FOSTER HOME PLACEMENT

FOR

THE MENTALLY HANDICAPPED CHILD.

Eliz. Bogue Aug. '54

FOSTER HOME PLACEMENT FOR THE MENTALLY HANDICAPPED CHILD

By

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THESIS

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INTRODUCTION

Statement of the Problem

Foster home care for the mentally handicapped patient is a comparatively new service field. In a few states it has been tried with a limited number of patients.[1] A few states are asking for information on how this program can be successfully carried on. There is considerable interest in the program by social workers in the children's field, as well as those working with children in the state training schools.

Believing that the experience Lapeer Home and Training School of Lapeer, Michigan, has had with this program will be of interest to these interested groups, this subject has been chosen for study.

Lapeer Home and Training School has had a foster home program for nine years. It is no longer considered in the experimental stage. In this institution it is called the Family Care Department. This is a term that will be defined,

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[1] "There are programs existing in the following states: California, Illinois, Ohio, Massachusetts, Michigan, and New York."

as it is used to mean several different kinds of programs. The case records of the Family Care Department are very well documented and from them some conclusions can be drawn.

It is felt that through study of ten active foster homes now in use by the agency and ten closed homes which have been removed from the active files of the agency, because of a known lack in the foster home, some factors of interest to child welfare workers in general and some elements of good foster home placement, for this type of handicapped child in particular will become evident.

The objective of the social worker in this program is to place the mentally retarded child in a home that suits his need, and to select the particular home that will best understand this child's individual needs.

Successful home placement will be defined as the home which gives the child happiness as observed in signs of contentment, the absence or reduction of hostility, and an evidence of the child's growth in a constellation of members of a family group. The members of this family would show indications of accepting a handicapped child of this type in their midst, evidence that in having this child in the home, individual members of the group met certain positive and acceptable needs of their own.

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Michigan Home for the Feebleminded and Epileptic. In 1913, after the epileptic patients were transferred to the newly established Caro State Hospital, the name was changed to the MICHIGAN HOME AND TRAINING SCHOOL. The present name, THE LAPEER STATE HOME AND TRAINING SCHOOL, was adopted in 1937. There is a similar institution at Coldwater, Michigan, which serves the western part of the state and one at Newberry, Michigan, which serves the Upper Peninsula. A map of the State of Michigan, Figure I, shows in red the part of the state from which Lapeer draws its population.

The institution was opened on August 1, 1895, with a bed capacity of but 200 patients. Today the institution cares for over 5,000 patients, about 4,300 of whom are residents. There is always a list of patients waiting admission. There are only a few ways of relieving the population of the institution. In all catagories, save "RELEASE" or in case of death, the institution retains legal custody of the patient. Patients go on vacations with their families or, they go on parole until such time as their social adjustment in the community indicates that they can be given their release. At Lapeer, they can be placed in foster homes by the FAMILY CARE DEPARTMENT, but they are just as much a part of the institution as if they lived on the grounds.[2]

Patients are admitted to the institution following comitment by the Probate Court of the county of individual's residence. Petitions for commitment are made through the

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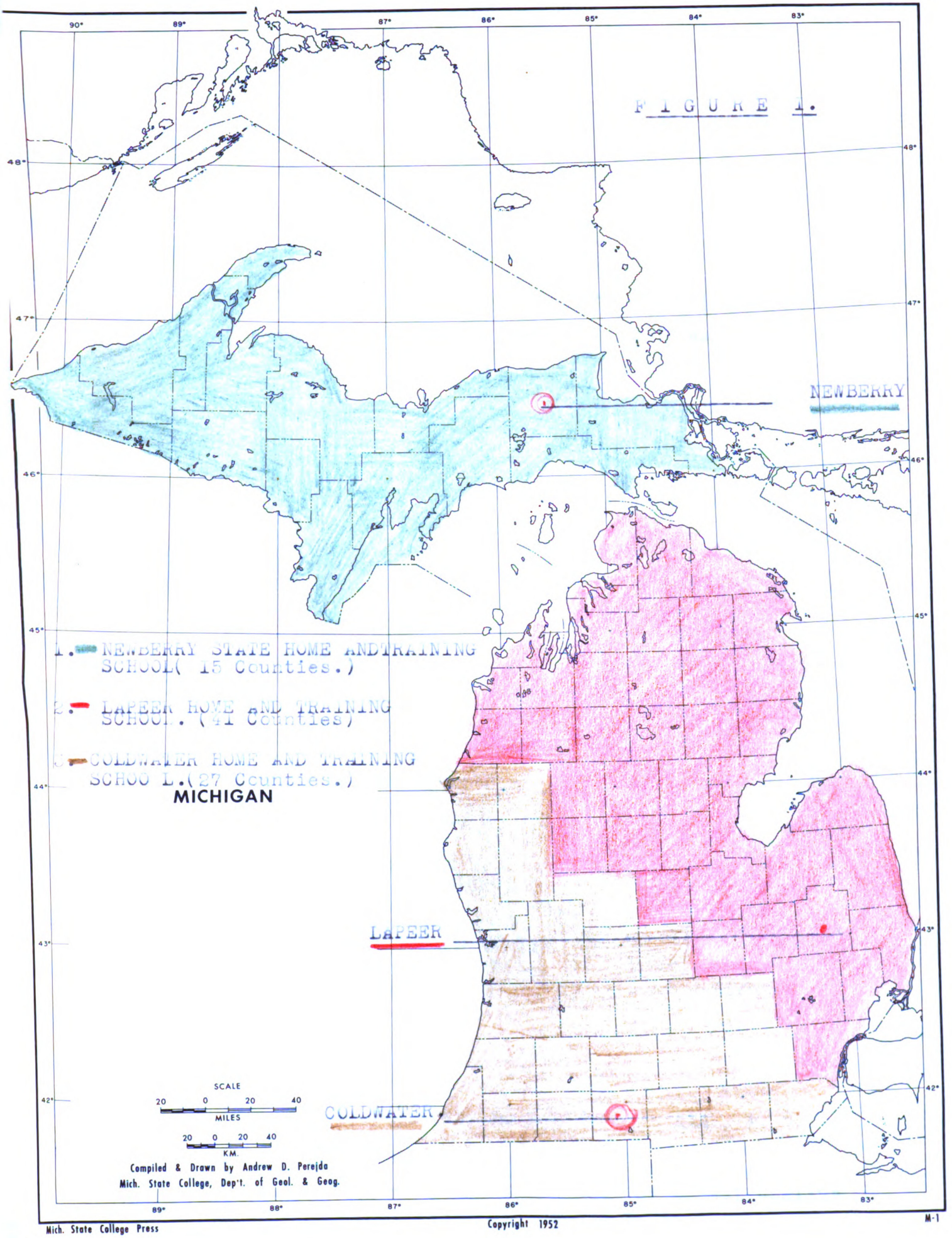
[2] Lapeer State Home and Training School, Lapeer Print Shop, p. 1.



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court by the relatives or by the public officials especially designed by law.[3] Upon receiving the petition, the court appoints two reputable physicians to examine the patient and to state facts which will show that the patient is in need of the care and training which can be provided by the institution. Upon the receipt of these facts, the court rules as to whether or not such commitment must be made. If in the opinion of the court, the patient should be committed, court papers, including the petition and the physician's statements, are mailed to the institution. As beds become available, the Medical Superintendent calls patients from the waiting list for admission. Each patient must be brought to the institution within twenty days following this notification.[4]

According to an unpublished study written by Miss Beryle Bishop, Director of the Family Care Department at Lapeer, there is no law which specifically deals with the care of patients outside the institution under the jurisdiction of the Department of Mental Health.[5] Miss Bishop states:

> When the program was begun it was necessary to have a statistical classification for these patients placed in private homes. The classification given this group, is a sub-institutional one. This means that no matter how long a patient remains in the foster home, he is in effect on the grounds of the institution. The Law in regard to paroled patients

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[3] Ibid., p. 3.

[4] Lapeer Home and Training School, Op. cit., p. 6.

[5] Beryle Biship, "Basis in Law of the Family Care or Boarding Home Program of the Department of Mental Health" (Unpublished mimeograph, December, 1952), p. 1.

> does not apply. The responsibility to the foster child, is the same as though he were actually in residence in a building on the grounds of the institution that placed him in the Family Care home.[6]

In discussing the Family Care Manual written by the Department of Mental Health, Miss Bishop further quotes:

> The boarding of patients in a home other than their own is an extension of the custodial and therapeutic services of the hospital and part of the community health education of the Department of Mental Health.[7]

Miss Bishop's article points out the laxity of the State Laws which cover matters of particular importance to the Family Care Department and calls for revision and defining.[8]

The writer feels that the phamplet on "Family Care for Family Therapists" published by the Michigan Department of Mental Health needs revision or that this department should have a separate one for the use of the Lapeer Family Care Department.[9] This phamplet covers some 25 suggestions for family therapists, only eight of the 25 apply to a Family Care Program for the mentally retarded patient. The balance of the suggestions apply to a family care program for the mentally ill, placed in homes from the mental hospitals.

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[6] Ibid., p. 1.

[7] Ibid., p. 1.

[8] Ibid., p. 7.

[9] Family Care for Family Therapists. Michigan Department of Mental Health, (Undated printed booklet).

> The diagnosis of the mentally retarded, should be determined by a review of the personal history, with particular attention to the developmental data, illness, and educational achievement, . . . and a thorough medical evaluation and clinical psychological studies . . .. Care must be exercised to discriminate between actual intellectual impairment and apparent impairment, resulting from emotional deprivation or other factors in its personal environment.[10]

Dr. Leo Kanner, in his "Miniature Text-Book for Feeble-Mindedness" calls attention to the fact that since 1942, thirteen articles have appeared in the American Journal of Mental Deficiency, all written by eminent psychiatrists defining feeble-mindedness in their own way.

> Parental over-protection, rejection, perfectionistic approval, and neglect tend to warp the personalities of children regardless of their intellectual endowment . . . . Grade misplacement in the school, expectation which goes far beyond the limits of the child's capacity, or a teacher's misunderstanding and ridicule, may certainly be at least as much an incentive for truancy and its ramifications as a child's IQ.[11]

The social worker picks out for herself those hopeful signs in these definitions. She does not disregard the IQ as unimportant, but she tries to learn to know the level of performance of the defective child. She has faith that behavior can be modified even when the IQ remains low.

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[10] Dr. L. Kanner, "Miniature Text-Book on Feeble-Mindedness" Child Care Monographs, New York, N. Y. No. I, 1949, p. 2.

[11] James Lowry, "Mental Deficienty." Social Work Year Book, 1954, p. 438.

CHAPTER II

HISTORICAL BACKGROUND AND CURRENT OPINION

History of Placement of Mentally Defective

The philosophy behind foster home care for the mentally-ill and defective person goes back very far. It is said to have originated on the continent about the later part of the 17th century. Probably the first book in English written to bring the details of the program to America was written by Dr. Horation M. Pollack. This book reviewed the existing programs in Belgium, Scotland, Germany, France, and Switzerland. New York state is said to have started the program for mental defectives in 1933 and extended it to the mentally ill in 1938. In Canada, foster home care for the mental defective was used in some of the provinces in 1933.

The most comprehensive study of foster-care in America was made by Miss Hester Crutcher in her book, Foster Home Care for Mental Patients, published in 1944. This gives a complete description of the spread of the interest in the plan, with the many variations.[12] She discussed the first experiment tried in Gheel, Belgium, where an entire community accepted this way of obtaining a livelihood; and caring for

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[12] Hester Crutcher, Foster Home Care for Mental Patients. Commonwealth Fund, New York, N. Y., p. 45.

the mentally ill came to have, for them, a religious significance. It became known throughout the continent that in Gheel, mentally ill persons could be boarded in comfortable homes, and could appear on the streets in most bazarre outfits, and behave as they wished and they would be understood by the citizenry. The French system was a little different. The State established hospitals or medical centers and the patients secured room and board near these hospitals.

Miss Crutcher's book is a guide and a book of instruction as to how to proceed in establishing a family care program. She includes in her book, chapters on the training of workers and the supervision of the homes. The book is a complete resume of all that has gone before in ten states that had foster home programs for the mentally-ill at the beginning of 1944.

From Maryland, we have this discription of the early foster care program: "The selection of homes was made much as child-placement agencies select homes for children, with the realization that an adult could fit in productively into the natural home."[13]

With the growth of the program for the mentally ill, in the mental hospitals, little progress was made for placement

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[13]Henrietta DeWitt, "Family Care as the Focus for Social Case Work in State Mental Hospitals." Mental Hygiene, October, 1944, p. 603.

of children. The effort seemed to end with a very few states having different kinds of programs with different types of patients.

Hester Crutcher's book stresses the monitary saving to the state when foster home care is given. This point is stressed by many of the later writers. Early programs were started by an appropriation from State legislatures. Programs failed to develop. New York's earliest plan, peculiar to it, was a colony plan. The money which the patients earned, was used for maintenance of the colony. Pennsylvania had a program in 1932, but funds were not re-allocated for it. In 1944, Connecticut had one patient boarded out, but funds had not been re-allocated. In Minnesota, they were authorized to pay only $3.00 a week for foster home care, so no progress in the program could be made. Utah had an appropriation which hadn't been used.

Massachusetts, one of the earliest states to have a program for children, in 1944 placed children from the Belchertown State School. Their program developed into one designed for the older institutional patients released from long years of work in the institution, a sort of retirement plan. In this program they placed as many as ten patients in one home.

Mfray Hiatt wrote an article on her foster home program at Columbus State Hospital, in Ohio in 1951. This, she says, was not a program for the old or young patient, but

a selection was made on the basis of those institutionalized patients with higher I.Qs. There were only 26 patients affected by this program.[14]

Since this article was published, Mfray Hiatt has been active in organizating foster care programs in mental hospitals in Ohio. She has not published anything since this article. In a letter to the writer, she states that she has been working on the organizing of program of foster home care in mental hospitals exclusively.[15]

Current Placement Programs for the Mentally Defective

There is very little published material on the subject of programs now in existence for foster home care of mentally handicapped children. What material is available was secured through correspondence with mental health departments or directors of social service departments at various institutions. Programs were located through correspondence with the Childrens Bureau. Everyone familiar with the field agrees that there has been very little material published. The programs described in letters are the only means of obtaining currant data on the subject.

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[14] Mfray Hiatt, "Case Work Service in Community Placement of Defectives." American Journal of Mental Deficiency, July, 1951.

[15] Letter from Mfray Hiatt, Mental Health Department, Columbus, Ohio, January 19, 1954.

Hester Crutcher, who is a pioneer in this field is still with the New York Department of Mental Health, writes:

> With the exception of Willowbrook State School, which serves the metropolitan area, and Syracuse State School, which is a training school for high grade mental defectives, each one of our institutions for the mentally retarded has a Family Care Program. The program began originally with a trial run at the Newark State School in 1933. At the present time they have 210 children living in foster homes. Litchworth Village has 262, Rome State School 211, and Wassaic State School, 196, making a total of 879 children living in foster homes as of January 31, 1954. Each of these schools has placed out low-grade defectives of all ages, as well as high grade children who need the particular kind of help and support which they receive in these foster homes. Some of the children go to public schools in the area in which these foster homes are and have done very well. However the majority of our patients are those who would not profit by the public school experience.
>
> Unfortunately not much has been written about our program for the placement of the defective child.[16]

The program in Illinois is described by Mary Harms:

"We have a placement program for our two state schools at Dixon and Lincoln. We have placed over 1,200 adults in foster homes or work situations since 1942. Our placement of children has been a minor part of our program."[17]

"There are two state schools in Connecticut. The first two women were placed in foster homes, Feb. 1949.. . . We were unable to expand the program due to the lack of funds,

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[16] Letter from Hester Crutcher, Director of Social Work, Department of Mental Hygiene, Albany, New York, March 16, 1954.

[17] Letter from Mary Harms, Supervisor of Social Service, Dixon and Lincoln Schools, Department of Public Welfare, Chicago, Illinois, March 29, 1954.

but as of Jan. 15, 1954, Mansfield Training School placed nine women and four men in boarding homes."[18]

Though Massachusetts was one of the first states to have a foster home program for the mentally defective, there is no program now in operation at Belchertown State School comparable to foster home care.[19]

> In California organized effort to find homes for placement of mentally retarded children began in 1949. We currently have approximately 170 retarded children in Family Care from our Pacific and Sonoma State Hospitals. Our third and newest hospital Potterville is currently embarking on a Family Care Program, but no children as yet have been placed.[20]

From these reports, it would seem that with the exception of New York State, foster care for the mentally handicapped child is still in the experimental stage.

There is considerable expression of opinion concerning foster home care for the mentally disturbed patient in current periodicals, which stresses three advantages, all of these could be pertinent to both mentally distrubed and mentally handicapped persons.

These very practical reasons are:

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[18] Letter from Harriett M. Dearden, Supervisor of Social Service, Mansfield and Southbury Training Schools, Department of Mental Health, Connecticut, January 15, 1954.

[19] Letter from Gladys Meyer, Chief Psychiatric Social Worker, Belchertown, Massachusetts, February 19, 1954.

[20] Letter from William H. Wilsnack, Assistant Chief of Social Services, Department of Mental Hygiene, Sacramento, California, March 3, 1954.

1. Foster home care is a means of relieving the over-crowded population of the institution.

2. Foster home care is an economical plan since it costs less per day than institutional maintenance.

3. The family atmosphere can restore some persons to normal behavior better than treatment in an institution. (This would apply to the mentally handicapped child, where there might be some emotional component in the behavior.)

At the International Congress on Mental Hygiene in Washington, D. C. in May, 1940, these other values were mentioned.

1. Foster home care is the most natural and freest form of placing the mental patient.

2. It saves the patient from the mental and emotional damage of prolonged institutionalization.

3. It is a natural bridge to parole and discharge.

The philosophy behind placement of children in foster homes is very sound and, in more recent articles, little is said about the financial gain to the state, when placed under this plan. Much is said about the developing of this type of handicapped child to his highest potential, in a warm natural family group, such as a permissive foster home offers.

Hester Crutcher feels that "The theraputic value of the family care program is regarded as being in the demonstrative state . . . ." She feels that"there are potentialities in the program for the high grade defective child, for adjustment in a well chosen foster home in the community." She further stresses "the value of good supervision of these homes, and the building of mutual understanding and respect

on the part of the foster parents and the worker . . . . Supervision maintains a favorable psychological environment in which the patient can improve."[21]

"That foster home care has a definite place in the over-all picture of the provision for the mentally retarded, admits of no argument . . . . Experience has shown that the trained and stabilized mental defective can find suitable placement in the normal world. . . ." Dr. E. J. Johnson, in his article on "What Should We Do With The Mental Defective," thinks that after 200 years of working on this problem we should come up with some new answers. The extension of home and foster home programs, is one of the five important points he makes in his paper.[22] He writes: "In recent years good custodial care for the mentally handicapped has given way to a new goal, which aims first at rehabilitation and secondly at social integration and views custodial care as a last necessity."[23]

Coming to the fore in all one reads about the mentally retarded as well as the mentally ill, is the mention of

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[21] Hester Crutcher, "Foster Home Care for Mental Patients." Commonwealth Fund.

[22] E. L. Johnston, "What Shall We Do About the Mental Defective," Mental Hygiene, April, 1949.

[23] Dr. Ann French, Dr. Levlarg, Dr. H. M. Smith, "Parent Counseling as a Means of Improving the Performances of a Mentally Retarded Boy," American Journal of Mental Deficiency, July, 1953, p. 13.

community acceptance and community planning.[24] "A public educational program is of vast importance in furthering the cause of community acceptance of the obligation and responsibility for the care of the great majority of the mentally defective."[25]

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[24] Ibid., p. 30.

[25] Miss Beryle Bishop, Head of the Family Care Department, Lapeer Home and Training School, is planning to make a study, by means of a questionaire, which will go out to all training schools and State Mental Health Department for information on their foster care programs for the mentally retarded persons. This study will make available for the first time, data on the experience of many institutions with foster care programs.

CHAPTER III

METHODS AND PROCEDURES

Twenty foster homes, ten now being used by the agency and ten closed homes,no longer used by the agency were selected. A schedule was prepared as a basis for locating factors operating in the active homes which might not be present in the closed homes and visa versa. In other words, there should be observable deficiencies in the closed homes which would not be present, or would be present only to a limited degree in the successful homes.

Though the schedule which was used contains a number of seemingly unrelated factors, current theory of foster home placement indicates that these factors might be important in the final results. An example of this would be the data which is being secured covering the physical layout of the house in which the family live. An eight room house, with three bedrooms, might from the accomodation standpoint, indicate that there would be no crowding in the home, but the emotional factors, in the personalities of the foster family, might be such that the family felt crowded and resented the enlargement of the family.

From this study, by means of the schedule drawn up, it was felt that it would be possible to discover some four or five positives or assets, which would appear in the

successful or active foster home which serves to set these homes apart from the unsuccessful closed homes.

The first ten records of foster homes in the active file, in which agency children are now placed, were chosen for this study. These were average homes, not foster homes selected by the agency as their best homes. Some of these homes will have been in use over a period of years; some will have been used a shorter period.

Those homes that are being used for older men and women patients of the institution were not accepted for study.

The ten cases of foster homes in the closed file of the agency, no longer used for the placement of foster children, were also studied. These ten closed homes were chosen by the Director of the Department. They are not homes that were closed because the family moved to another state, or some such obvious reason. These cases are of various dates in the history of the department's development.

It was difficult for the Director of the Department to find ten cases which met the above criteria on which to base some comparisons of factors found in successful and unsuccessful homes. In the over-all program there were very few homes that had been closed. This could be because there were good standards used for accepting homes. It is also possible that good relationships developed between the foster mothers and the social workers from the department which helped to develop successful homes.

Among the closed foster homes selected, one home was closed at the request of the State Fire Marshall, who had his own good reasons. Another foster home of the ten chosen was closed for the placement of children when the foster mother demonstrated that she had no warmth or affection for children. It was suggested to her that the agency would like to use the home for the older institutional patients if the foster mother wished. Her prompt negative reply was an indication that she would have not been successful in this role either, so the home was no longer used.

The department used 73 homes in 1953. In these 73 homes, 172 patients were placed. Miss Beryle Bishop, Director of the Department, indicated that only one or two homes will be closed for children, for all causes, in one year's operation.

In compiling the material for this study, it was found that many of the closed homes were used for such a short time, that evaluations of what the home offered are not as complete as the records of the foster homes in use at least a year. When a home was in use for six months only, it will be obvious that there would be less data from these homes, from which to draw comparisons. However, there were always some recordings in the folders of the individual children, which would show the child's adjustment to the homes in which he was placed. Therefore, using both the home record and the child's individual folder, an adequate picture of the

home for use in this study was sufficient in all cases. The homes for which only short records were available presented such obvious reasons for failure that longer records were not necessary. For example in one instance marital discord which ended in separation of the parents within an eight months period. In another instance the parents were not sufficiently sensitive to the needs of the program to maintain a working relationship with the agency. This home was closed to the agency children, when the family took into there home delinquent boys who threatened the children placed by the Lapeer program.

Factors were isolated from the records of the homes in use and closed homes. The factors were then analyzed in accordance with the ten areas included in the schedule: Composition of the foster family, experience of the foster parents with children, community, motivation of foster parents, number of children placed in this home and length of stay, how the needs of the children were met, how the needs of the foster parents were met, how much supervision by the agency the foster parents could accept, and what was the relationship of the biological parents with the foster parents.

The factors so isolated were then compared to determine if there was a difference between the closed and open homes in terms of these ten areas.

CHAPTER IV

INTERPRETATION OF DATA

Discription of the Homes Used

The Lapeer program does not require that there be a father and a mother in the foster home. In Miss Hutchinson's exhaustive study of the foster parents, she states that the foster father seems to acquesce in the plan feeling that the bulk of the responsibility will rest with the foster mother. This might be true of the father's attitude in the first and second interview but the Lapeer experience has been that the fathers are jointly active in the plan.

> The foster father is a figure-head only if he is believed to be so. Sometimes his willingness to come to the office can not be dissociated from the wife's attitude toward him and from his idea of the part he is to play in the plan. His use of the interview, ... before placement partially intimates the nature of the family situation.[26]

In this study we found that all ten of the active cases had a mother and a father person. In the closed homes, two of the homes were maintained by widows. This was not sufficiently important to label it as a possible cause of the failure of the home.

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[26] Dorothy Hutchinson, In Quest of Foster Homes, Columbia University Press, p. 38.

If we assume that the foster mothers told their right ages, we found that the foster fathers were always older than the foster mothers. In fact, 50 percent of the fathers were over four years older than their wives. In eight of the 20 cases the husbands were over ten years older than their wives.

If we examine Table I the ages of the twenty foster mothers, it will be noticed that there was an uneven distribution of the ages of the foster mothers. The highest incidents occuring around 35 to 40 and again at 50 to 55, in both the closed and the active cases.

TABLE I

AGE DISTRIBUTION OF 20 FOSTER MOTHERS IN THE STUDY

Age	All Cases	Closed Cases	Open Cases
Total	20	10	10
Under 30	1	1	-
30 - 34	3	1	2
35 - 39	7	3	4
40 - 44	1	-	1
45 - 49	1	-	1
50 - 54	5	3	2
55 - and up	2	2	-

Miss Eugenia Kapsanis, made a study of 100 foster homes, used by the Methodist Childrens Home for her thesis for a master's degree for the University of Michigan. She noticed in her larger sampling that there was a concentration around the age of 50 - 59, for foster mothers. She pointed out that these foster parents had children who had married and left the home, as foster parents they stood in the relation of Grandparents to their foster children. This agency felt this type of foster mother was very good for that agency's children. There was a willingness to share the children with the real parents when they came to visit. They were less possessive.[27]

Miss Kapsanis notices also the concentration around the age of 30 to 39. In this group we find mothers whose own children are now in school full time. "These mothers wish to perpetuate the satisfactions of motherhood."[28]

It has been the informal observations of child placement programs that the age of applicants for foster children seem to fall into these two age groups."

Table II shows how many of the 20 foster homes had other children in the home. In six of the active homes there

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[27]Francis Knight, The Substitute Family, The Convocation Lecture, 1940, National Children's Home, Highbur Park, London, N. 5, p. 31.

[28]Ibid., p. 35.

*Observation of Dr. Lucille Barber, who has had a great deal of experience in foster home placement program of the Michigan Childrens Institute.

were no other children but the agency children and in five of the closed homes there were no other children in the home.

TABLE II

CHILDREN IN THE 20 FOSTER HOMES UNDER STUDY

Closed Homes			Active Homes		
Case Number	Agency Children	Other Children	Case Number	Agency Children	Case Children
1	2	3	1	2	5
2	2	2	2	2	2
3	2	1	3	1	2
4	2	3	4	2	1
5	2	1	5	1	0
6	2	0	6	2	0
7	2	0	7	2	0
8	4	0	8	4	0
9	4	0	9	1	0
10	4	0	10	2	0

The data on twenty homes indicated that there were eleven farm homes used, seven small town homes, and only two city homes. If one were studying a much larger group of cases, this distribution would in all probability prevail. Lapeer is using a great many farm homes in the Thumb Area and many of the small towns within a radius of seventy-five miles from the institution.

In the twenty foster parent groups, fourteen parents or sixty percent, had had some experience with mentally-ill or retarded children. In fourteen of these homes mothers felt a degree of competency in assuming the care of mentally handicapped children. In five of the twenty homes, or twenty-five percent of the homes, one parent or a close relative of the family had been an employee at Lapeer. Six of the homes, or thirty percent of the total had boarded children for other agencies or that boarded children through private arrangements. All of the twenty groups of foster parents had had some kind of experience with children, either their own children or experience with children of other people. There were a number of foster parents who had had no experience leading to an interest in a foster child.

The question of motivation of foster parents is difficult to explore.

> A knowledge of motivation does not come easily. It appears, eludes, reappears, retreats and becomes manifest through-out the worker's total experience and efforts to know the foster parents. Its final clarification is an out-growth of the worker's maturity, her capacity for insight, her ability to observe and her skill in reading personality.[29]

> Even though some motives are expressed and some suspected, there is no such thing as a good or bad motive in and of itself. Motives can not be lifted out of context and evaluation. The arerelevant only in relation to other factors and forces in life, in close relationship to them. Basic motivation is

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[29]Dorothy Hutchinson, "In Quest of Foster Parents", Published by New York School of Social Work by Columbia Press, p. 66.

> rendered useful in-so-far as it is sustained by or united with conditions essential for attainment of the goal which has incited the individual. Hence this current tendency to focus narrowly on motives as an index to outcome, one which pervails in circules other than in social work and in home finding. Among many determinants of this fragmentation, one suspects that social workers comprehend the complexity of the task which confronts them in predicting the outcome of human relationships. Weighed with difficulty of the task and charged with concern for the welfare of those whom they serve, they seek simplification. The human mind is a complex learning situation fraught with anxiety tends to become somewhat obsessive and thus to seek generalizations and dichotomies and thereby to center in one aspect of human development and response to the exclusion of others.[30]

Some of the motives or expressed reason of the foster parents for taking agency children came out in the records or were noted on the application blank. Out of the twenty cases, it was found that seventeen expressed a need for companionship. Often coupled with this was a desire to assist the husband financially, with the buying of the farm, or some other goal. Many applications stated the motive to be: "Company while my husband is in the fields and to help financially."

In studying the records, it was possible to watch for indications in the statements of foster parents which would show that their applications for children were made after some change in the family constellation had occured.

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[30] Irene Josselyn and Charlotte Towle, Evaluating Motives of Foster Parents. Reprint from Child Welfare, February, 1952, p. 6.

Dr. Charlotte Towle describes it as"some change in family life, which creates a lack, or a feeling of need, when the foster parents are seeking to restore former equilibrium."[31]

In four of the twenty homes, there were indications of "time of re-alignment " in the family structure.

1. The foster parent had boarded a defective child, through private arrangement with the parents, and when this child was committed to Lapeer, they thought of taking a child from the institution to fill it's place.
2. The foster mother said, "My daughter died two years ago."
3. The foster mother said, "My baby died, and I have all my baby things."
4. Foster mother said her husband had died and she wanted to try a child.

Probably the most outstanding case in the group of twenty cases, and the case that required the greatest amount of shill from the social worker, is one in which the husband and wife stated: "We want something very difficult to tackle, a crippled child or a deaf child." The sensitive social worker saw in this remark, two individuals striving to meet their own needs through self-sacrifice to a crippled and handicapped child.

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[31] Ibid., p. 7.

The data covering the number of placements tried in the twenty foster homes and the length of the period of time of these placements was placed in two tables. Table III, Homes in Use, and Table IV, Closed Homes.

Table III compared with Table IV brings out several trends.

There was not a great deal of experimenting with children or many placements in either the closed or the active cases. In the active cases, ten foster families accepted and kept the first child brought to them or the first pair of children from the agency. Four of these homes, those starred on Table III, took two children as their initial experiment and kept them. These four pairs making eight children, added to the six single placements in this same Table indicates that fourteen children were acceptable at once and remained in these homes. This success with initial placements might be due to the foster parents mental attitude of willingness to cooperate with the agency.

Table IV shows that there was very little experimentation in these closed homes. Seven of the foster homes kept the first children given to them, but were unsuccessful with additional children. Home Number 9 was one of the agency's first homes opened. The two children placed there first remained there eleven years. In this home seven other children were tried. This home deteriorated over the years, as the foster mother grew older she demanded too much of the agency children. "Rigid, cold disciplinarian of the old school."

TABLE III

LENGTH OF TIME OF SERVICE OF TEN HOMES IN USE

Case Number	Length of Time Used	Placements
1	1 yr. 6 mo. 1 yr. 6 mo. 9 mo.	2 children placed at same time remained * 3rd child did not remain
2	2 yrs. 2 yrs.	2 children placed at same time remained *
3	4 yrs.1 mo. 1 mo.	1st placement, still with family 2nd placement, very short trial of a girl
4	9 yrs.	2 children placed at same time remained *
5	3 yrs.	1st placement still with family
6	3 yrs. 3 yrs	2 children placed at same time remained * 3rd off and on have tried two more children for short periods
7	3 yrs.	1st placement still good
8	4 yrs.	1st placement successful
9	2 yrs.	1st placement successful
10	4 yrs.	1st placement was most successful in this family. 3 other children were tried; came and went. 1 remained.

* Note that in Homes 1, 2, 4, and 6 two children were placed at once, and they remained with these foster parents.

TABLE IV

LENGTH OF TIME OF SERVICE OF TEN CLOSED HOMES

Case Number	Length of Time Used	Placements
1	1 yr. 6 mo.	1st placement
2	1 yr. 6 mo.	4 trials, 4 different children
3	7 mo.	1 placement
4	2 mo.	2 placements at same time
5	3 yrs.	2 placements at same time
6	9 mo.	2 placements at same time
7	2 yrs.1 mo.	2 placements at same time
8	6 rs.	2 placements at same time, one lasted 6 yrs; 2 other children tried separately and removed
9	11 yrs.	2 placements made at same time remained through the years; 7 additional placements not successful
10	1 yr.	2 placements made at same time

Home Number 8 was also used over a period of six years, and this changed also. There were positives and negatives in the home for a long period. "Foster mother could not meet the emotional needs of children or understand retardation." The child she was able to accept was nearer normal in intelligence. She was not able to understand behavior of less adequate children.

In the active cases in Table III, Home Number 4 still cares for a child placed there nine years ago, and a second child placed there five years ago is still happy with this family. It is observable in the same Table that two familes were used two years, three families used three years,and three families used for four years with more than one child successfully placed in each of these homes.

If it is assumed that the longer the agency works with these foster families the better they are understood the more useful they become to the agency, the theory is upset when Table IV is examined because here there are two foster homes that were in use 9 years and 11 years. It is to be expected that the agency's criteria for accepting homes has changed over the years, through the experience the workers have gained. It is also very possible, through ill health or other factors, that a foster home will fail in time to meet the needs of young people. With the exception of these two cases, the average use of the homes in the closed homes centered around a year or less. The median

time the homes were in use is far greater in the homes now in use. The median time being over three years.

How Were the Needs of the Children Met?

Data in the study covered four areas, the physical care given, the recreational needs met, the educational needs met and the emotional needs met.

In order to evaluate the material in the record, a plus + or a minus - in these four areas was assigned to each foster family. Where there was no mention of some item covering the data which was needed, the family received a "?" in this area.

When the schedule gave a "?" mark, say covering recreation, it is no indication that the children had no recreation. It was not mentioned in the record. In the more successful homes, there is never any doubt about the efforts the foster parents make to supply recreation, by building swings, making sand piles, and other indications of their interest will be shown in the children's play time.

Hidden in these factors are some real criteria for judging homes. It can be said, however, that the data is not precise and correct in these evaluations. For example, in one of the closed homes, a pair of baby twins were placed. They were in this home seven months. A family crisis occured which necessitated the babies being returned to the institution. The home was not used again. The husband and

wife in the home separated. It can not be said positively that the emotional needs of these babies were met. It can be said positively that the foster mother gave the agency children good physical care. The same difficulty presents itself when evaluating the educational needs of some of the children. Education for every child would be different. Very small gains, in training habits are a source of great satisfaction to the foster mother. Some little accomplishment like learning to drink from a cup might be an educational gain for one child, lacing up shoes might be a gain for another. In the past three years, the agency prepared a detailed evaluation of the home, and the above four areas are adequately covered. This summary goes to the State Welfare Department, and a copy is placed in the foster home file. Where data for these Tables V and VI was not found in an evaluation, it was possible to find the information in the individual child's case folder.

Table V covers these items for the closed homes. In nine of the ten homes, physical care was considered to be good. In but one home physical care was considered to be below par.

In another of the closed homes, which had positives and negatives, we read, "The husband had more intelligence than wife. He died. The foster mother gave uncritical love to a very defective boy, but couldn't give the same to a second similar child."

TABLE V

EVALUATION OF CARE GIVEN IN ACTIVE AND CLOSED CASES

Type of Care	Open Cases			Closed Cases		
	Total	Plus	Minus	Total	Plus	Minus
1 Physical care	10	10	0	10	9	1
2 Emotional needs met	10	10	0	10	3	7
3 Educational needs met	10	9	1	10	4	6
4 Recreational needs met	10	8	2?	10	3	7?

Legend:

\+ = Homes scored + positive in catagory indicated.

\- = Homes scored - lacking in catagory indicated.

? = Catagory indicated not mentioned in record.

In questions pertaining to emotional needs, educational needs and recreational needs met, the data presents the biggest difference between closed homes and active foster homes. Physical needs met, according to agency standards was not a factor of much variance, because only one of the closed homes had a minus quality there. Bad physical care is a more obvious observable factor than some of the

more intangible qualities of mothering. Longer acquaintance with the foster parent reveals the lacks in understanding and warmth, and lacks in interest in educational objectives.

Data indicates that six homes out of the ten met some of the essential needs of the children. Why were the six foster homes closed if they meet the needs of the agency? Brief summaries of these six cases will be given.

In Home No. 1, the family live on a 100 acre farm. They had children of their own and three of the agency children. The record indicated that good physical care was given, though the house-keeping standards were "a little below par for our homes". The children placed here liked the home and the family.

The Fire Marshall refused to license this home because he felt that the basement where oil drums were stores was a fire hazard. He was so insistent that the agency had no other choice than to close the home.

In Home No. 2, the husband was more intelligent than the wife. He died while the agency was using the home. The foster mother could never understand the value of a balanced diet. It took some time for the agency to prove that the children were undernourished.

"This woman gave uncritical love to two very defective children, idiot range of intelligence."

In Home No. 3, the foster mother was a widow with emotional problems of her own. She thought a child in the home would solve some of her problems. "Having a foster child was an experiment for her as well as for the agency." One of the woman's comments, was, "I have lived within 21 miles of Lapeer all my life and always hated the place."

"Mrs. S. lacked warmth and understanding. She was too barren of feeling to care for youngsters and she was making no progress in learning to live with herself. She was fundamentally a bitter person. The physical care given in this home was good.

Home No. 7 was one of the two first homes used by our agency. (Children were placed in two homes on the same day, thus initiating the program.)

This home changed over the years. The foster mother's health was failing and she failed to supply the emotional needs of younger children. She was going blind with a congenital unoperative eye condition.

Mrs. F. was a rigid, cold, non-understanding person and a religious fanatic. The money the agency paid and the work the children did was her primary interest in the children. Girls removed from this home, made good adjustments else-where.

This home was closed to children and used for adults, then closed for adults for the same reason.

One of the girls, of the many tried here, met with Mrs. F's. approval. She kept up her contact with this older girl, sent her gifts and takes her to live with her in the summer. For this girl, having a friend is a valuable thing.

Home No. 8 was only used one year. The agency placed a pair of twin babies here. There were two small daughters in the home. A crisis occured in the family. The foster parents separated over their difficulties. The agency children were returned. The physical care here was good. There had been every indication that this was a good foster home.

Home No. 10 changed over the years. In the earlier years, Mrs. B. seemed to be good at teaching the agency children simple tasks. As the worker grew to know her, she observed a great lack of understanding of the needs of children. She would have failed with normal children for the same reasons. Children were removed from this home and then older patients were tried. Mrs. B. found an acceptable mother figure in one of the older patients. Mrs. B's. own mother had died of diabetis, so she became attached to the agency patient with diabetes. This was the one successful placement after many trials. When adults were no longer placed in this home, Mrs. B. continued to show her affection for this one patient, even though she returned to the institution.

How did the Agency Children Meet the Needs of the Foster Parents?

Caring for foster children ideally is a two way process. No one goes into this type of occupation for the monitary benefits alone. There must be satisfactions in it for the foster parents.

Miss Francis Knight, who has had wide experience with foster home placement, agrees with this statement. "Foster home experience has indicated that unless the foster parents find the satisfactions they are seeking in the foster children, they can not provide security for children."[32]

In Table VI data covering satisfactions or lack of satisfactions are shown on a chart for evaluations of the closed and active homes.

In the closed homes three of the ten listed did enjoy the agency children. There were two negative responses and five in which a Question (?) was given. There was no indication that the foster parents enjoyed the agency children, one could but doubt their pleasure in them.

In contrast to this lack of mention of pleasures gained by having children in the home, in the active cases there were expressed feelings of accomplishment and satisfaction with the foster children.

What are the Agency Children Like?

Table VII gives some information concerning the twenty-one children placed in ten active foster homes now in use by the agency. Any similar study of any ten active foster homes would in all probability show about the same degree of mental retardation. In the ten homes in the study, it will be noticed that in Home No. 10 there are four of the agency children.

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[32] Francis Knight, Ibid., p. 30.

TABLE VI

DID EXPERIMENT OF HAVING FOSTER CHILDREN ADD ANYTHING TO HAPPINESS OF FOSTER FAMILIES

Active			Closed		
Home No.	Rating*	Comments	Home No.	Rating*	Comments
1	+	Evidences of growth of family	1	?	
2	+		2	-	
3	+	Unusual affection of parents	3	?	Agency children infants
4	+	Considered agency children challenging.	4	?	Community "catharsis" resulted from this experience
5	+	Good social work skill employed resulted in rich experience for parents	5	-	
6	+	Added much to the happiness in the home	6	?	
7	+		7	-	Foster mother made one friend
8	from - to +		8	-	
9	?	F.M. thinks good physical care good enough	9	?	Had 7 placements made one friend
10	+		10	-	

* Legend:
+ = Homes scored - positive in catagory indicated.
- = Homes scored - negative in catagory indicated.
? = Catagory indicated, no data in the record.

One other home, No. 5, has three children. The chronological age of the children is given, the functional age and the "IQ". The "IQ" and the medical diagnosis is established at the institution.

Table VIII is a breakdown of the medical diagnoses of the twenty-one children in the ten homes under consideration.

Table IX shows the distribution of the IQ's in twenty-one children in all the homes in the study.

When discussing, "What are the Agency Children Like?" some light was thrown on this by the inclusion in the schedule of a question on "What was the relationship of the biological parents to the foster parents." The data that was assembled concerning the biological parents of the children in this study, pointed out very graphically what the majority of the agency children have missed, because of the peculiar circumstances of their birth.

> Home, family, children, parents, are superb words in our language. When we employ the qualifying words, 'my own', they become jewels of thought 'my own home,' 'my own people.' This is not a mere sentimental recording of words. It is indeed a very practical statement, for it is in this realm that you and I find serenity, security and success. Home is the proving ground where we try out our concepts of honesty, truth, freedom and growth.[33]

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[33] Francis Knight, Ibid., p. 34.

TABLE VII

STUDY OF 21 AGENCY CHILDREN
PLACED IN THE TEN ACTIVE FOSTER HOMES

Case Number	Number of agency Children in homes	Age	Mental Age*	I.Q.	Medical Diagnoses
1	2	10	0-8	18	Mongolian
		11	2-7	29	Developmental Cranial Anomaly
2	2	9	4-10	65	Familial
		12	8-10	80	Undifferentiated
3	2	7	3-7	51	Familial
		10	4-1	45	Familial
4	2	7	3-3	58	Congenital Cranial Anomaly
		16	4-3	31	Mongolian
5	3	12	2-6	23	Mongolian
		13	2-10	22	Mongolian
		20	5-7	34	Familial
6	2	7	1-0	23	Mongolian
		8	1-5	26	Familial
7	1	13	9-2	80	Familial with polio
8	1	13	4-2	40	Familial with dwarfism
9	2	16	1-4	37	Hydrocephalic
		12	6-0	61	Familial
10	4	6	1-2	32	Mongolian
		7	3-6	53	Familial
		14	4-10	61	Congenital Brain defect with spasticity
		7	6-0	45	Familial

* Mental ages indicated here should be considered as "Functioning mental age" since this measurement frequently rises somewhat when the child is placed in an accepted environment.

TABLE VIII

DIAGNOSIS OF 21 CHILDREN PLACED IN TEN ACTIVE FOSTER HOMES

Diagnoses	Number of Children
Total	21
Familial	10
Mongolian	6
Other*	5

*Other includes, undifferentiated, congential brain defect with spasticity, familial with dwarfism, familial with polio, congenital cranial anomoly.

TABLE IX

DISTRIBUTION OF IQ'S OF 21 CHILDREN IN ACTIVE FOSTER HOMES

I.Q.	Number
Total	21
0-9	0
10-19	1
20-29	5
30-39	5
40-49	2
50-59	3
60-69	3
70-80	2

The factor of having people is a tremendous one with Lapeer children. To have anyone at all, gives the institutionalized child status in his peer group.

The small sample of the agency children in the twenty homes covered, there were 40 children at the time the data was secured. The study revealed that few of these children have homesor families to go back to, and thus the objective, to prepare the child to return to it's biological parent or parents, is not possible in many instances.

Out of the forty children in the study, thirteen of the children were illegitimate, and if one parent was keeping in contact with the child, there was no plan to ever take the child. Three children were results of incestuous relations of father with daughter. Two children were children of Lapeer patients. The mother of one of these sees her child fairly frequently, but there will hardly materialize any plan to reunite the family. Another child who is illegitimate has a mother in a mental hospital.

Few of the married biological parents, whose marriages are intact plan to take their children again.

There are evidences in the study of real interest from some member of the family, here and there an occasional grandmother. One mother who divorced the father of the agency child is remarried, and has a family to this husband. This mother makes real sacrifices at home so that her child with the agency has little gifts at appropriate times. That this

retarded child is so well situated in a foster home is a source of great comfort to the mother.

Another mother conscientiously takes her daughter for a visit in her home in the summer time. There are other children now. When the little girl returns to her foster mother, she has an upset stomach for a long time, the result of this visit.

> If placement is to be more than just transferring a child into a good environment we must realize that the child does have an inner life in which he maintains his parent-child relationship.[34]

Many records read, "Child given up at birth." "Mother not heard of for many years." How many doctors today advise parents of mentally handicapped children to put them away and forget them is not known. When the child is illegitimate, and retarded it is not acceptable for adoption.

All parents, when available,are advised of the foster home plan for their child, if it has been chosen for foster home placement. The parents can accept this plan or reject it. There have been situations where the biological parents have visited the foster home prior to placement of the child and seeing the foster mother has given the parents a great deal of comfort.

These uncertainties of birth and future make it all the more imperative that foster parents give the agency children a sense of belonging to someone. The rewards for the

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[34]Francis Knight, Ibid., p. 35.

foster parents are very great. There have been instances where the foster mother has asked the social worker if she could not encourage the child's fantacy, that she was the child's biological mother.

How Much Supervision Would the Foster Parents Accept?

When we studied this question we found that there was quite a difference in attitudes toward accepting the supervision of the case-worker. This might be due to the shorter time the agency worked with the foster parents in the closed homes. In the closed cases of ten, five responses to the question, was "Nothing noted in the record." In three of the closed homes, "We question whether this foster mother would accept suggestions."

One answer was, "Assimilated very little."

Another was, "Does something she knows she should not do, then tells the worker after it is done."

However in the ten active cases, we have a great deal of evidence that the foster parents accepted supervision in a manner and degree different from the closed homes. In this group we have only two homes in which we had no positive statement to this question.

Eight of the foster mothers accepted suggestions and help.

Some of the comments read:

"Looks to the social worker for understanding and comments on her efforts."

"Accepts supervision, has grown a great deal within the last year in understanding."

"Accepts a great deal."

"Asks for help."

This data therefore establishes another area in which we could observe flexible attitudes of the foster parents in the active foster homes in contrast to the lact of flexibility or lack of cooperation in a large percentage of the close cases.

CHAPTER V

GENERALIZATIONS AND CONCLUSIONS

The assumption of this study was that with the use of a schedule and a close examination of eight areas of important aspects of foster homes, differences between the closed cases and the active cases in a foster home plan would be found. It was thoughtthat this study would add to the body of knowledge of the criteria for foster homes for the mentally handicapped child.

In the first six factors of the schedule, there was no difference between closed homes and the active homes. The experience with children that foster parents brought to the experience was examined. The setting of the home, the composition of the community, the number of bed rooms and the number of other children in the home were all examined. The number of children tried and the length of time they remained in each foster home was observed.

In Question No. 6, four areas were covered, the physical care given, the understanding of the emotional needs, the education of the children and the recreational needs, were adequately covered.

The data secured indicates that there was very little difference in the physical care given by the two groups, the closed and the active cases. The greatest variance with

the active and closed cases becomes obvious in the study of how the foster parents met the emotional needs of the agency children. Here we had nine of the active cases giving complete satisfaction in this area, and only three of the closed foster homes giving satisfaction. In one of these three closed homes the foster mother was understanding only one of the agency children. In one of the active cases we suspect that the mother is more obsorbed in her grandchildren who are there a great deal, than she is in the agency children. We therefore question her interest in the emotional needs of the agency children. This is a home which is neither good or bad, the problems presented are not serious enough to close the home but it was marked as a -minus in this area as below average for the active cases.

When educational needs are considered, data indicates that there are nine positives in the active home and only four positives in the closed homes. There is a question mark for one of the active cases, in fact it is the same foster mother discussed in the paragraph above where the record does indicate that the emotional needs of the child is not being met. One notation in the record covering this home is, "This foster mother has very defective children she thinks good physical care is good enough."

In the data covering "recreational need met" the active cases lead again with eight foster homes, giving real attention to this item and two in question, and the closed

cases have but three positives in seven homes in question.

The second factor, Question 7, which differentiated sharply between the closed and the active cases was: "How did the agency children meet the needs of the foster families?" This question revealed an over-whelming number of positives in favor of the active cases. In this group though we are only taking ten for study, there are several examples of excellent use of case-work skills employed, helping parents to deeper satisfactions.

In a record was found this statement: "My husband is a changed man since Larry came to live with us. He accepts all children more readily and is very thoughtful and gentle to Larry."

In another home, both foster mother and father came from big families. The mother had two children and then was told by her physician that she should have no more difficult births. They took two boys from the agency when their own children started to school. "There is much kidding and laughter in the home . . . . When moving onto a new farm, the father built first sturdy swings for the agency children in the yard . . ."

The agency records are full of indications of the personal satisfactions the foster families receive from their children.

Our conclusions can be stated very simply. Successful foster parents who care for the mentally handicapped child, have an understanding of the emotional needs of our agency

children and they do receive personal satisfactions in seeing progress in these children and feel rewarded by the responses of the children to their affection and training. As in all programs with children, a happier mother and father have a stabilizing effect upon the child. Though we are dealing with mentally handicapped children, foster home care objectives are the same, that the child attain social acceptance in a family in a community.

"New is the old come true. . . . It suggests a past, a present and a future."[35] This is certainly applicable to the program under discussion. When foster home placement for the mentally handicapped child started in this country a plan had to begin from somewhere. Like so many American institutions "we began with what we know, we looked to existing agencies. Let us follow the existing criteria for foster homes used by the child placing agencies." Thus this program followed in the path of the thinking of the prevailing child welfare programs.

In summary this small study supplied data with positive indications in six areas.

1. Emotional needs are met.
2. Educational needs are met.
3. Recreational needs are met.
4. Children from the agency meet certain acceptable needs of the foster parents.

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[35]Frances Knight, Ibid., p. 7.

5. Successful mother accepts the supervision and interest of the agency social worker.
6. Foster home placement meets the needs of the agency, in that a certain number of children are more adequately prepared for community life.

Good foster parents are aware of their responsibilities in striving toward supplying a quality of emotional acceptance of the handicapped child themselves. Without having first arrived at this acceptance, they would not progress to the next step, that of meeting the emotional needs of our agency children. It is at this point, MEETING THE EMOTIONAL NEEDS OF THE AGENCY CHILDREN, that we found the greatest variance between the two types of homes, the active ones and the closed homes.

In this area the skill of the social worker is very important. She is interpreting behavior of the mother and the child. The retarded child has limited ways of communication. It is necessary to understand their ways.

Good foster parents are aware of their responsibilities in striving toward educational goals. Glancing at the variety of mental ages, and the I.Q's of the agency children in Table VII one can get a conception of the adjustment to levels of performance the foster parents have to make. In this area the social worker is of inestimable value as she is the one to whom the foster mother looks for encouragement

as well as interpretation of behavior. It has been said, "A child goes forward, he goes backward, he goes forward. . . he never stands still."[36]

Cooperation and a willingness to discuss difficulties with the agency representative has figured as a positive factor in the success of the home. Foster mother grows in understanding and each foster home and each new placement is a learning experience for the social work and the mother.

Social work in such a department is highly skilled.

This small study points out that all good foster parents are much the same. The type of child to be placed is less important than the "parenting" qualities of the foster parents. Some of the parents boarded for child placing agencies offering normal children, others had boarded crippled or defective children, and still others had boarded problem children for Juvenile Courts.

Foster home care is in accord with much of the current progressive thinking regarding adequate understanding of the mentally handicapped person. Institutions will always be needed for the child that needs custodial care. Much of our current material on this subject indicates that very good counseling should be given to parents of a defective child, and that parental feeling about this child is all important and should be more ably handled.

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[36] Frances Knight, Ibid., p. 25.

Many children come to the institution with several inadequacies, mental retardation dependency, neglect, objection of parents, and rejection in the school, all this adding something to the child's inability to adjust to adults.

A large proportion of the patients in any training school for the mentally retarded ultimately will be placed on parole in a community. All training in the institution is directed toward this end. Good social adjustment, that quality all rehabilitation workers are looking for in handicapped persons, can best be learned in living in the community. For some this opportunity should be available. Foster home care offers this kind of exposure to community living. As this study has shown, some of the children of the agency are attending the public schools. Yet the agency policy is not to go through the institution and pick out the children with the higher IQ'S as shown by Table IX .

Lapeer's Family Care Department has grown through nine years. Pressures of needs of getting more children out of the institution because of the need for beds has not affected the slow steady building process this department has enjoyed.

The waiting lists for admittance to an institution for the mentally handicapped child are always long. A foster care program involving 172 patients is considered a large and important program. It is a larger number than the number of children in any given cottage on the grounds. It is as

a good-sized hospital in a small town. It would represent an orphange of considerable size.

Trends in the Lapeer program are observable. In areas where the agency children are being placed there is more community acceptance of the mentally handicapped child. Highly respected foster parents carve out their areas of acceptance for their foster children. Attendance at church functions has been eased for our agency children.

Studies of the mongolian child could well be made in the foster homes in which they are being placed by this agency. This type of child is becoming increasingly popular with foster mothers who have had satisfying experiences in teaching these exceedingly responsive affectionate children through imitation.

Employees in the institution have become very much interested in the success of this department. The department policy has fostered a feeling of sharing their successes with everyone. This extends to the employees on the ward, or in the cottages who may perhaps be the ones who will show the prospective foster mother the child in the ward for her consideration, before she accepts it. This interest extends to the employee who buy the new clothes for the child's new experience. Institution employees interpret the program to their relatives and friends.

In the contemplation of the ten foster homes which were closed and no longer used by the agency, in several instances there were friendships and attachments made of

foster parents to the agency children. There were two such examples of friendships that were exceedingly beneficial to the institution child. If the foster parent could establish an affection for only one of several who were tried, it was a good experience for that one child.

In this study there is no extensive analysis of the degree of retardation of all the children. There is but one chart which covers the degree of handicap the foster mother was dealing with. This study did not go into the growth of the agency children after placement in the foster home. This would be a thesis topic in itself.

There is much that we do not know of the potentials of a child in the retarded group. One of the ways of knowing more about an individual child is to place him in a family setting where he has more individual attention and has a place in the affections of a family. The ultimate goal of such a placement would be that we strive towards this child's expanding performance so that he may develop to his highest potential.

Under Miss Bishop's sensitive and able direction the program at Lapeer Home and Training School can only develop further as staff becomes available to permit expansion.

When Bradley Buell discussed the need for American social agencies to tackle that hard core of our chronic dependent families, the six percenters that absorb so much of the financial relief of agencies, one can but wonder how

many among any such group might be mentally handicapped parents whose defectiveness was never discovered, but whose children came along just the same. It is well known that all mental defectives do not come to the attention of the institutions. Here, as in the discovery of mental illness, early discovery is very important, non-discovery very disasterous.

The inhabitants of Gheel, Belgium, when they opened their homes to the mentally ill accepted this work as Godly. They made this occupation fit into their religious convictions. Whatever we call this motivation, religious zeal, stability of personality, maturity, or even guilt, we can not say this motive for caring for the handicapped is good or bad. It can not be lifted out of context. The social worker can but direct and channel the rich gifts of self that the foster parents bring to the experience, to the recipient, the agency child.

> We shall consider together current means and methods of child care calling to our rememberance the individual child who, set in our midst by the Great Teacher, is in our day every child, regardless of race, colour, creed, fortune or disfavour. . .
> Our new ways and new skills must always be tempered with the warmth of genuine concern and tender affections for all God's children.[38]

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[37]Bradley Buell, Community Planning for Human Needs. New York, N. Y., Columbia Press, 1952.

[38]Frances Knight, Ibid., p. 8.

SCHEDULE

20 FOSTER HOMES USED FOR THE MENTALLY DEFECTIVE CHILDREN
OF
LAPEER STATE HOME AND TRAINING SCHOOL
Lapeer, Michigan

Case No.___
Referral:_____

1. COMPOSITION OF THE FOSTER FAMILY

a. Adults in the Home	b. F.P's Children	c. L.S.H. Children
1._____	1._____	1. _____
2._____	2._____	2. _____

2. EXPERIENCE WITH CHILDREN OF F. P.

a. F.P. had children of their own? _____

b. F.P. had boarded children for other agencies._____

c. F.P. had no experience with children. _____

d. F.P. had experience with mental patients or mentally retarded persons? _____

Describe: _____

3. COMMUNITY

a. Description of location	b. Of home	c. Did foster child have own bed room?
1. large town ____	1. number of rooms _____	Yes No
2. suburbs _____	2. number of bed rooms__	1._____
		2. _____

4. MOTIVATION OF FOSTER PARENTS

a. Conscious motives as given on application blank at time of original home investigation.

1. _____

2. _____

3. _____

4. _____

SCHEDULE (continued)

5. NUMBER OF CHILDREN PLACED IN THIS HOME AND LENGTH OF STAY

a. Placed

(1st Child) Yrs.___mo.___ (2nd Child) Yrs. ____mo.__ (3rd Child) Yrs.___mo.___

b. Children withdrawn

1st Yrs.____mo.____ 2nd Yrs.____mo.___ 3rd Yrs.____mo.___

6. HOW WERE THE NEEDS OF THE CHILDREN MET IN THIS HOME?

	Neg.	Positive
a. Physical care		
b. Emotional needs met		
c. Educational needs met		
d. Recreational needs met		

Describe anything unusual: _____

7. HOW DID L.S.H.T. CHILDREN MEET THE NEEDS OF THE FOSTER PARENTS?

	Yes	No
a. Added something to satisfaction and accomplishment		

Describe: _____

8. WERE THE AGENCY NEEDS OF THE FOSTER PARENTS?

Describe: _____

9. How much supervision by the agency could the foster parents accept?
Describe: _____

10. WHAT KIND OF A RECIPRICAL RELATIONSHIP WAS BUILT UP BETWEEN BIOLOGICAL PARENTS AND FOSTER PARENTS?

	Yes	No
a. Did biological parents visit the foster home prior to placement?		

SCHEDULE (continued)

b. How many visits in the past year have the biological parents made in the Foster Home? _____

c. Does Foster child ever go to it's own home for visits? Yes No

d. Has visiting of biological parents been forbidden by the agency? _____

Describe anything unusual covering the above questions that exist with these children now in this home?

_____

11. SUMMARY: _____

_____

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