was a pre-set criterion for participation in the study and is referred to as cluster sampling.

In its simplest form, cluster sampling involves randomly selecting a cluster from among the clusters listed and implementing the research procedure (e.g., questionnaires), with all persons in that cluster who meet pre-set criterion such as age, sex, or family role (Grinnell, 1981, p. 83).

To accommodate all social workers in the participating agencies who met the pre-set criteria, the authors forwarded questionnaires for all social workers and supervisors based on the Ontario Association of Children's Aid Societies Survey of June 30, 1982 which listed total social work staff complement for the various agencies. Accompanying the
questionnaires, were instructions which outlined the criterion for social workers to be included in the survey. The local directors were asked to distribute the questionnaire to the appropriate workers. A copy of the letter can be referred to in appendix B. All social workers and supervisors in the participating agencies were afforded equal opportunity of completing the questionnaires.

The three agencies from which the authors were on 'leave of absence' were randomly selected for involvement in the study. As the total number of workers who met the criteria of workers to be surveyed was known, only that number of questionnaires was sent to those agencies.

**DESCRIPTION OF AGENCIES SURVEYED IN THE STUDY**

Children's Aid Societies in Ontario operate under the mandate of the Child Welfare Act 1978. The Child Welfare Act stipulates that Children's Aid Societies shall operate for the purpose of:

1. Investigating allegations or evidence that children may be in need of protection.
2. Protecting children where necessary.
3. Providing guidance, counselling and other services to families for protecting children. Providing care for children assigned or committed to its care under this or any other Act.
4. Supervising children assigned to its supervision.
5. Placing children for adoption.
6. Assisting the parents of children born or likely to be born outside of marriage and their children born outside of marriage.
DATA COLLECTION METHOD

One of the important factors to ensuring a high response rate to a mailed surveyed questionnaire is sponsorship. Austin and Crowell (1981) point out the importance of sponsorship in convincing potential respondents of the study's legitimacy and value. The authors, knowing the value of this study and basing the necessity of this type of research on their past experiences with crown wards in Children's Aid Societies, felt it necessary to relay the value and necessity of this research to potential respondents in this study.

Information which outlined the purpose and nature of the research project, as well as Children's Aid Societies to be included in the survey, was forwarded to Mr. George Caldwell, Director of the Ontario Association of Children's Aid Societies (see Appendix A). Mr. Caldwell was supportive of, and encouraged the research project. The authors requested that Mr. Caldwell forward letters to the local directors of the Children's Aid Societies chosen to participate in the study advising them of the research project and asking for their co-operation (see Appendix B). The authors regretted not being able to contact these agencies directly to discuss the project with local directors and to request their co-operation. However, considering the magnitude of the study, time constraints, and economic considerations, it was not feasible to discuss the purpose and nature of the research project with the participating agencies on an individual basis.

In the letters sent to the local directors, they were asked to designate an agent to collect the completed questionnaires and return them to the authors, by a specific date, in the self-addressed, stamped envelopes which were provided.
DATA COLLECTION INSTRUMENT

Due to time constraints and economic considerations, the authors employed the use of a questionnaire as the method of collecting data.

Selltiz, Wrightsman, and Cook point out the advantages in employing the use of a questionnaire over the use of interviews as a means of collecting data:

1. Questionnaires can be administered to large numbers of individuals simultaneously.
2. Respondents may have greater confidence in their anonymity and thus feel free to express their viewpoint more honestly.
3. Questionnaires may place less pressure on the respondent for immediate response, allowing ample time for a more accurate, complete answer.
4. Questionnaires require much less skill to administer than an interview (Selltiz et al., 294-296).

The first part of the questionnaire contained demographic data regarding the responding social workers such as level of education, number of years employed as a social worker in a Children’s Aid Society, size of caseload, and number of crown wards on caseload.

The second part of the questionnaire contained fixed-alternative statements, in which the responses were limited to stated alternatives. Selltiz et al point out the advantages of employing a fixed alternative questionnaire. They are:

1. It is simple to administer and quick and relatively inexpensive to analyze.
2. It may help to ensure that the answers are given in a frame of reference that is relevant to the purpose of the enquiry and in a form that is usable in the analysis.

3. Sometimes the provision of alternative replies helps to make clear the meaning of the question (Selltiz et al., 1976, 294-296).

The questionnaire statements were designed to test the research hypothesis and research questions as stated by the authors earlier on in this chapter. Social workers were asked to select one of five alternatives (strongly agree, agree, undecided, disagree, and strongly disagree) in responding to the statements. Approximately half the statements were worded so that a strongly agree response indicated a favourable or preferred attitude towards the statement, while the other half of the statements were worded so that a strongly agree response indicated an unfavourable or non-preferred attitude towards the statement.

A section was included at the end of the questionnaire which afforded the social workers the opportunity to comment, question, and/or criticize areas which they might not have felt were included in the questionnaire.

PRE-TEST

As a means of ensuring reliability of the instrument, the authors subjected it to a pre-test.

Selltiz et al. point out the importance of a pre-test as a means of refining the instrument:

The pre-test is a try-out of the questionnaire to see how it works and whether changes are necessary before the start of the full-scale study. The pre-test provides a means of
catching and solving unforeseen problems in the administration of the questionnaire, such as the phrasing and sequence of questions, or its length. It may also indicate the need for additional questions or the elimination of others (Selltiz et al, 1976, p.545).

Dillman addresses eight specific questions which should be considered following the administration of the pre-test:

1. Is each item measuring what it is intended to measure?
2. Are all the words understood?
3. Are questions interpreted similarly by all individuals?
4. Does each closed-ended question have a response category that applies to each person?
5. Does the questionnaire create a positive impression, one that motivates people to answer it?
6. Can the questions be answered correctly?
7. Are some items missed? Do some items elicit uninterpretable answers?
8. Does any aspect of the instrument suggest bias on the part of the investigator? (Grinnell, 1981, p.178

Mindel points out that there are essentially three types of groups that are best used in the pre-test of a research instrument: (1) fellow colleagues, (2) the potential users of the data, and (3) individuals drawn from the population to be surveyed" (Grinnell, 1981, p.178)

Mindel also indicates that the most appropriate means of gathering feedback from the individuals is by direct interaction with them.

The pre-test for this study involved six social workers who previously worked in the child welfare field and who were previously entrusted with casework responsibilities for crown wards.
These social workers were colleagues of one of the authors. At the
time of this study four of the six individuals were employed as social
workers in agencies other than the type of agencies being surveyed. Two
of the individuals were employed in a Children's Aid Society which was
included in the sample population however, these workers did not
maintain casework responsibilities for crown wards and were not included
in the sample.

The authors presented the pre-test participants with the same package
that those social workers being surveyed in this study would receive.
The participants were left to interpret the questionnaire on their own
as would the social workers who were being surveyed in the study.

Two of the individuals in the pre-test completed the questionnaires
individually and the other four individuals were together in pairs when
completing the questionnaires.

Following the completion of the questionnaires the researchers
interviewed each pre-test participant. Despite the fact that the
instructions stipulated that workers were not to consult with their
colleagues, collaboration between social workers did take place during
the pre-test, and was thus identified as a limitation of the study.

The pre-test proved to be very useful. Generally, the individuals in
the pre-test had no difficulty in understanding the instructions on the
questionnaire or the questionnaire itself. They did have difficulty
answering the factual information as they did not have the type of cases
being surveyed in the study on their caseloads. However, based on their
past work experience in the child welfare field they were able to
understand the factual questions being asked.
These six individuals were helpful in providing feedback on how some questions should be re-worded so that they could be better understood, adding response categories to closed-ended questions so that they would apply to each worker, reminding the workers about certain instructions throughout the questionnaire and re-ordering questions.

After considering the feedback received in the pre-test and making revisions to the questionnaire and instruction sheet, the researchers were satisfied that the eight questions to be considered, as proposed by Dillman, had all been answered to the authors' satisfaction.

**ANALYSIS OF THE DATA**

The data obtained by the questionnaires were computer analyzed using the Statistical Analysis System. In the following chapter, the demographic characteristics of the social workers and crown wards surveyed in the study will be described using frequency tables. The social workers' responses to the 26 attitudinal statements will also be described using frequency distributions.

The hypotheses were tested using the Chi-Square Test of Significance. Chi-Square was used because of its appropriateness in measuring the association between interval/ratio variables. The hypothesis concerning adoption breakdown was subjected to a T-Test procedure because of its appropriateness in measuring ordinal variables (Grinnell, 1981, p.504). Levels of significance of .05 were used in testing the various hypotheses.
LIMITATIONS

The author's recognized limitations to using a fixed alternative questionnaire. Sellitiz et al, state that:

1. One of the major drawbacks of the closed question is that it may force a statement of opinion on an issue about which the respondent does not have any opinion.

2. In the closed question, the reply is taken at face value.

3. Even when a respondent has a clear opinion, a fixed-alternative question may not give an adequate representation of it because none of the choices corresponds exactly to the respondent's position, or because they do not allow for qualifications.

4. Omission of possible alternative responses may lead to bias. Even when a space is provided for "other" replies, most respondents limit their answers to the alternative provided.

5. The fact that the wording of questions is the same for all respondents may conceal the fact that different respondents make different interpretations, some of which may be quite different from those intended by the interviewer (Sellitiz, et al, 1976, p. 314-316).

The authors were aware of the fact that the respondents may have been somewhat reluctant to reveal their attitudes regarding crown wards and contact with the family of origin, and may instead have chosen to reply in a manner which they felt was expected of them.

Given the large size of the sample, the authors were unable to make personal contact with the various agencies as a means of promoting the significance and relevance of the study, and to actively encourage and support participation by agency personnel.
As well, the authors took into consideration the administrative demands placed on the various agencies which requires much of their time in completing other surveys, such as the crown ward review which is conducted on an annual basis by the Ministry of Community and Social Services.

The authors also anticipated limitations if:

1. The local directors of the agencies distributed the questionnaires inappropriately or did not distribute them at all.
2. The social workers discussed and completed the questionnaire as a group, which may have introduced a bias in the actual responses.

**SUMMARY**

This chapter outlined the research design and techniques employed by the authors in the study for the purpose of identifying and measuring variables which affected contact between the crown ward and the family of origin.

The sample consisted of 128 social workers who maintained primary casework responsibility for a total of 812 crown wards.

These social workers represented 22 of the 30 agencies (73.33%) in the province which were randomly selected to participate in the study.

This chapter included:

1. The research hypotheses and research questions as stated by the authors.
2. A description of the sample and operational definitions.
3. A discussion of the data collection method and data collection instrument.

In addition, limitations of the study were outlined.
The subsequent chapter will outline the data findings, gathered from the questionnaires, and will include demographic and attitudinal responses of the social workers surveyed in the study.
DATA FINDINGS AND ANALYSIS

INTRODUCTION

As was indicated in the Methodology chapter, a fixed-alternative questionnaire was designed to gather the pertinent facts for analysis and discussion.

In this chapter, the data gathered from questionnaire responses will be presented and analyzed in relation to the hypotheses and research questions outlined in the previous chapter.

The first part of the questionnaire (questions 1-18) was designed to gather two sets of factual information. The first set described the sample population of social workers in terms of their educational level and years of experience in social work. The second set of information described some demographic aspects of the crown wards who were under the supervision of the social workers in the sample.

The authors were interested in discovering who carried primary responsibility for crown wards in the agencies studied. Were workers professional people with social work or related degrees? Were workers new in the field of child welfare, or had they practised for a number of years?

In relation to crown wards, what was the average number of crown wards on a caseload? What was the average age of the crown wards? What kind of contact between crown ward and family was maintained? How was the social worker involved in initiating contact?
The second part of the questionnaire (questions 19-44) was designed to collect information regarding the participating social workers' attitudes towards contact between crown wards and their families of origin.

That a worker held a positive attitude towards contact did not necessarily mean that contact was, in fact, being maintained. However, it was assumed that a positive attitude in this area would predispose a worker to facilitating contact wherever it may have been possible.

Attitudes of social workers were questioned under general circumstances as well as in specific situations related to the identified independent variables of the study.

This chapter will present the general findings with regard to workers' attitudes towards contact between crown wards and their families.

More specifically, questions to be posed and addressed in the following section include:

1. Is there an attitudinal consensus of workers towards contact in general?
2. Is there an attitudinal consensus of workers given the varied and specific situations encountered in practice?
3. In what areas do workers disagree about the importance of contact?
4. Do worker attitudes, in fact, reflect current theory espousing the importance of contact?
5. How important is contact when contrasted to the traditional child welfare function of placement and maintenance of placement?
6. Can the specific circumstances or variables which militate against contact be identified and isolated?

These and other questions were asked and are addressed in the section that follows. In this chapter the data will be described and analysed.

In the following tables the numbers found under the table heading 'Questionnaire Item' refer to specific questions in the questionnaire used for the study. The questionnaire can be referred to in Appendix C.

CONTACT

Since contact was considered the dependent, and as such, the central variable in the study, many questions were designed to gather information about contact.

More specifically, information in three areas related to contact were considered essential: a) the pattern of contact between crown wards and their families, b) who initiates contact between crown wards and their families, and c) reasons why contact may not have been occurring between crown wards and their families.

Pattern of Contact

The authors were interested in determining the frequency of contact and asked the respondents to indicate for those crown wards on their caseloads, the approximate frequency of contact being maintained.

Table 1 notes that of the 686 children that the workers responded for as having maintained contact, a total of 175 (25.51%) were having contact with the natural family on a monthly basis, whereas 145 crown wards (21.14%) had no contact with the natural family.
The Table shows that while 43.58% of the crown wards were maintaining active contact with the family of origin (at least once a month), 56.42% of the crown wards were maintaining very little contact or no contact whatsoever.

TABLE 1

Frequency of Contact Between Crown Ward and Family of Origin

<table>
<thead>
<tr>
<th>Pattern of Contact</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approx. every week</td>
<td>58</td>
<td>8.45</td>
</tr>
<tr>
<td>Approx. every two weeks</td>
<td>66</td>
<td>9.62</td>
</tr>
<tr>
<td>Approx. every month</td>
<td>175</td>
<td>25.51</td>
</tr>
<tr>
<td>Approx. once every three months</td>
<td>119</td>
<td>17.35</td>
</tr>
<tr>
<td>Approx. twice a year</td>
<td>75</td>
<td>10.93</td>
</tr>
<tr>
<td>Less than twice a year</td>
<td>48</td>
<td>7.00</td>
</tr>
<tr>
<td>No contact</td>
<td>145</td>
<td>21.14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>686</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

Contact - Who Initiates

Social workers in the sample were asked to indicate who generally initiated a request for contact between the crown ward and family of origin.

Table 2 reveals that contact was initiated more often by a combination of worker, child, and family which constituted the category of 'other'. The Table shows that of the 114 responses to the question of who initiated contact, 52 (45.614%) fell into the aforementioned category.
From the Table it was seen that the child initiated contact in a total of 32 cases (28.070%), the family in a total of 17 cases (14.912%), and the worker in a total of only 13 cases (11.404%).

An interesting note regarding contact by 'other' is that when this category was further scrutinized, it was observed that the family and child together initiated contact in a total of 20 cases (17.544%), with the worker and child initiating contact in 6 cases (5.263%). Only in 3 cases (2.632%) did the worker and family together initiate contact between the crown ward and the family of origin.

TABLE 2
Contact and Who Initiates It

<table>
<thead>
<tr>
<th>Contact initiated by</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker</td>
<td>13</td>
<td>11.404</td>
</tr>
<tr>
<td>Child</td>
<td>32</td>
<td>28.070</td>
</tr>
<tr>
<td>Family</td>
<td>17</td>
<td>14.912</td>
</tr>
<tr>
<td>Other (combination of above)</td>
<td>52</td>
<td>45.614</td>
</tr>
<tr>
<td>Total</td>
<td>114</td>
<td>100.000</td>
</tr>
</tbody>
</table>

Reasons Why Contact Was Not Being Maintained

The authors sought to determine the reasons why some crown wards were not maintaining contact with the family of origin.

The number of crown wards cited as having no contact in Table 3 (331), conflicts with the number of crown wards not maintaining contact (145), as calculated from the figures contained in Table 1. The
discrepancy in these figures may be attributable to the fact that some social workers included crown wards on their caseload in more than one category in Table 3, as reasons for not maintaining contact with the family of origin.

Of the 331 crown wards cited as having no contact in Table 3, there were 144 cases (43.50%) where this was due to the unknown location or death of family members. The table further indicates that in 69 cases (20.85%), lack of contact with the natural family was due to the family's refusal to participate. A total of 56 of the crown wards (16.92%) were not allowed contact due to the workers' perception that contact would be detrimental to the child.

Only in 30 cases (9.06%) did the individual child refuse to maintain contact with family, with 32 cases (9.67%) reporting that contact was not maintained because placement staff perceived it as detrimental to the child.
TABLE 3
Reasons for Not Maintaining Contact

<table>
<thead>
<tr>
<th>Reasons for not maintaining contact</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members deceased or whereabouts unknown.</td>
<td>144</td>
<td>43.50</td>
</tr>
<tr>
<td>Family refuses to maintain contact with child.</td>
<td>69</td>
<td>20.85</td>
</tr>
<tr>
<td>Child refuses to maintain contact with family.</td>
<td>30</td>
<td>9.06</td>
</tr>
<tr>
<td>Placement staff views contact as detrimental to child.</td>
<td>32</td>
<td>9.67</td>
</tr>
<tr>
<td>Worker views contact as detrimental to child.</td>
<td>56</td>
<td>16.92</td>
</tr>
<tr>
<td>Total</td>
<td>331</td>
<td>100.00</td>
</tr>
</tbody>
</table>

LEVEL OF EDUCATION AND YEARS OF SOCIAL WORK EXPERIENCE

Table 4 shows that a large segment of the respondents in the study held degrees other than those in the field of social work. The Table further reveals that only 13 of the respondents (10.1%) held M.S.W. degrees. The mean number of years of social work experience of the respondents was 7.6 while the mean number of years of social work experience in a Children's Aid Society was 6.1.

It was hypothesized that the level of education of the social workers who supervised crown wards on their caseloads would affect contact between the crown ward and the family of origin. Level of education was grouped into three major categories, B.S.W., M.S.W., and OTHER, to
TABLE 4
Educational Level by Years of Experience

<table>
<thead>
<tr>
<th>Degree</th>
<th>Frequency</th>
<th>Mean Years Social Work Experience</th>
<th>Mean Years CAS Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA</td>
<td>35</td>
<td>7.26</td>
<td>6.29</td>
</tr>
<tr>
<td>BSW</td>
<td>77</td>
<td>4.32</td>
<td>3.95</td>
</tr>
<tr>
<td>MSW</td>
<td>13</td>
<td>11.64</td>
<td>8.21</td>
</tr>
<tr>
<td>OTHER</td>
<td>43</td>
<td>7.40</td>
<td>7.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>128</strong></td>
<td><strong>Mean Yrs. = 7.60</strong></td>
<td><strong>Mean Yrs. = 6.10</strong></td>
</tr>
</tbody>
</table>

include those workers with professional social work degrees and those without. The authors then examined the frequency of contact being maintained between crown wards and families of origin as previously indicated in Table 1. Table 5 shows the frequency of contact between the crown ward and family of origin by the level of education of the social worker.

The chi-square value of 38.849 was greater than the critical value of 21.03, for 12 degrees of freedom, and is significant at a .05 probability level. The hypothesis that contact between the crown ward and the family of origin would be affected by the level of education of the social worker was, therefore, accepted.

It was also hypothesized that the number of years experience that the social worker had in a Children's Aid Society would affect contact between the crown ward and the natural family.

To test the hypothesis the respondents were considered individually to examine their years of experience in a Children’s Aid Society and the
TABLE 5

Frequency of Contact By Level of Education

<table>
<thead>
<tr>
<th>FREQUENCY OF CONTACT</th>
<th>LEVEL OF EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RSW</td>
</tr>
<tr>
<td>Approx. once/week</td>
<td>18</td>
</tr>
<tr>
<td>Approx. every two weeks</td>
<td>17</td>
</tr>
<tr>
<td>Approx. every month</td>
<td>39</td>
</tr>
<tr>
<td>Approx. twice/year</td>
<td>7</td>
</tr>
<tr>
<td>Approx. once every three months</td>
<td>38</td>
</tr>
<tr>
<td>Less than twice a year</td>
<td>10</td>
</tr>
<tr>
<td>No contact</td>
<td>28</td>
</tr>
<tr>
<td>TOTAL</td>
<td>157</td>
</tr>
</tbody>
</table>

CHI-SQUARE 38.849 df=12 p<.001

percentage of crown-wards on their caseloads who were not having contact with the family of origin. Pearson's Product-Moment Correlation Coefficient (Pearson's r) was used to test the significance of the correlation between the two variables in the sample population. The Pearson's r value of -0.04544 revealed an association at the .05 level
which was significant. However, the relationship between the two variables was found to be very negligible.

The test results lead to the acceptance of the null hypothesis that the number of years of social work experience in a Children's Aid Society did not affect contact between the crown ward and natural family.

SIZE OF CASELOAD

The respondents reported a total of 3,051 cases, leaving an average caseload size consisting of approximately 24 cases. These cases would include individual children and/or children and their families. In addition, the respondents reported a total of 812 crown wards on their caseloads. This meant that social workers in this sample each maintained primary casework responsibility for an average of 6.34 crown wards.

Table 6 shows the results of those questions pertaining to the social workers' attitudes toward facilitating contact between the crown ward and natural family, in relation to workload expectations.

Specifically, the authors were interested in determining whether or not contact was viewed as a high priority for the workers, given other demands and expectations that may be required of them.

Questionnaire item 32 indicated that 27.87% of the workers felt that facilitating contact between the crown ward and natural family was not a high priority for them. From questionnaire item 41, contact was viewed as less of a priority but by a larger number of respondents (44.26%).
TABLE 6
Contact and Workload

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>32*</td>
<td>3</td>
<td>31</td>
<td>10</td>
<td>63</td>
<td>15</td>
<td>N=122</td>
</tr>
<tr>
<td></td>
<td>2.46</td>
<td>25.41</td>
<td>8.20</td>
<td>51.64</td>
<td>12.29</td>
<td>100%</td>
</tr>
<tr>
<td>.41**</td>
<td>7</td>
<td>48</td>
<td>13</td>
<td>51</td>
<td>3</td>
<td>N=122</td>
</tr>
<tr>
<td></td>
<td>5.74</td>
<td>39.34</td>
<td>10.66</td>
<td>41.80</td>
<td>2.46</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Md=4 (Disagree)
**Md=3 (Undecided)

The hypothesis that the size of a worker’s caseload affects contact between the crow ward and natural family was tested using chi-square. As the average caseload size for social workers surveyed in the study was 24, this variable was divided into two categories to include those social workers who maintained a caseload size of less than 24, and those workers who maintained a caseload size equal to or greater than 24. Frequency of contact was grouped into three categories to include monthly contact, less than monthly, and no contact.

Table 7 shows the chi-square test results for size of caseload by frequency of contact.

The chi-square value of 18.96, for two degrees of freedom, is greater than the critical value of 5.99, and is significant at a .05 probability level. The hypothesis that the size of a worker’s caseload would affect
TABLE 7

Size of Workers Caseload By Frequency of Contact

<table>
<thead>
<tr>
<th>FREQUENCY OF CONTACT</th>
<th>SIZE OF WORKER CASELOAD</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23 Cases or Less</td>
<td>24 Cases or More</td>
</tr>
<tr>
<td>Monthly Contact</td>
<td>82</td>
<td>207</td>
</tr>
<tr>
<td>Less than Monthly Contact</td>
<td>96</td>
<td>146</td>
</tr>
<tr>
<td>No Contact</td>
<td>54</td>
<td>91</td>
</tr>
<tr>
<td>TOTAL</td>
<td>232</td>
<td>444</td>
</tr>
</tbody>
</table>

CHI-SQUARE 18.96 df=2 p< .001

*Note: The total crown wards reported (676) is less than the total number of crown wards reported in the table which indicates frequency of contact (Table 1). The discrepancy was due to the fact that two social workers in the sample, who had a total of 10 crown wards, did not report their caseload size and are not included in Table 7.

Contact between the crown ward and family of origin was, therefore, accepted.
AGE OF CROWN WARD

Table 7 shows a discrepancy in the total number of crown wards reported. The workers responded for 819 crown wards when in actuality, there were only 812 crown wards included in the study. This was considered to be an error in reporting data. The number and percentages used in this section were based on 819 crown wards as it was not known in which categories social workers reported the five additional crown wards.

As can be seen in Table 8, the largest number of crown wards in the study, 596 (72.77%), were between the ages of eleven and eighteen with 354 (43.22%) falling between the ages of sixteen and fifteen and 242 (29.55%) between the ages of sixteen and eighteen. Only 57 (6.96%) were over the age of eighteen. This can be accounted for by the fact that crown wardship status automatically terminates on the child's eighteenth Birthday, and only where a Children’s Society has requested special care status can children be cared for beyond age eighteen. The process is carried out under an Extended Care Agreement where the Ministry of Community and Social Services agrees to allocate funds to the agency to help pay for the child's continued care, maintenance and education. In essence, the child is no longer a crown ward but receives continued assistance from the Children's Aid Society subject to special circumstances such as continuing education.

Table 8 also reveals that only 5 children (.61%) were under the age of one. This may be attributed to the fact that many teenage mothers are choosing to care for their children rather than place them permanently in the care of Children’s Aid Societies. As well, those
infants who are placed in the care of the Society, and who quickly become crown wards, are likely to be placed in adoptive homes within a short period of time. Also, children may be in care under age one but often do not become crown wards until after two years of continuous care.

**TABLE 8**

**Age of Crown Wards**

<table>
<thead>
<tr>
<th>Age of Crown Ward</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>5</td>
<td>.61</td>
</tr>
<tr>
<td>One to three years</td>
<td>17</td>
<td>2.08</td>
</tr>
<tr>
<td>Four to six years</td>
<td>43</td>
<td>5.25</td>
</tr>
<tr>
<td>Seven to ten years</td>
<td>101</td>
<td>12.33</td>
</tr>
<tr>
<td>Eleven to fifteen years</td>
<td>354</td>
<td>43.22</td>
</tr>
<tr>
<td>Sixteen to eighteen years</td>
<td>242</td>
<td>29.55</td>
</tr>
<tr>
<td>Over eighteen years</td>
<td>57</td>
<td>6.96</td>
</tr>
<tr>
<td>Total</td>
<td>819</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Table 9 outlines the results dealing with the workers' attitudes towards contact between the younger crown ward and the natural family.

In questionnaire item 31, workers were specifically asked to indicate whether it was more important to facilitate a permanent placement for the younger crown ward, rather than to maintain contact between the ward and natural family. As can be seen in Table 9, 61.91% of the respondents agreed or strongly agreed with the idea of facilitating a permanent placement for the ward over the maintenance of contact, while 21.43% disagreed with this and 3.17% strongly disagreed.
In questionnaire item 36 the workers were asked if permanent planning should include contact between the crown ward and natural family where adoption has been ruled out for the ward. Ninety social workers (72.59%) agreed that permanent planning for the crown ward should include contact between the ward and natural family. Only 12 workers (9.67%) disagreed, while 22 workers (17.74%) were undecided in their response.

**TABLE 9**

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE (1)</th>
<th>AGREE (2)</th>
<th>UNDECIDED (3)</th>
<th>DISAGREE (4)</th>
<th>STRONGLY DISAGREE (5)</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>31*</td>
<td>24</td>
<td>54</td>
<td>17</td>
<td>27</td>
<td>4</td>
<td>126</td>
</tr>
<tr>
<td></td>
<td>19.05</td>
<td>42.86</td>
<td>13.49</td>
<td>21.43</td>
<td>3.17</td>
<td>100%</td>
</tr>
<tr>
<td>36**</td>
<td>21</td>
<td>69</td>
<td>22</td>
<td>10</td>
<td>2</td>
<td>124</td>
</tr>
<tr>
<td></td>
<td>16.94</td>
<td>55.65</td>
<td>17.74</td>
<td>8.06</td>
<td>1.61</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Mdn=2(Agree)  
**Mdn=2(Agree)

The hypothesis which stated that contact between the crown ward and the natural family would be affected by the age of the crown ward, was tested by examining the ages of the crown wards in the study and the frequency of contact which they maintained with the family of origin. Age was divided into two groups to include crown wards who were ten
years of age or under and those crown wards who were over the age of ten. Only social workers who had crown wards in one or the other age categories were used in the testing of this hypothesis. Frequency of contact was divided into monthly contact, less than monthly contact, and no contact between the crown ward and natural family.

The chi-square value of 2.37 was less than the critical value of 5.99, with two degrees of freedom, and was not significant at the .05 level. The hypothesis that the age of the crown ward affects contact with the natural family was rejected.

**LENGTH OF TIME IN CARE SINCE CROWN WARDSHIP**

When asked to indicate the number of years the children on their caseloads had been crown wards, the workers in the study responded for 747 of the 812 crown wards surveyed in the study. Of these crown wards, a large majority of children, 517 (69.21%), had been crown wards for one to six years. Ninety-eight children (13.12%) had been crown wards for less than a year, while 68 children (9.10%) had been crown wards for seven to ten years. Sixty-four children (8.57%) had been crown wards for ten years or more. These numbers and percentages are presented in Table 10.

Table 11 outlines the results of the questionnaire items dealing with the workers' attitudes towards parent-child contact in relation to the length of time a child has been a crown ward. Questionnaire items 21 and 39 addressed this issue.

As can be seen from Table 11, the responses indicated some discrepancy or indecision on the part of the workers. In questionnaire
TABLE 10
Number of Years Children Have Been Crown Wards

<table>
<thead>
<tr>
<th>Number of Years as Crown Ward</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>98</td>
<td>13.12</td>
</tr>
<tr>
<td>One to three years</td>
<td>315</td>
<td>42.17</td>
</tr>
<tr>
<td>Four to six years</td>
<td>202</td>
<td>27.04</td>
</tr>
<tr>
<td>Seven to ten years</td>
<td>68</td>
<td>9.10</td>
</tr>
<tr>
<td>Over ten years</td>
<td>64</td>
<td>8.57</td>
</tr>
<tr>
<td>Total</td>
<td>747</td>
<td>100.00</td>
</tr>
</tbody>
</table>

item 21, 82.68% of the social workers disagreed that the longer a child has been a crown ward, the less need there was to maintain contact between the ward and natural family. In questionnaire item 39, 74 workers (59.20%) agreed with the statement that contact should be maintained between crown ward and family of origin regardless of the length of time in care since crown wardship. Also in questionnaire item 39, 20.00% of the workers gave the least preferred response and indicated more indecision regarding the importance of contact than in questionnaire item 21.

The hypothesis which stated that the length of time a crown ward has been in the care of the Children's Aid Society affects contact between the crown ward and the natural family was tested using chi-square. The length of time in care was divided into three categories as indicated in Table 12 which indicates the number of social workers who have crown wards in each category. Frequency of contact was divided into three categories to include those social workers who had crown wards who
TABLE 11
Contact-Workers Attitudes Towards Length of Crown Wardship

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>21*</td>
<td>3</td>
<td>9</td>
<td>10</td>
<td>71</td>
<td>34</td>
<td>N=127</td>
</tr>
<tr>
<td></td>
<td>2.36</td>
<td>7.09</td>
<td>7.87</td>
<td>55.91</td>
<td>26.77</td>
<td>100%</td>
</tr>
<tr>
<td>39**</td>
<td>12</td>
<td>62</td>
<td>26</td>
<td>25</td>
<td>0</td>
<td>N=125</td>
</tr>
<tr>
<td></td>
<td>9.60</td>
<td>49.60</td>
<td>20.80</td>
<td>20.00</td>
<td>0</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Md = 4 (Disagree)
**Md = 2 (Agree)

maintained monthly contact, less than monthly contact, or no contact with the family of origin.

The chi-square value of 3.98 was less than the critical value, for four degrees of freedom, of 7.78, and was not significant at a .05 probability level.

As the chi-square value was not significant, the null hypothesis which stated that the length of time a crown ward has been in the care of a Children’s Aid Society does not affect contact between the crown ward and natural family was accepted and the hypothesis was rejected.
### TABLE 12

**Frequency of Contact By Length of Crown Wardship**

<table>
<thead>
<tr>
<th>FREQUENCY OF CONTACT</th>
<th>LENGTH OF TIME OF CROWN WARDSHIP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SHORT TIME (less than 3 years)</td>
<td>MEDIUM TIME (4-6 years)</td>
</tr>
<tr>
<td>Monthly</td>
<td>77</td>
<td>51</td>
</tr>
<tr>
<td>Less than monthly</td>
<td>69</td>
<td>51</td>
</tr>
<tr>
<td>No contact</td>
<td>40</td>
<td>28</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>186</strong></td>
<td><strong>130</strong></td>
</tr>
</tbody>
</table>

**CHI-SQUARE 3.98 df=4 p= .5915**

**TYPE OF PLACEMENT**

The variable "type of placement" was viewed as containing elements beyond mere nominal information (foster home, group home, institution, and so on). Although the actual type of placement where crown wards were residing was considered valuable information to know, the authors felt that contact would be influenced by various attitudinal considerations related to different types of placement.

For example, questions to be answered through attitudinal responses included:

1. Would workers' attitudes towards maintaining contact differ if placement operators opposed contact?
2. Would workers hold the same attitude towards agency governed and privately operated placements?

3. Would workers terminate contact if it threatened the stability of a placement?

Contact, as influenced by factors and attitudes related to type of placement, is scrutinized in this section.

The authors were interested in examining the type of placements occupied by crown wards in relation to contact between the crown wards and their families of origin. Social workers in the study were asked to indicate the type of placements used by them for the crown wards on their caseloads.

The various types of placements used by Children's Aid Societies throughout Ontario are listed in Table 13 along with the frequency with which they were used for the crown wards in the study. As indicated in Table 13, the most frequently used placement for the crown wards in the survey was the foster home placement. A total of 545 crown wards (66.95%) were found to be in foster home placements with 412 (50.61%) occupying regular foster homes and 133 (16.34%) being placed in special foster homes. It was also revealed in this table that 107 crown wards (13.15%) occupied institutional placements, and the least number of crown wards were placed in a receiving home. This could be accounted for by the fact that receiving homes are primarily used as temporary emergency and assessment placements until a more suitable long-term placement is found for the crown ward. The category 'other' in Table 13 includes room and board placements, placements with family of origin, and independent living.
TABLE 13
Type of Placement

<table>
<thead>
<tr>
<th>Type of Placement</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving home</td>
<td>6</td>
<td>.74</td>
</tr>
<tr>
<td>Foster home</td>
<td>412</td>
<td>50.61</td>
</tr>
<tr>
<td>Special foster home</td>
<td>133</td>
<td>16.34</td>
</tr>
<tr>
<td>Group home</td>
<td>53</td>
<td>6.51</td>
</tr>
<tr>
<td>Free</td>
<td>17</td>
<td>2.09</td>
</tr>
<tr>
<td>Paid institution</td>
<td>73</td>
<td>8.97</td>
</tr>
<tr>
<td>Free institution</td>
<td>34</td>
<td>4.18</td>
</tr>
<tr>
<td>Other</td>
<td>86</td>
<td>10.56</td>
</tr>
<tr>
<td>Total</td>
<td>814</td>
<td>100.00</td>
</tr>
</tbody>
</table>

It was hypothesized that the type of placement in which a crown ward resided would affect contact between the ward and the family of origin. Since over one half of the crown wards in the study (545) were residing in either foster or special foster homes, type of placement was grouped into two distinct categories - Foster homes and Other (group homes, institutional placements, room and board placements, etc.).

Frequency of contact was grouped into three categories to include monthly contact, less than monthly contact, and no contact.

Table 14 presents the chi-square test results for type of placement by frequency of contact.

The chi-square value of 18.34, for two degrees of freedom, was greater than the critical value of 5.99, and was significant at a .05 probability level.
### TABLE 14

Type of Placement By Frequency of Contact

<table>
<thead>
<tr>
<th>FREQUENCY OF CONTACT</th>
<th>TYPE OF PLACEMENT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FOSTER</td>
<td>OTHER</td>
<td>TOTAL</td>
</tr>
<tr>
<td>Monthly</td>
<td>49</td>
<td>17</td>
<td>66</td>
</tr>
<tr>
<td>Less than Monthly</td>
<td>68</td>
<td>2</td>
<td>70</td>
</tr>
<tr>
<td>No contact</td>
<td>29</td>
<td>13</td>
<td>42</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>146</strong></td>
<td><strong>32</strong></td>
<td><strong>178</strong></td>
</tr>
</tbody>
</table>

**CHI-SQUARE** 18.34 df=2 p=.0002

The hypothesis which stated that contact between the crown ward and family of origin was affected by the type of placement in which the crown ward resided, was accepted.

**Contact - When Caretakers in General Oppose It**

Table 15 shows the results pertaining to questionnaire item 43, which asked if workers should not allow contact between the crown ward and natural family when caretakers, in general, oppose it. In this situation, caretakers included those in any type of placement (agency operated and outside placements).

As shown in Table 15, 107 respondents (86.29%) disagreed or strongly disagreed that contact should not be allowed when caretakers oppose it. Only two social workers (1.61%) disagreed with the statement, while 15 (12.10%) were undecided in their response.
TABLE 15

Worker Attitude Toward Contact When Caretakers in General Oppose

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

43
0.00 2 15 85 22 N=124

Median = 4 (Disagree)

Contact in Relation to Agency Governed Placements

Social workers' attitudes towards agency governed placements in relation to contact being maintained between the child and natural family was explored. Specifically, the authors looked at the workers’ attitudes towards contact when:

1. The caretakers of agency run placements opposed contact between the crown ward and natural family.
2. Contact between the crown ward and natural family was jeopardizing the stability of an agency run placement.

Table 16 shows the results for questionnaire items 38 and 40 which pertain to contact for the crown ward in cases of opposition or when contact was deemed to be jeopardizing the stability of an agency run placement.

In questionnaire item 38 a total of 64 workers (51.61%) responded in the preferred direction, supporting the continuation of contact even
though it may be jeopardizing the stability of the placement. A total of 37 workers (29.84%) were undecided in their response. In questionnaire item 40, the majority of workers (89.43%) responded in the preferred direction, indicating their belief that caretakers in agency run placements who undermine contact between the crown ward and natural family, should receive help to resolve such opposition.

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>38*</td>
<td>3</td>
<td>20</td>
<td>37</td>
<td>57</td>
<td>7</td>
<td>N=124</td>
</tr>
<tr>
<td></td>
<td>2.42</td>
<td>16.13</td>
<td>29.84</td>
<td>45.97</td>
<td>5.64</td>
<td>100%</td>
</tr>
<tr>
<td>40**</td>
<td>39</td>
<td>71</td>
<td>9</td>
<td>4</td>
<td>0</td>
<td>N=123</td>
</tr>
<tr>
<td></td>
<td>31.71</td>
<td>57.72</td>
<td>7.32</td>
<td>3.25</td>
<td>0.00</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Md=n=4 (Disagree)  
**Md=n=2 (Agree)

**Outside Placements and Contact**

As well as exploring the workers' attitudes towards agency governed placements in relation to contact, the authors were interested in determining workers' perceptions towards outside placements with respect to contact.
Workers' attitudes towards outside placements in relation to contact were examined, to determine whether:

1. Outside placements generally held a negative view towards contact between the crown ward and natural family.

2. Outside placements were more open to allowing contact between crown wards and families of origin.

3. Workers advocated the continuation of contact, despite opposition from outside placement operators.

The results of these questionnaire items are outlined in Table 17. Questionnaire Item 27 indicated that just over one half of the workers (51.26%) disagreed with the statement that outside placement operators held a negative view towards contact between the crown ward and natural family. A substantial number of workers, 35 (29.41%), were undecided, while 22 (18.49%) agreed that outside placement operators held a negative view towards contact.

The results of questionnaire item 29 revealed that 55.00% disagreed that outside placements were more open to allowing contact than were agency-run placements. As can be seen, a large number of workers, 43 (35.83%), were undecided, with only a small number, 10 (8.33%), responding in the non-preferred direction.

Item 37 examined the workers' attitudes towards continued contact despite outside placement opposition, and was similar to questionnaire item 40 which dealt with the continuation of contact despite opposition from caretakers of agency-run placements. The results of questionnaire item 37 indicate that the vast majority of workers, 97 (77.60%), responded in the preferred direction, supporting ongoing contact
despite placement opposition. Only a small number of workers 9 (7.20%) disagreed, with 19 (15.20%) undecided.

TABLE 17

Worker Attitude Towards Contact in Relation to Outside Placement

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>27*</td>
<td>1</td>
<td>22</td>
<td>35</td>
<td>54</td>
<td>7</td>
<td>N=119</td>
</tr>
<tr>
<td></td>
<td>0.84</td>
<td>18.49</td>
<td>29.41</td>
<td>45.38</td>
<td>5.88</td>
<td>100%</td>
</tr>
<tr>
<td>29**</td>
<td>1</td>
<td>10</td>
<td>43</td>
<td>54</td>
<td>12</td>
<td>N=120</td>
</tr>
<tr>
<td></td>
<td>0.83</td>
<td>8.33</td>
<td>35.83</td>
<td>45.00</td>
<td>10.00</td>
<td>100%</td>
</tr>
<tr>
<td>37***</td>
<td>21</td>
<td>76</td>
<td>19</td>
<td>9</td>
<td>0</td>
<td>N=125</td>
</tr>
<tr>
<td></td>
<td>16.80</td>
<td>60.80</td>
<td>15.20</td>
<td>7.20</td>
<td>0.00</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Med=4 (Disagree)
**Med=4 (Disagree)
***Med=2 (Agree)

Contact and the Stability of Placement

Table 18 shows the results of questionnaire item 28, where workers were asked to indicate whether contact should cease when it was viewed as a deterrent to the stability of the placement. Placement in this questionnaire item would refer to both agency and outside placements. It is interesting to note that 41 of the workers (32.54%) agreed that contact should cease when this becomes a deterrent to the stability of placement, while 48 (38.09%) responded in the preferred direction. A total of 37 workers (29.37%) were undecided.
TABLE 18
Worker Attitude Toward Contact When Placement is Jeopardized

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>10,</td>
<td>31</td>
<td>37</td>
<td>45</td>
<td>3</td>
<td>N=126</td>
</tr>
<tr>
<td></td>
<td>7.94</td>
<td>24.60</td>
<td>29.37</td>
<td>35.71</td>
<td>2.38</td>
<td>100%</td>
</tr>
</tbody>
</table>

Mdn=3 (Undecided)

NUMBER OF PLACEMENTS

When asked to indicate the number of placements the crown ward had experienced since the crown wardship order was made, the social workers in the study responded for 806 of the 812 crown wards. A total of 371 crown wards (46.03%) had experienced two to four placements. Three hundred and twenty-four of the crown wards (40.20%) had only experienced one placement. Ninety-three crown wards (11.53%) had experienced between five and ten placements with 70 crown wards (8.68%) having had between five and seven placements and 23 (2.85%) having experienced between eight and ten placements. As expected, the smallest number of crown wards, 18 (2.23%), experienced more than 10 placements. These numbers and percentages are presented in Table 19.

Questionnaire items 34 and 44 dealt with the workers' attitudes towards contact in relation to the number of placements the crown ward had experienced. The results, in Table 20 clearly indicate that the
TABLE 19
Number of Placements Since Crown Wardship Order

<table>
<thead>
<tr>
<th>Number of Placements</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>324</td>
<td>40.20</td>
</tr>
<tr>
<td>Two to four</td>
<td>371</td>
<td>46.03</td>
</tr>
<tr>
<td>Five to seven</td>
<td>70</td>
<td>8.68</td>
</tr>
<tr>
<td>Eight to ten</td>
<td>23</td>
<td>2.85</td>
</tr>
<tr>
<td>Over ten</td>
<td>18</td>
<td>2.23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>806</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

workers responded in the preferred direction, signifying their awareness of the importance of contact for the crown ward regardless of the number of placements the crown ward had experienced. However, it should be noted, that a sizeable number of social workers were undecided in their response to the questions.

The hypothesis that the number of placements a crown ward had experienced would affect contact between the crown ward and natural family was examined.

The variable "number of placements" was divided into two categories consisting of those crown wards who had experienced less than four placements and those crown wards who had experienced five or more placements. Only those social workers who had crown wards in one category or the other, were used to test this hypothesis.

Frequency of contact was divided into three categories to include crown wards who had monthly contact, less than monthly contact, and no contact with the natural family.
TABLE 20
Worker Attitude Towards Contact in Relation to Number of Placements

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>N=126</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>100%</td>
</tr>
<tr>
<td>34*</td>
<td>0</td>
<td>9</td>
<td>20</td>
<td>74</td>
<td>23</td>
<td>N=126</td>
</tr>
<tr>
<td>00.00</td>
<td>7.14</td>
<td>15.87</td>
<td>58.73</td>
<td>18.25</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>44**</td>
<td>15</td>
<td>67</td>
<td>26</td>
<td>13</td>
<td>1</td>
<td>N=122</td>
</tr>
<tr>
<td>12.30</td>
<td>54.91</td>
<td>21.31</td>
<td>10.66</td>
<td>0.82</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

*Mdn=4(Disagree)
**Mdn=2(Agree)

Table 21 illustrates the results of a chi-square test on the variables "number of placements" and "frequency of contact".

The chi-square value of .6675, for two degrees of freedom, was less than the critical value of 5.99, and was not significant at the .05 level of significance. The null hypothesis which stated that the number of placements a crown ward experienced would not affect contact with the natural family was accepted.
TABLE 21

Number of Placements By Frequency of Contact

<table>
<thead>
<tr>
<th>FREQUENCY OF CONTACT</th>
<th>NUMBER OF PLACEMENTS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Four or less</td>
<td>Five or more</td>
</tr>
<tr>
<td>Monthly contact</td>
<td>85</td>
<td>38</td>
</tr>
<tr>
<td>Less than monthly contact</td>
<td>78</td>
<td>36</td>
</tr>
<tr>
<td>No contact</td>
<td>42</td>
<td>24</td>
</tr>
<tr>
<td>TOTAL</td>
<td>205</td>
<td>98</td>
</tr>
</tbody>
</table>

CHI-SQUARE  .6675  df=2  p=.28379

DISTANCE OF PLACEMENT BY CONTACT WITH FAMILY OF ORIGIN

The authors were interested in determining the distance of the crown ward's placement from the family of origin, as well as the number of crown wards within the various distance categories who were maintaining some degree of contact with the natural family.

The distance of placement from the family of origin is outlined in Table 22 and includes the number of crown wards having contact within the defined distance categories. It can be seen that 316 crown wards (38.68%) were placed within 50 kilometers of the natural family. Of this total, 268 (84.8%) were reported as having some type of contact with the natural family.
It was reported that a total of 126 crown wards (15.42%) were placed within 51-100 kilometers from the natural family. Of this total, 94 (74.6%) were reported as having some type of contact.

The respondents reported a total of 30 crown wards (3.67%) placed within 101-150 kilometers of the natural family. In this distance category all crown wards were reported as maintaining some degree of contact.

A discrepancy in reporting was observed when tallying the number of crown wards placed 151-200 kilometers from the natural family, and in discerning the total number of children in this distance category who were maintaining some type of contact. The respondents reported that 52 crown wards resided 151-200 kilometers from the natural family yet also reported that 57 crown wards were maintaining contact with the natural family. Despite the existence of the discrepancy between the reported number of crown wards and the number of crown wards maintaining contact in this distance category, it was assumed that a high proportion would indeed be maintaining some degree of contact with the natural family.

The respondents cited a total of 170 crown wards (20.81%) who were placed over 200 kilometers from the natural family. Of this total, 105 (61.76%) were reported to be maintaining contact.

It is interesting to note from the table that although 38.68% of the crown wards were placed in relatively close proximity to the natural family, 20.81% were placed over 200 kilometers from the natural family.
As well, the respondents reported a total of 123 cases (13.06%) where the whereabouts of the crown wards' natural families were unknown to the agency.

Table 22 shows a discrepancy in the total number of crown wards reported. The social workers reported for 817 crown wards when in actuality there were only 812 wards included in the study. As well, Table 22 indicates that 554 crown wards had contact with their families of origin leaving 258 crown wards who had no contact. This number of crown wards not having contact is different than the 145 crown wards reported in Table 1 as not having contact. It should be noted, however, that the figures in Table 1 are based on a smaller percentage of crown wards than are the figures in Table 24 and this can account for the discrepancy.

TABLE 22

Distance of Placement From Family of Origin

<table>
<thead>
<tr>
<th>Distance</th>
<th>Frequency</th>
<th>Percent</th>
<th>Number of Wards Who Have Contact</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-50 kilometers</td>
<td>316</td>
<td>38.68</td>
<td>268</td>
<td>84.81</td>
</tr>
<tr>
<td>51-100 kilometers</td>
<td>126</td>
<td>15.42</td>
<td>94</td>
<td>74.60</td>
</tr>
<tr>
<td>101-150 kilometers</td>
<td>30</td>
<td>3.67</td>
<td>30</td>
<td>100.00</td>
</tr>
<tr>
<td>151-200 kilometers</td>
<td>52</td>
<td>6.36</td>
<td>57</td>
<td>**</td>
</tr>
<tr>
<td>over 200 kilometers</td>
<td>170</td>
<td>20.81</td>
<td>105</td>
<td>61.76</td>
</tr>
<tr>
<td>Whereabouts unknown</td>
<td>123</td>
<td>15.06</td>
<td>-</td>
<td>**</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>817</strong></td>
<td><strong>100.00</strong></td>
<td><strong>554</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Note: A discrepancy in reporting was observed. The respondents reported more crown wards having contact than the actual number of crown wards residing in placements which fell into this particular distance category.

**Note: Respondents were not asked to report on the crown wards who have contact in cases where the whereabouts of the ward's family of origin was unknown.
Type of Contact by Distance

Upon determining the distance of placements from the natural family, as well as the number of crown wards maintaining contact based on distance, the authors sought to determine the type of contact being maintained between the crown ward and natural family.

The specific types of contact being maintained, based on the distance categories of placement for the crown ward, are outlined in Figure 1.

<table>
<thead>
<tr>
<th>Type of Contact</th>
<th>0-50 kms.</th>
<th>51-100 kms.</th>
<th>101-150 kms.</th>
<th>151-200 kms.</th>
<th>Over 200 kms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation of natural family in treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visiting between crown ward and natural family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>255</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone contact between crown ward and natural family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>204</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.56</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correspondence between the crown ward and his natural family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>109</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information about the natural family shared by the worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>184</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: Type of Contact By Distance From Family of Origin
Although the data provided in Figure 1 does not relate directly to the hypothesis concerning frequency of contact by distance of placement from family of origin, it was felt that the information would be of interest and will be further discussed in the following chapter.

Attitudes towards contact in relation to the distance of the placement from the family of origin was determined.

From Table 23, the results of questionnaire item 35 showed that 95 workers (76.00%) agreed that crown wards should have an equal opportunity for contact regardless of distance, with only a small number, 15 (12.00%), who disagreed. In questionnaire item 42, workers were asked to indicate whether distance of placement should be considered when addressing the issue of contact for the child. A total of 60 workers (54.76%) agreed that distance of placement should be considered, while 50 (39.68%) disagreed with the statement.

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>35*</td>
<td>18</td>
<td>77</td>
<td>15</td>
<td>13</td>
<td>2</td>
<td>N=125</td>
</tr>
<tr>
<td></td>
<td>14.40</td>
<td>61.60</td>
<td>12.00</td>
<td>10.40</td>
<td>1.60</td>
<td>100%</td>
</tr>
<tr>
<td>42**</td>
<td>8</td>
<td>61</td>
<td>7</td>
<td>44</td>
<td>6</td>
<td>N=126</td>
</tr>
<tr>
<td></td>
<td>6.35</td>
<td>48.41</td>
<td>5.56</td>
<td>34.92</td>
<td>4.76</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Mdn=2(Agree)
**Mdn=2(Agree)
The hypothesis that the distance of the crown ward’s placement from the family of origin would affect contact between the crown ward and the natural family was examined.

The variable "distance of placement" was divided into two categories consisting of those crown wards who resided 0-50 kilometers from the natural family, and those crown wards who resided over 50 kilometers from the family. Only those social workers who had crown wards in one distance category or the other were used in the testing of this hypothesis.

Frequency of contact was divided into three categories to include those crown wards who had monthly contact, less than monthly contact, and no contact with the natural family.

Table 24 shows the results of a chi-square test on the variables "distance of placement" and "frequency of contact".

The chi-square value of 19.39, for two degrees of freedom, was greater than the critical value of 5.99, and was significant at the .05 level of significance. The significant test results led to the acceptance of the hypothesis that the distance of the placement from the family of origin would affect contact between the crown ward and the family of origin.
TABLE 24
Distance of Placement By Frequency of Contact

<table>
<thead>
<tr>
<th>FREQUENCY OF CONTACT</th>
<th>DISTANCE OF PLACEMENT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-50 kilometers</td>
<td>over 50 kilometers</td>
</tr>
<tr>
<td>Monthly contact</td>
<td>52</td>
<td>25</td>
</tr>
<tr>
<td>Less than monthly contact</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>No contact</td>
<td>24</td>
<td>51</td>
</tr>
<tr>
<td>TOTAL</td>
<td>95</td>
<td>98</td>
</tr>
</tbody>
</table>

CHI-SQUARE 19.39 df=2 p<.001

ADOPTION BREAKDOWN

The authors were interested in determining the number of crown wards who had experienced an adoption breakdown and requested that the social workers report such cases. Of the 812 crown wards in the study, 128 were reported to have experienced an adoption breakdown. This figure represented 15.76% of the total number of crown wards in the study.

Table 25 shows the results of the questionnaire items referring to the workers' attitudes in relation to contact for those crown wards who had experienced an adoption breakdown. Item 20 dealt with the relevance of contact between crown wards who had experienced an adoption breakdown and their biological families. Table 25 reveals that almost two-thirds of the respondents (62.60%) disagreed with the statement that contact
between the crown ward and biological family was not relevant. The Table also reveals that, in questionnaire item 20, the same number of workers (23) were either undecided in their feelings towards contact, or agreed that contact is not relevant for crown wards who experienced an adoption breakdown.

The results of questionnaire item 30 indicate that a total of 64 workers (52.03%) agreed that crown wards should not be protected from contact with the biological family where an adoption breakdown has occurred. A total of 30 (24.39%) were undecided as to their response.

\[ \text{TABLE 25} \]

Contact with Biological Family After Adoption Breakdown

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td>f</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>20**</td>
<td>3</td>
<td>20</td>
<td>23</td>
<td>56</td>
<td>21</td>
<td>N=123</td>
</tr>
<tr>
<td></td>
<td>2.44</td>
<td>16.26</td>
<td>18.70</td>
<td>45.53</td>
<td>17.07</td>
<td>100%</td>
</tr>
<tr>
<td>30**</td>
<td>7</td>
<td>64</td>
<td>30</td>
<td>20</td>
<td>2</td>
<td>N=123</td>
</tr>
<tr>
<td></td>
<td>5.69</td>
<td>52.03</td>
<td>24.39</td>
<td>16.26</td>
<td>1.63</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Median=4(Disagree)
**Median=2(Agree)

It was hypothesized that contact between the crown ward and the family of origin would be affected by whether or not the ward had experienced and adoption breakdown. In order to test this hypothesis,
the social workers in the study were divided into two groups. The first group included those workers who had crown wards on their caseloads who had experienced an adoption breakdown. The second group of workers did not have such wards on their caseload.

Using the responses to questionnaire items 20 and 30, a t-test procedure was used to see if the attitudes of the workers in these two groups varied towards allowing crown wards who had experienced an adoption breakdown to have some form of contact with their natural families. For questionnaire item 20, the t value was found to be .1022, with 56 and 65 degrees of freedom and a probability level of .6979. For questionnaire item 30 the t value was .3479, with 66 and 55 degrees of freedom and a probability level of .4550. The test results revealed that there was no significant difference between the attitudes of the workers in these two groups.

The hypothesis which stated that contact between the crown ward and the natural family would be affected by whether or not the crown ward had experienced an adoption breakdown, was rejected and the null hypothesis accepted.

RESEARCH QUESTIONS.

In this section the data for the four research questions stated in the preceding chapter will be presented and analyzed.
THE RELATIONSHIP OF THE SOCIAL WORKER WITH THE NATURAL FAMILY

Questionnaire item 25 examined the social workers' attitudes towards contact between the crown ward and the family of origin, specifically, the maintenance of contact, regardless of the social worker's relationship with the natural family.

Table 26 reveals that social workers solidly supported the attitude that their relationship with the natural family should not interfere with contact between the crown ward and natural family. As the Table shows, 12.80% of the workers strongly agreed with the statement, with 68.00% agreeing. Only two workers strongly disagreed, while 11 disagreed or were undecided.

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$f$</td>
<td>$f$</td>
<td>$f$</td>
<td>$f$</td>
<td>$f$</td>
<td>$f$</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>25</td>
<td>16</td>
<td>85.00</td>
<td>11</td>
<td>11</td>
<td>2</td>
<td>N=125</td>
</tr>
</tbody>
</table>

MdN=2(Agree)
LEGAL CONSIDERATIONS IN RELATION TO CONTACT

Since achieving crown wardship status necessitates a court hearing, decisions made in the hearing, and included in the crown wardship order, should affect contact between the crown ward and the family of origin.

One of the primary influences on contact would be the access order. If, for example, access was denied to the child’s parents, it is unlikely that the social worker would contravene the order and make provisions for contact between the crown ward and the family.

In the following section, legal elements influencing contact will be considered, including a) the number of crown wards who are allowed access through the court order, b) the various types of access orders, and c) social workers’ attitudes towards contact when faced with court orders which allow or disallow access of the crown ward to the natural family. The authors were also interested in examining the attitudes of the social workers in regards to keeping the crown ward informed about the natural family even though crown wardship legally terminates parental rights.

Access Between Crown Wards and Families of Origin

The responses of the workers who participated in the study revealed that 318 crown wards were allowed access to their families of origin through the crown wardship court order. As indicated in Table 27, a large number of crown wardship orders, 157 (45.9%), specified that access between the crown wards and their families of origin would be left to the discretion of the Children’s Aid Society. A total of 88 court orders (25.73%) allowed access to a combination of mother, father
and siblings, while 60 (17.54%) allowed access to mother only.
Specified access to father or siblings constituted only 37 of those
crown wardship orders (10.82%) which allowed access.

<table>
<thead>
<tr>
<th>Access Indicated in Court Order</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access at the discretion of the agency</td>
<td>157</td>
<td>45.91</td>
</tr>
<tr>
<td>Access to mother only</td>
<td>60</td>
<td>17.54</td>
</tr>
<tr>
<td>Access to father only</td>
<td>25</td>
<td>7.31</td>
</tr>
<tr>
<td>Access to siblings only</td>
<td>12</td>
<td>3.51</td>
</tr>
<tr>
<td>Combination of above</td>
<td>88</td>
<td>25.73</td>
</tr>
<tr>
<td>Total</td>
<td>342</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Crown Wardship Orders and Contact**

Table 28 shows the results of questionnaire item 33, which explored the workers' attitudes towards the idea of crown wardship orders allowing some form of contact between the crown ward and natural family. The Table reveals that a large proportion of workers, 43 (35.83%), were undecided regarding this statement. A total of 47 workers (39.17%) agreed that crown wardship orders should allow for some form of contact, while 30 workers (25.00%) responded in the non-preferred direction.
### TABLE 28
Worker Attitude Towards Wardship Order Allowing Access

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
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MdN=3(Undecided)

**Information Sharing With The Crown Ward**

The authors were interested in determining the workers’ attitude towards contact through ongoing information sharing with the crown ward regarding the natural family. Table 29 outlines the results of questionnaire item 22 and 24 which addressed this issue.

The results of questionnaire item 22 reveal that a majority of the social workers, 67 (55.37%), agreed that attempts should be made to keep the child informed about his or her natural family, even though crown wardship legally terminates parental rights. A total of 33 workers (27.27%) strongly agreed with the statement, while 6 (4.96%) responded in the non-preferred direction.

Question 24 examined the workers’ attitudes towards contact when the crown wardship order specified ‘no access’. A crown wardship order indicating no access is generally initiated by the Children’s Aid Society in cases where direct contact, usually in the form of visiting,
is deemed to be detrimental to the child. The results revealed that 54% of the workers (40.80%) agreed or strongly agreed that it was important for the crown ward to leave the past behind and focus efforts on facilitating a stable and permanent placement.

**TABLE 29**

Worker Attitude Toward Contact When Court Order States No Access

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
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*Mdn=2(Agree)  
**Mdn=3(Undecided)

**WORKER ATTITUDE TOWARD CONTACT WHEN IT PERPETUATES PROBLEMS**

Questionnaire items 19 and 26 examined the social workers' attitudes towards maintaining contact between the crown ward and family of origin, specifically, when the maintenance of contact may have perpetuated problems that caused the child to become a crown ward, or when contact intensified feelings of anxiety and rejection on the part of the child.

The results in Table 30 show that 71 workers (57.22%) agreed that contact should be maintained even though it may perpetuate problems that
caused the child to become a crown ward. A total of 27 workers (21.95%) disagreed with the statement while 25 workers (20.33%) were undecided.

The results of questionnaire item 26, show that a majority of the workers, 105 (84.67%), supported the continuation of contact even though such contact may serve to intensify feelings of anxiety and rejection for the crown ward. Only 5 (4.03%) responded in the non-preferred direction.

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
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<th>STRONGLY DISAGREE</th>
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*Md=2(Agree)  
**Md=4(Disagree)

CONTACT- DAMAGE TO CHILD

Questionnaire item 23 examined the social workers' attitudes towards allowing contact between the crown ward and natural family except in those instances where gross damage is possible.
The results shown in Table 31 reveal that 85 workers (66.93%) were in agreement with the statement, while 23 workers (18.11%) disagreed.

**TABLE 31**

Protecting Crown Ward From Contact

<table>
<thead>
<tr>
<th>QUESTIONNAIRE ITEM</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>UNDECIDED</th>
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<tr>
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*Md=2 (Agree)*

**SUMMARY**

This chapter presented the analysis of the data. Characteristics of the social workers in the sample were described. The demographic aspects of the crown wards who were under the supervision of the social workers in the sample were outlined. The research hypotheses and research questions were outlined, with the findings and analysis of data being presented.

The next chapter will discuss and interpret the research findings.
DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

Under present law, the primary mandate of Children's Aid Societies is to protect children. Although the protection mandate includes provisions for temporary and permanent placement away from families, it does not exclude the important preventive service functions performed by agencies as mandated in Section 6 of the Child Welfare Act, 1978.

The fact remains, however, that a great many children are admitted to care, an intervention strategy often seen as interference or as an infringement upon the rights of the individual and the family. Thus, the law and family courts play a crucial role in the child welfare system.

In Ontario, some child welfare agencies have shifted their focus towards more preventive services: attempting to reduce the number of admissions to care and to keep families together. Some agencies have been focusing on prevention for years while others, where budgetary or other considerations remain influential, have maintained the traditional protective service policy which remains placement oriented.

Since child welfare services in this province are inexorably linked to the law and the courts, the future of child welfare will be shaped by legislative changes which in essence reflect societal values.

In Ontario, judging from the consultation paper, The Children's Act, which has been designed to replace the present Child Welfare Act, it
appears that child welfare agencies will undergo a reversal of mandate from protective services to preventive services.

Workers in the field are aware of changes being made. Many agencies, as has been mentioned, have already initiated new policies stressing preventive services.

Consequently, issues and variables related to contact between the crown ward and the family of origin, will be affected by any shift in mandate as legislated, and subsequently will be affected by changing policy as agencies revamp their service delivery systems.

Following from this, in carrying out the child welfare mandate, workers will provide service according to their interpretation of agency policy.

In this chapter, a discussion of hypotheses and research questions will be presented based on the analysis of data from the previous chapter and recommendations will be proposed, in light of the findings.

**THE INITIATION OF CONTACT**

Contact between the crown ward and family of origin was initiated at the request of the child or family more than it was by the worker but reasons for this were not uncovered by the study.

A perusal of the responses to questionnaire item 41 which addressed the issue of workload priority in relation to contact, indicated that approximately one-half of the social workers (45.08%) felt that facilitating contact was a high priority, while the other half (42.26%) viewed the facilitation of contact as not being a high priority.
Thus, workers were evenly split in assigning a level of priority to the facilitation of contact; half giving contact high consideration and half giving contact low consideration. From this, it can be surmized that the difference of opinion is related to workers' perception of roles and functions in carrying out their job duties.

It is being assumed here that those workers who perceived contact as less of a priority probably adhered to the more historical policy in child welfare of provision and maintenance of placement.

If this is the case, those workers should be directed to the literature which advocates continuation of parent/child contact because contact facilitates a less anxious placement process and contributes toward an integrated effort at permanency planning (Weinstein, 1960; Moss, 1966; Madison and Shapiro, 1970; Fanshel and Shinn, 1978).

It must be remembered that providing contact between the crown ward and the family of origin does not presuppose an eventual re-unification with the family but according to the literature, contact is necessary to facilitate the development and continuation of healthy identity growth. Terms and conditions of the contact must be made clear and agreed upon by all parties concerned.

It could also be said that social workers, depending on the age and developmental functioning of the child, may view contact for the child as a priority only when the child initiates such, or in the case of the older child, the worker may indeed allot responsibility for the type and frequency of contact unto the child.
REASONS FOR NOT MAINTAINING CONTACT

From table 3, it was discovered that only 9.06% of the crown wards were reported by the workers as refusing contact with their families of origin.

On the other hand, in 20.85% of the cases, the family refused to maintain contact. Possible explanations for this refusal on the part of the family might include the family disowning the child if the child had made the decision to remain in care, the family scapegoating the child as "the bad one" to be shunned, or the family not wishing to become re-involved with the agency to establish ongoing contact.

Another possible explanation may be the lack of worker encouragement and support to the family following crown wardship. Historically, crown wardship severs the ties between child and family and parental rights are terminated legally. Agencies are under no obligation, with some exceptions, to provide further service to the family once the order has been made. Workers, intentionally or not, may consider their duties to the family over once crown wardship has been attained and, in fact, many agencies close family files once crown wardship has been attained.

This information is not intended as a slight to agency policy or practice but rather is included to point to the unfortunate fact that families are often excluded and left "in limbo" following crown wardship. According to the literature, (Palmer, 1982), permanency planning should include contact with the family of origin.

In relation to the worker viewing contact as being detrimental to the child, one might question why appropriate contact, based on the child's ability to handle it, was not implemented by the worker. Contact, by
the definition provided in the study, was not limited to visiting or participation of the natural family in treatment, and as such, provides other options which the worker could indeed make use of for the child.

**LEVEL OF EDUCATION**

Over half (61.00%) of the respondents reported an educational background other than social work indicating that the majority of respondents in the study were not exposed to the same professional training, both academically and practically, as would be those who held either B.S.W. or M.S.W. degrees (39.00%). Part of social work education involves exposure to various theoretical perspectives concerning the physical, psychological, and emotional relationships between people; in this case, child and family, and in particular the dynamics of separation and identity formation. One would hope that workers in the field of child welfare would adhere to social work principles and values and be sensitive to the needs of each case given a professional understanding of relationship intricacies.

In the non-social work categories of the section "level of education", one would hope that workers would be exposed to social work related education or experience in order to best serve their clients.

When the hypothesis concerning level of education by frequency of contact was tested, a significant relationship was noted. It was speculated that those workers who had professional social work degrees supervised crown wards who had more frequent contact with their families of origin.
From Table 5, in the preceding chapter, it was noted that those crown wards who were being supervised by workers with professional social work degrees, in fact, were having more frequent contact.

It may be speculated here that, in fact, workers without social work degrees failed to see the importance of contact between the crown ward and the family of origin or that perhaps these workers perceive other job priorities as being more important than the maintenance of contact.

Since a significant relationship was found between level of education and contact, it is recommended here that a further study be undertaken to discover the nature of the relationship. If, as the literature suggests, contact between crown wards and their families of origin is crucial, in facilitating a more permanent, stable placement, and to the child's sense of belonging and identity growth, a further study could assist agencies in discovering which workers are likely to initiate and maintain contact. Thus, agencies could hire those workers with the appropriate education and training according to agency expectations.

As a commentary, the authors recognize the current debate in the field of child welfare over the issues of professionalism and certification which might also affect hiring practices, and consequently influence the type and level of education that agencies would expect of potential workers.
YEARS OF SOCIAL WORK EXPERIENCE

In the study it was found that there was no significant relationship between the years of social work experience and contact between crown wards and families of origin.

It was originally felt that crown wards, supervised by workers who had less years of experience in a Children's Aid Society, would be experiencing more contact with their families of origin than those crown wards supervised by more experienced workers.

To lend support to the above notion, the literature explains that in past years more of an emphasis was placed on the traditional goal of placement and maintenance of placement for children in long-term care (Watson, 1968, Palmer, 1976). From this it was thought that the more experienced workers would be adhering to this traditional model while the less experienced workers, particularly recent graduates of Schools of Social Work, would advocate more current theories which support contact between children in long-term care and their families.

As the findings were not significant, other factors would need to be considered as having more of an affect on contact between crown wards and families of origin.

One factor to be considered would be agency policy. If an agency were to follow the traditional model of protection, placement and maintenance of placement, it could be hypothesized that the new worker and the worker with limited experience is likely to uphold agency policy and not likely to risk losing a job by being a maverick.

It is recommended here that a study be initiated to explore whether or not agencies are incorporating current theories into their service
delivery policies. The subsequent influence of agency policy on the
workers' perception of his role and performance of duties could then be
analyzed. In conjunction with this, other variables to be addressed
would include number of years experience and level of education.

SIZE OF WORKERS CASELOAD

There was a significant relationship between the size of the workers'
caseload and the frequency of contact between the crown ward and natural
family. It was thought that those workers who maintained responsibility
for 23 cases or less (the average caseload size in the study) would be
allowing more contact for crown wards on their caseloads.

From Table 7 in the preceding chapter it was noted that workers
carrying 23 cases or less actually allowed less contact between the
crown ward and family of origin, than did those workers who carried 24
cases or more.

One could speculate from the findings that "type of caseload" rather
than "size of caseload", may be a more significant variable influencing
the maintenance of contact between the crown ward and natural family.
As an example, some agencies employ a generalist model in the delivery
of social work services, meaning that social workers are required to
maintain responsibility for all types of cases serviced by the agency
(i.e. protection, adoption, etc.). In other instances, as was the case
for the authors in their respective agencies, the agency provides for
specific teams or departments (e.g. adoption, children's services,
family services, etc.) where caseloads are more specialized: having
only children in care or families on a caseload or carrying only
adoption cases.
In studying "type of caseload", questions to be considered would include:

1. Is it likely that social workers operating under a generalist system, regardless of caseload size, would be less likely to view contact as a priority, given other caseload expectations?

2. Is it likely that in a specialized caseload system where one worker may carry a family case and another worker carry case responsibility for a child belonging to that family, a conflict may arise as to which worker is responsible for initiating and maintaining contact?

3. What happens when a child becomes a crown ward and the family file is closed?

Furthermore, as has been mentioned already in this chapter, the worker's perception of his job duties will influence how he will prioritize certain functions. Type of caseload (generalist or specialist) may serve to influence prioritization of job duties.

It is recommended, then, that "type of caseload" be given consideration as a more appropriate variable for future study than "size of caseload".

AGE OF CROWN WARD

It was thought that the younger the crown ward the less contact there would be between the crown ward and the natural family, as it was assumed that younger children would be more available for adoption than older children, and therefore, more susceptible to being cut off from the family. Test results showed no significant relationship between the
age of the crown ward and frequency of contact. However, attitudinal responses with regard to contact between the younger crown ward and natural family indicated that it was more important to facilitate a permanent placement for the younger child than to maintain contact.

As one of the primary goals of Children's Aid Societies, historically, is to provide permanent adoptive homes for crown wards, it is not surprising to see that social workers felt that the facilitation of a permanent placement for the ward was more important than maintaining contact.

An encouraging sign, as seen in the responses to questionnaire item 36 (Table 9), indicated the majority of workers (72.59%) agreed that when adoption had been ruled out for the crown ward, permanency planning should include contact between the crown ward and natural family.

This supports the literature which advocates contact as a crucial feature of permanency planning. This also suggests that perhaps, in the field of child welfare, the tardiness of implementing current theories into practice as suggested by Palmer (1976), is being closed.

**LENGTH OF TIME IN CARE SINCE CROWN WARDSHIP**

No significant test results were noted when testing the variable "length of time in care since crown wardship" and contact.

It was thought that the longer the child was in care since the time of the crown wardship order, the less contact there would be between the ward and family of origin. This raises the issue of entrenchment.

In item 21 of the questionnaire, workers decided that the length of time that had elapsed since crown wardship should not detract from the
child's need for contact with the family of origin (82.68%). This percentage dropped substantially in the responses to item 39 (59.20%) which addressed the same issue. Furthermore, a comparatively large proportion of the workers remained undecided in questionnaire item 39 (20.80%).

One can only surmise that there may have been some confusion over the wording of the questionnaire items which the authors felt were synonymous.

It may be that the variable "length of time in care" cannot stand alone in testing the concept of entrenchment. There are indications that length of time in care may be associated with number of placements in addressing the entrenchment issue (Palmer, 1982). This will be considered in the section "Number of Placements".

**TYPE OF PLACEMENT BY FREQUENCY OF CONTACT**

A significant relationship was noted when testing the hypothesis that type of placement would affect contact between the crown ward and family of origin. It was noted from Table 14 that those crown wards residing in foster homes were not maintaining contact in 19.86% of the cases, while those residing in 'other' placements were not maintaining contact in 40.62% of the cases.

In the authors' experiences, agencies have more control over foster placements because they own, operate, and dictate policy for foster homes. Many group homes and institutions which are privately owned and operated lie beyond the control of any one child welfare agency.
Often, more difficult and disturbed children find their way into outside placements because foster homes are unable or unwilling to manage these children. Perhaps outside placement operators who are not subject to agency control, strongly suggest to agencies that contact is detrimental to the child placed in their program and contact should therefore, be provided at the discretion of the placement operators. It must be added that this may only affect some forms of contact, usually participation of the family in treatment, visiting, and telephone calls.

It is recommended here that when purchasing services from outside placements, workers should make clear to placement operators that contact between the child and natural family is important and, regardless of placement policy, will be maintained.

DISTANCE OF PLACEMENT

The findings supported the hypothesis that the distance of the placement from the natural family would affect contact between the child and family of origin.

It was felt that the closer children resided to home, the more likely for contact to be maintained, particularly the most commonly understood type of contact: visiting. As well, it was speculated that children living farther from home would have more intense feelings of being cut off, isolated and abandoned.

In a more practical vein, if contact is considered in a hierarchical manner with participation in treatment and visiting occupying the most desirable rungs on the continuum, distance translates into time and money; it being impractical for parents to be directly involved in the
daily treatment process and it being expensive for frequent visiting to take place.

From Figure 1, it was seen that the percentages of children who maintained specific types of contact generally tended to decrease as distance from family of origin increased. As can be observed, there were exceptions to this rule (90% of the children visiting in the 101-150km category for example). This particular collection of information did not lend itself well for statistical analysis and manipulation, nevertheless, some interesting comments can be made.

Under the type of contact "correspondance between the crown ward and his natural family" percentages tend to increase as the distance increases suggesting, perhaps, that children in closer distance categories have less need to correspond. This may be because their need for contact is being met in some other manner, or that they do not feel as cut off as children farther from home do. Perhaps, children in the farther distance categories are unable to maintain more desirable types of contact because of money considerations or because of entrenchment in the system which facilitates further withdrawal making the child less responsive to contact and intimacy.

From Table 24 it can be observed that 74.73% of the crown wards residing in a placement which was 0-50 kilometers from their natural family were having some form of contact. Only 47.95% of those crown wards living outside a 50 kilometer radius had contact with the natural family.

It is recommended that, where possible, workers should be aware that children living outside of a 50 kilometer radius from their families of
origin tend to have less contact with their families. Extra effort should be made on the part of the worker to ensure that contact is being initiated and maintained. Where contact in the more desirable forms may not be possible, other types of contact such as information sharing become very important to the child.

**NUMBER OF PLACEMENTS**

When the hypothesis concerning number of placements and frequency of contact was tested there was no significant relationship noted.

This hypothesis was developed and tested because of feelings, on the part of the authors, that the more placements a crown ward had experienced the more entrenched the ward would become in the child welfare system and, in turn, the less contact the child would have with the family of origin.

In questionnaire items 34 and 44 (see Table 20) which addressed the issue of whether contact should be maintained regardless of number of placements, workers responded in the preferred direction suggesting that number of placements should not be a deterrent to contact.

It must be noted, however, that in both items a substantial amount of the workers (15.87% in item 37 and 21.31% in item 44) cast their vote in the "undecided" category.

This may indicate, that for many social workers, the number of placements a crown ward experiences is a perplexing situation. It can be argued that there may be legitimate reasons for multiple replacements for some crown wards, presumably because of the escalation of disturbed behaviour which placements cannot tolerate or manage.
In the authors' experiences, if a child experiences multi-placements, it is generally in an downward and outward manner. That is, the child moves from what are considered more desirable placements (foster homes) to less desirable placements (institutions) and this replacement syndrome generally involves increasing distance from home.

A child who moves along the child welfare continuum in this manner experiences what Palmer labelled "foster home drift", which is part of the entrenchment process.

This entrenchment process involves multiple placements which tend to be increasingly distant from home and the process is likely to become more serious the longer a child remains a crown ward, as the ward's sense of roots, continuity and contact with family becomes obscure (Costin, 1977).

From the authors' experiences of supervising crown wards, symptoms of entrenchment were observed and thought to include feelings of apathy and failure as the crown ward becomes more withdrawn and isolated. Often, these children are discharged from care harbouring a fatalistic outlook on life and they often impress as inadequate, hapless individuals.

It is suggested that the entrenchment process can best be thwarted by permanency planning which includes contact for the crown ward with the family of origin.

The literature suggests that keeping the family involved facilitates a more stable and continuous long-term placement.

It is recommended that a study be initiated to test the interaction, association and relationship of variables which contribute towards entrenchment such as: distance of placement, number of placements,
length of time in care since crown wardship and level or amount of contact being maintained.

Those workers who responded "undecided" in this part of the study were perhaps recognizing the complex features of entrenchment which may be related to the above considerations rather than merely number of placements.

ADOPTION BREAKDOWN

One of the primary goals of Children's Aid Societies is to provide permanent adoptive homes to crown wards in care, where this is deemed to be appropriate and feasible.

When an adoption is finalized (usually after a six month probation period) direct worker involvement is generally not provided to the child and adoptive family unless such involvement is requested by either the family and/or the child.

At the time of the adoption one can assume that the older crown ward would have recollections and information regarding the family of origin, while the younger crown ward is more dependent on the adoptive parents to share information about the natural family, which is given to them by the social worker. As was noted in the literature review, the sharing of information about natural family is one form of contact essential for the development of an integrated identity for the child, even in those circumstances where the child has been placed in an adoptive home.

In this study, social workers' attitudes were surveyed to determine whether or not they felt contact between the crown ward and natural family should occur in those cases where the crown ward had experienced an adoption breakdown.
It was noted in Table 25 that social workers, for the most part, felt that contact between the crown ward and biological family should be established and maintained following an adoption breakdown.

However, it was also noted that a substantially large number of social workers were undecided as to their feelings in this area.

Since it is the policy of most agencies to provide information about the family of origin because it is seen as beneficial, it is recommended that as much information as is available be shared so that the child can be in as much contact with the biological family as possible.

For further study, it is recommended that adoption breakdown cases be scrutinized to explore the level of knowledge the child had about his family of origin, and whether the level of knowledge was a contributing factor to the adoption breakdown.

It is being assumed here that the more information a child is given about his biological family, the more integrated and stable his identity will be and the less chance there would be for an adoption breakdown.

THE RESEARCH QUESTIONS

In this section, the findings as they relate to the four research questions, will be discussed.
THE RELATIONSHIP OF THE SOCIAL WORKER WITH THE NATURAL FAMILY

Based on the review of the literature and the professional experiences of the authors in providing social work services to crown wards, a research question was developed to survey social workers' attitudes towards contact, regardless of the social worker's relationship with the crown ward's natural family.

The results from Table 26 indicated that a substantial number of workers (80.8%) felt that their relationship with the crown ward's natural family should not interfere with the maintenance of contact.

LEGAL CONSIDERATIONS IN RELATION TO CONTACT

It was noted that 318 of 812 crown wards were allowed access as specified in the court order. From Table 28, workers clustered around the "undecided" category when asked if crown wardship orders should include provisions for some form of contact between the crown ward and the family of origin. This does not necessarily illustrate that workers were opposed to contact. It may, for example, point out that workers were opposed to having provisions for contact legislated which would bind them to specifics and disallow flexibility (casework decision).

As can been seen from Table 27, where access is allowed by the court order, the largest category (45.91%) allows for access at the discretion of the agency. In this situation, room is left for flexibility so that contact can take place according to a sound casework decision rather than according to a rigid ruling.

In questionnaire item 24, 40.8% of the workers favoured the attitude that when a crown wardship order indicated "no access" it was important...
for the crown ward to leave his past behind and concentrate on facilitating a stable placement. There was no clear attitudinal majority in this case as 39.2% disagreed with the statement and 20.00% remained undecided.

Interpretation of this situation is not clear. In the case of crown wards who are being considered for adoption, it is essential that access to family be terminated under present legislation. This may account for those workers who agreed to this statement. Those who disagreed may have been reluctant to impress upon the crown ward that the past should be left behind.

The authors recognized that a clear interpretation cannot be made due to some ambiguity of the question in the workers' minds.

It would seem beneficial if the decision-making power of the courts in initiating and maintaining contact through access orders were to become the responsibility of the agency and the worker who supervises the crown ward. In fact, it ought to be standard practice that contact would be maintained regardless of the crown wardship order unless the child is severely endangered by contact.

**WORKER ATTITUDE TOWARD CONTACT WHEN IT PERPETUATES PROBLEMS**

It was indicated in the literature review that children in long-term care require some form of contact to assist them in understanding the circumstances of separation from their natural parents. Failure to provide contact often results in the child repressing, acting out, or fantasizing feelings regarding the family of origin (Costin, 1977, Jenkins, 1969, Littner, 1967, Stone, 1953, Watson, 1968).
It was also noted that contact, whether it be physical contact or information sharing via the social worker, assists the child in being able to work through the traumatic feelings of separation. As well, the literature suggests that lack of contact between the child and natural parent, may lead not only to identity conflicts for the child, but also, may increase placement breakdowns (Jenkins, 1969).

Table 30 shows that the majority of workers concurred with the literature, viewing contact as essential for the crown ward, despite the problems and feelings such contact might generate.

**DAMAGE TO CHILD**

In item 23, workers agreed (66.93%) that contact between crown ward and family of origin should be provided except in those instances where gross damage is possible. Gross damage was defined in the Methodology chapter.

**CONCLUSIONS**

**Professional Practice Considerations**

From the discussion it was discovered that variables in the study tended to cluster around two themes, permanency planning and entrenchment which must be further explored and analyzed if professional workers in the field of child welfare are to become more knowledgeable practitioners.

It has been stated in the literature review and clarified through the discussion that permanency planning not only means an attempt to provide a long-term stable placement but must also include contact for the child
with the family of origin. This is necessary to reduce separation anxiety and to ensure continuity which contributes toward a more healthy and integrated identity.

Permanency planning also should include provisions for continued casework to the parents encouraging their involvement and support in the placement process.

The second theme which became evident was the concept of entrenchment where children become more and more enmeshed in the child welfare system as their length of time in care, number of placements and distance from family of origin increases.

The entrenchment syndrome, as has been already stated, tends to demoralize and dehumanize the crown ward, advancing depression, withdrawal behavior and identity diffusion.

Greater emphasis on permanency planning which includes the crucial aspect of continued contact between the crown ward and the family of origin should alleviate the entrenchment process.

Policy Considerations

It was noted in this chapter that workers generally supported the belief that contact, where possible, should be maintained. Attitudes became more diffuse, however, when certain conditions were attached to the provision of contact.

For example, many workers, when given a choice, believed maintenance of placement was more important than contact. Elsewhere, many workers believed that maintenance of contact was not a high priority when other workload functions were considered.
The workers' perceptions of their roles will be influenced, obviously, by agency policy and agency policy will be greatly influenced by the legislation which mandates child welfare services.

It has been stated that, in Ontario, child welfare policy is shaped by the Child Welfare Act where the primary mandate reflects the traditional focus of protection and placement of children.

It appears that a new era is dawning in child welfare in Ontario as the government attempts, through the proposed paper "The Children's Act", to revamp present legislation. If the Children's Act, or a similar bill, becomes legislated, all child welfare agencies will have to modify policy to focus on prevention rather than on protection.

In the proposed Children's Act, reference is made to children in care under long-term guardianship where it is specified that contact should be maintained (The Children's Act, p. 92). Although long-term guardianship is not synonymous with crown wardship, the Act implies that crown wardship would only apply to those children where adoption, and therefore termination of parental access is sought (The Children's Act, p. 91).

There is much to be debated in the Children's Act but its advocacy of continued contact between children and families is a feature which should remain in any new legislation.

It was encouraging to discover, in the analysis and subsequent discussion of the data that workers, in fact, supported continued contact regardless of whether or not they had knowledge of the current theories which favour continued contact.
This may suggest that workers can see the benefits of continued contact between crown wards and families of origin in their practice although, as was discovered, many workers may be hampered, in maintaining crown ward-family contact, by other, associated variables.

It is hoped that this thesis will prompt researchers in the field of child welfare to focus further research in the area of contact between crown wards and their families of origin. They should also seek to dissect variables contributing to the entrenchment process in an effort to unravel variable associations which hinder the general psychological and emotional health of children in care, particularly crown wards.

The professionalism of child welfare workers who are invested in the historical philanthropic spirit of child welfare work can only be enhanced by empirical research which will assist them in providing quality, comprehensive service to those children and families with whose care they are entrusted.
REFERENCES


Jolowicz, Alameda R. Some effects of the concealment of the parents' life upon the child's use of a foster home. A speech given before the New York state conference of social welfare, 1946.


Appendix A

LETTER TO MR. GEORGE CALDWELL
February 24, 1983

Mr. George Caldwell
Executive Director
Ontario Association of Children's Aid Societies
2323 Yonge Street, Suite 505
Toronto, Ontario
M4P 2C9

Dear Mr. Caldwell:

Reference is made to our conversation two weeks ago in which I mentioned the three M.S.W. students who are undertaking a research project designed to explore variables which may influence the type and nature of "contact" between Crown Wards and their natural families.

The students, Peter Bates, Tom Bryce and Denis Dufault are experienced staff members of Ontario Children's Aid Societies who will be returning to their positions upon completion of their studies.

To accommodate the study (proposal attached) it is necessary for them to administer a questionnaire to direct service social workers, within their sample, who presently maintain primary casework responsibility for Crown Wards. The target date for the direct mailing of the questionnaires is March 4, 1983. Accordingly, I am writing to you on their behalf in order to request your support in encouraging the selected agencies to cooperate in allowing them to administer the questionnaire to those agency workers designated in their sample.

To assist you in considering this request I am enclosing the following:

- a condensed proposal outlining the nature and purpose of the study.
- a sample questionnaire which is presently awaiting final revisions.
- a list of those agencies which were randomly selected for this research project.
- a copy of the covering letter being sent to agency directors.

This research project is under the supervision of a graduate committee made up of: Chairman - Professor Robert Chandler, myself, as a reader (Faculty of Social Work) and Reader - Dr. J. Norman King (Faculty of Religious Studies and board member and service committee chairman for the Roman Catholic Children's Aid Society of Windsor).
February 24, 1983

Please be assured that anonymity and confidentiality of the agency and staff will be protected.

In addition, the results of this study will be forwarded to the O.A.C.A.S. with a copy of the completed thesis.

Your help in facilitating this project would be greatly appreciated. To this end, I would request that you forward a supporting letter to those agencies who have been selected for this study.

To accommodate this request I have enclosed stamped and addressed envelopes which contain the names and addresses of the appropriate agencies.

Should you have any questions or concerns regarding the request please feel free to contact me at the School of Social Work. (Tel. 519-253-4232 Ext. 453).

My personal thanks for whatever support you are able to lend to this study which should prove to be mutually beneficial.

Yours sincerely,

Valentin J. Cruz
Associate Professor
School of Social Work
Appendix B

LETTER TO LOCAL DIRECTORS
March 1, 1983.

We are writing to introduce ourselves as master's students attending the school of social work at the University of Windsor, and to request assistance from you.

We are in the initial stages of a joint thesis designed to explore and study the nature of contact between crown wards and their 'families of origin' (natural families).

Our interest in exploring this particular area evolved from our own experiences with crown wards, through employment with various Children's Aid Societies in Ontario.

For this purpose we have forwarded a questionnaire which addresses a multitude of variables related to the aforementioned contact.

We are requesting that you distribute the questionnaires to those social workers and supervisors who presently maintain casework responsibility for crown wards on their caseloads.

We also ask that you designate someone as your agent to collect completed questionnaires, to be returned in the envelope provided, by April 1, 1983.

We understand that this may be somewhat inconvenient for you but hope you appreciate our problem with the cost of individually returned questionnaires. (We have mailed 500 questionnaires throughout the province).

Thanking you in advance for your cooperation we remain,

Yours sincerely,

Peter J. Bates, B.S.W.

Thomas J. Bryce, B.S.W.

Denis B. Dufault, B.S.W.
Appendix C

QUESTIONNAIRE
INSTRUCTIONS

We are interested in your opinion on a number of topics related to crown wards and ask that you complete the following questionnaire, adhering to the set instructions.

1. Select ONLY crown wards from your caseload.

2. Include crown wards for whom you have responsibility but who are supervised by another agency.

3. Exclude other agency crown wards you may be supervising.

4. Exclude crown wards who are presently on, or being actively considered for, an adoption placement.

For the purposes of this questionnaire, unless otherwise stated, "family" is to be considered as the natural family and synonymous with biological family and family of origin.

Please do not consult with your colleagues. YOUR opinions are the ones we value.

Space has been provided at the end for your questions, comments, and criticisms.

We ask that you return this questionnaire by March 31, 1983. Questionnaires received subsequent to this deadline cannot be included in our project.

We are hopeful that the results of this study will contribute to the existing knowledge base in the field of child welfare. Your participation will also assist in completing the requirements of our M.S.W. degrees.

QUESTIONNAIRE

1. Indicate the total number of years you have been employed as a social worker.

2. Indicate the number of years you have been employed as a social worker in a Children’s Aid Society or in a Family and Children’s Services agency.

3. Indicate your educational background.
   B.A.
   B.S.W.
   M.S.W.
   Other

- 130 -
4. Indicate the total number of cases on your caseload.

5. Indicate the total number of crown wards presently on your caseload. (See instructions #2, 3, 6)

6. Of the above crown wards indicate the number who occupy the following age categories:
   Less than one year _____, 1-3 years _____, 4-6 years _____,
   7-10 years _____, 11-15 years _____, 16-18 years _____,
   Over 18 years _____.

7. Indicate the number of crown wards who are allowed access with their natural families as stated in their crown wardship orders.

8. Of these crown wards, indicate the number of access orders which have, written on them, the following conditions of access to the natural family:
   Access at the discretion of the Agency _____,
   Access to mother only _____,
   Access to father only _____,
   Access to siblings only _____,
   Combination of above Specify _____

9. Indicate the number of children who have been crown wards for the following number of years:
   less than one year _____,
   1-3 years _____,
   4-6 years _____,
   7-10 years _____,
   over 10 years _____

10. Indicate the number of crown wards residing in the following placements:
    Receiving home _____,
    Foster home _____,
    Special foster home _____,
    Group home _____,
    Free _____,
    Paid institution _____,
    Free institution _____,
    Other Specify _____

11. Indicate the number of crown wards on your caseload who have experienced an adoption breakdown.
12. **Since the Crown Wardship Order, indicate the number of crown wards who have resided in the following number of placements.**

1. __________ 2-4 __________ 5-7 __________ 8-10 __________, over 10 __________

13. **Indicate the number of crown wards whose placements are the following distances from their natural (biological) families:**

- 0-50km.
- 51-100km.
- 101-150km.
- 151-200km.
- over 200km.
- whereabouts unknown.

In completing the remaining questions, CONTACT is defined in the following manner:

- Information about the natural family shared with the crown ward via the social worker,
- Correspondence between the crown ward and natural family,
- Telephone contact between crown ward and natural family,
- Visiting between the crown ward and natural family,
- Participation of the natural family in treatment.

14. In question 12 you have indicated the distances of the crown wards from their natural families. Indicate the number of crown wards who have some type of contact with their natural family according to the following distances of the crown ward from their family.

- 0-50km.
- 51-100km.
- 101-150km.
- 151-200km.
- over 200km.
15. Indicate the number of crown wards in each distance category who have the following type of contact with natural family. It is possible that crown wards are having more than one type of contact with their natural family and would therefore be included in more than one category. (Distance category is measured in kilometers)

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<tr>
<th>Distance (km)</th>
<th>0-50</th>
<th>51-100</th>
<th>101-150</th>
<th>151-200</th>
<th>Over 200</th>
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<tbody>
<tr>
<td>Participation of natural family in treatment</td>
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<tr>
<td>Visiting between crown ward and natural family</td>
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<td></td>
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<tr>
<td>Telephone contact between crown ward and natural family</td>
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<tr>
<td>Correspondence between the crown ward and his natural family</td>
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<tr>
<td>Information about the natural family shared by the worker</td>
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16. When contact does take place between the crown ward and his natural family, who usually initiates this contact?
   Worker ______
   Child ______
   Family ______
   Other ______, (Specify) ________________________________

17. Indicate the number of crown wards who have the following pattern of contact with natural family.
   Approx. every week ______
   Approx. every two weeks ______
   Approx. every month ______
   Approx. twice a year ______
   Approx. once every three months ______
   Less than twice a year ______
   No contact ______

18. For those crown wards who do not maintain contact with the natural family, indicate the number within the following categories.
   *Family members deceased or whereabouts unknown ______
   *Family refuses to maintain contact with child ______
   *Child refuses to maintain contact with family ______
   *Placement caseworker views contact as detrimental to child ______
   *You, as the worker, view contact as detrimental ______
We are interested in your attitudes with regard to the following statements about crown wards in general. Respond to each of the statements by circling the number that most closely indicates your level of agreement or disagreement with each statement using the following scale.

Please remember that CONTACT has been defined as:

- Information about the natural family shared with the crown ward via the social worker.
- Correspondence between the crown ward and natural family.
- Telephone contact between crown ward and natural family.
- Participation of the natural family in treatment.
- Visiting between the crown ward and natural family.

1  2  3  4  5
Strongly Agree  Undecided  Disagree  Strongly disagree

19. Even though contact between crown wards and natural parents may perpetuate the problem that caused the child to become a crown ward contact should be maintained.

1  2  3  4  5

20. When dealing with children who have become crown wards as a result of an adoption breakdown, contact between the crown ward and his biological family is not relevant.

1  2  3  4  5

21. The longer a child has been a crown ward, the less need there is to maintain contact between the crown ward and his natural family.

1  2  3  4  5

22. Although crown wardship terminates parental rights, social workers should attempt to keep the child informed about their natural families.

1  2  3  4  5
PLEASE REMEMBER OUR DEFINITION OF "CONTACT".

23. Crown wards should not be protected from contact with their natural parents (except where gross damage is possible).

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<tr>
<td>Strongly Agree</td>
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24. If a crown wardship order indicates "no access" the worker should impress upon the crown ward that it is important to "leave the past behind", and focus on facilitating a stable and permanent placement.

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<tr>
<td>Strongly Agree</td>
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25. The relationship of the worker with the crown wards natural family should not interfere with contact between the crown ward and his family.

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<tr>
<td>Strongly Agree</td>
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26. Crown wards should not have contact with natural family because this serves to intensify feelings of anxiety and rejection.

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<td>Strongly Agree</td>
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27. When dealing with outside placements, social workers find that the operators hold a negative view towards contact between the crown ward and natural family.

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<td>Strongly Agree</td>
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<td>Disagree</td>
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28. Contact in relation to the crown ward and his natural family should cease when this is viewed as a deterrent to the stability of the placement.

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<td>Strongly Agree</td>
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<td>Disagree</td>
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29. Outside placements are more open to allowing contact between the crown ward and natural family than are agency run placement.

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<td>Strongly Agree</td>
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<td>Disagree</td>
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PLEASE REMEMBER OUR DEFINITION OF "CONTACT".

30. Crown wards who have experienced an adoption breakdown should not be protected from contact with their biological families.

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</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Undecided</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
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</tbody>
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31. With the younger crown ward, it is more important to facilitate a permanent placement than to maintain contact between the crown ward and his natural family.

| 1 | 2 | 3 | 4 | 5 |

32. In considering my workload, facilitating contact between the crown ward and his natural family does not assume a high priority.

| 1 | 2 | 3 | 4 | 5 |

33. Crown wardship orders ought to allow for some form of contact between the wards and their natural families.

| 1 | 2 | 3 | 4 | 5 |

34. The more placements a crown ward experiences, the less effort the worker will make to facilitate contact between the crown ward and his natural family.

| 1 | 2 | 3 | 4 | 5 |

35. Crown wards should have an equal opportunity to participate in a full range of contact regardless of distance of placement from their natural families.

| 1 | 2 | 3 | 4 | 5 |

36. With the younger crown ward, where adoption has been ruled out, permanent planning should include contact between the crown ward and his natural family.

| 1 | 2 | 3 | 4 | 5 |
PLEASE REMEMBER OUR DEFINITION OF "CONTACT".

37. If outside placement operators are opposed to contact between the crown ward and his natural family, they should be reminded that the worker's decision to continue contact supersedes their opposition.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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38. If contact between the crown ward and natural family is jeopardizing the stability of an agency run placement, contact should be terminated.

1 2 3 4 5

39. Contact between the crown ward and natural family should be maintained regardless of time which has elapsed since the crown wardship order was made.

1 2 3 4 5

40. If caretakers in agency run placements undermine contact between crown wards and their natural families, they should be helped to resolve their opposition and contact should continue.

1 2 3 4 5

41. One of the high priorities in managing my workload functions is ensuring the maintenance of contact between crown wards and their natural families.

1 2 3 4 5

42. Distance of placement from the natural family should be considered when addressing the issue of contact between the crown ward and the natural family.

1 2 3 4 5

43. Social workers should not allow contact between the crown ward and natural family when caretakers oppose it.

1 2 3 4 5
PLEASE REMEMBER OUR DEFINITION OF "CONTACT".

44. Contact should be maintained between the crown ward and the natural family regardless of the number of placements the crown ward has experienced.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

We have allotted the following space for your questions, comments, and criticisms.

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Thank you for participating in this study. Your assistance is appreciated.

Pam J. Bates, B.S.W.

Thomas J. Bryce, B.S.W.

Denis B. Dufault, B.S.W.
Appendix D

MAP
Ontario
Appendix E

MEMO TO AGENCIES
ONTARIO ASSOCIATION OF CHILDREN'S AID SOCIETIES

2223 Yonke Street, Suite 503, Toronto, N4P 2G7

MEM: TC: Selected Societies

RF: Research Project - University of Windsor.

FROM: George Caldwell, Executive Director

Under separate cover, you will be receiving a questionnaire from the School of Social Work, University of Windsor. The research has to do with crown wards and their contact and relationships with their natural parents.

The request is to have your supervisory and direct service staff who manage crown ward cases complete the questionnaire.

I have examined the material and recommend your assistance with the project.

March 7, 1993.
VITA AUCTORIS

Peter James Bates was born in Windsor, Ontario on November 14, 1956. He attended General Brock Public School and John L. Forster Collegiate Institute in Windsor. After completing his secondary education he enrolled at the University of Windsor in the Bachelor of Social Work program. In the spring of 1977 he completed a Bachelor of Arts degree in Psychology and in the spring of 1979, graduated from the University with a Bachelor of Social Work degree. Following graduation he commenced employment with the Family and Children's Services in Barrie, Ontario. On November 17, 1979, he married Kathy Charbonneau.

In the fall of 1982 he returned to the University of Windsor, on an educational leave, to begin the Masters of Social Work programme and expects to graduate in October, 1983.

At the time of the writing of this thesis Mr. Bates and his wife Kathy were expecting their first child.
VITA AUCTORIS

Mr. Thomas Joseph Bryce was born in Dunfermline, Scotland on September 1st, 1953 and emigrated to Canada with his family of origin on August 29th, 1968.

Mr. Bryce completed his high school education at Assumption High School in 1972 and, following a two year sabbatical in the work force, he returned to school, attending the University of Windsor from 1974 to 1978. He graduated in the fall of 1977 with a Bachelor of Arts degree in Psychology and again in the spring of 1978 with a Bachelor of Social Work degree.

From June, 1978 to September, 1982, Mr. Bryce was employed by the Catholic Children’s Aid Society of Metropolitan Toronto, holding Social Worker positions in the Family Services Department (University District) and in the Institutions Department.

Mr. Bryce returned to the University of Windsor to complete his Master of Social Work degree in September, 1982 and expects to graduate in October, 1983.

Mr. Bryce was married to Cynthia Diane Clarke in 1974 and the couple have two sons, Aidan Andrew (age 5) and Brendan Thomas (age 4). The family will be returning to Toronto where Mr. Bryce will resume employment with the Catholic Children’s Aid Society.
VITA AUCTORIS

Denis Bernard Dufault was born in Windsor, Ontario on June 22, 1954. He completed his high school education at Centennial Secondary School in Windsor, and enrolled at the University of Windsor in the fall of 1973. In the spring of 1977, he graduated with a Bachelor of Social Work degree. On September 10, 1977, he married Susan Kain and the couple has been blessed with two beautiful sons, Christopher Ryan (age 3) and Brent Kenneth who was born on May 1, 1983.

From May 1977 to August 1982, Mr. Dufault was employed with the Roman Catholic Children's Aid Society of Windsor, working primarily with children placed in long-term care, and he held the position of group home social worker with the agency from May 1977 to March 1980.

In the fall of 1982 Mr. Dufault was granted an educational leave and returned to the University of Windsor to pursue graduate studies in social work. He resumed employment with the Roman Catholic Children's Aid Society in July 1983, as a worker in the Children's Services Department. He expects to graduate in October, 1983.