

# PERMANENCY PLANNING: AN OVERVIEW

## INTRODUCTION

Most of the pioneering work in relation to permanency planning has been carried out in Oregon by the Regional Research Institute for Human Services and the State Children's Services Department. As the Oregon project has been documented in great detail in five excellent volumes:

1. Barriers to Planning for Children in Foster Care (1976)<sup>1</sup> Regional Research Institute for Human Services Portland State University;
2. Overcoming Barriers for Children in Care, (Emlen et al. 1977)<sup>2</sup>;
3. Permanent Planning for Children in Foster Care: A Handbook for Social Workers (Pike et al.) 1977)<sup>3</sup>;
4. Permanent Planning in Foster Care: A Guide for Programme Planners (Dreyer, 1978)<sup>4</sup>;
5. Permanent Planning in Foster Care: Resources for Training (Downs & Taylor, 1978)<sup>5</sup>;

and as the utilisation of the Oregon model has been encouraged by the allocation of federal funds to those States wishing to develop it for their own use, it seems appropriate to examine the model and its operation in some detail. Following this, efforts to develop permanency planning elsewhere will be examined and analysed.

## THE OREGON MODEL

In 1972, because of concern regarding welfare drift, a three-year demonstration project called "Freeing Children for Permanent Placement" was undertaken under the auspices of the Regional Research Institute and the Oregon Children's Services Department. The objectives of the project were to develop methods of overcoming barriers to permanent planning and to demonstrate the effectiveness of those methods.

The first task facing the researchers was the identification of the barriers hindering permanent placement in the counties selected for the operation of the project. The researchers reviewed the cases of all children in foster care for one year or longer (N: 2882) and the decision-making involved in a random sample of 210 cases. Using factor analysis, the researchers were able to establish that a number of client and non-client variables were barriers to permanency planning or were perceived as such by the staff. Six major kinds of barriers were reported:

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1. *Realistic client barriers* based on characteristics of the parents and the children, e.g. the condition of the parents and the emotional ties the children had with foster parents.
2. *Pessimistic policies* based on the child's age and service history, e.g. for the child between 6 and 12 adoption was virtually ignored and only foster care was considered.
3. *Caseworker attitudes* for the majority of caseworkers, foster care was not goal-oriented but characterised by inertia and geared to the maintenance of existing arrangements; furthermore negative attitudes towards the termination of parental rights ruled it out as an option.
4. Lack of required procedures governing reviewing and decision-making.
5. *A high level of regional variation as to what* is possible and worth pursuing for a child, e.g. the Courts were seen by caseworkers as a barrier although in fact Court barriers were not as great as caseworkers believed.
6. *Lack of permanent planning options* the majority of children under consideration were in unplanned long-term foster placements and in the absence of viable permanent alternatives, e.g. return home or adoption, would remain in those placements. Thus the lack of permanent planning options, e.g. return home or adoption, was a significant barrier to permanent planning.

Having identified the barriers to permanency planning, the next task was to overcome those barriers and achieve family permanency for children as an alternative to prolonged foster care. A permanent home was defined as one

- that was intended to last indefinitely;
- had a definite legal status;
- permitted and supported commitment and continuity in the child's relationships;

- imparted a respected social status.

Because foster care was not intended to be permanent, had no legal status, confounded relationships and was stigmatising, it was the least desirable outcome after restoration and adoption respectively.

- Shared decision-making was emphasised as was the existence of a "minimal" sufficient level of care for the child rather than an "optimal" level, should he be returned home.
- In all cases the child's sense of belonging or desire to stay in a particular placement was to be respected, and the focus was to be on the current situation rather than the wrongs of the past.
- Freeing was to be pursued only when a suitable, potentially permanent placement was available and families were to be given "reasonable" rather than massive support.

With these principles in mind the project was structured in such a way that the barriers to permanency planning identified in the first stage of the project were overcome, i.e. an appropriate organisational framework and detailed goal-oriented, time-limited, decision-making procedures were developed within the Children's Services Department.

Better and more effective communication with the courts was initiated and a great deal of energy went into staff education and training and developing a climate favourable to permanency planning. A number of very useful aids were developed, for example,

- a decision tree to aid decision-making;
- a permanent planning overview to clarify the choices and the elements necessary to achieve the plan;
- a typology of grounds for termination issues;
- a worker attitude questionnaire;
- a questionnaire to assess the extent to which the components of permanency planning exist within a child welfare agency;
- a Court procedure check-list.

In addition, a handbook for social workers was produced in which the basic philosophy of permanency planning was outlined along with the step-by-step, procedures required when assessing barriers; developing treatment

plans; making decisions and working towards termination.

The project proper commenced in 1973 and a total of 509 foster cases aged one to twelve, that had been in foster care for one year or longer, were judged as being unlikely to return home and considered adoptable if they were freed for adoption, constituted the experimental group. Fifteen specially chosen and trained case-workers who became known as "permanency planning workers" were allocated no more than 25 cases at any one time. Only a small case-load was allocated as the workers had to visit the natural families at least once a week and deal with the children, the foster families and the Courts.

The permanency planning worker's goal was to achieve the best possible permanent plan for every child within one year of entering the project. Initially the workers traced as many of the children's parents as possible and directly put the following to them:

1. Your children cannot grow up in unplanned, drifting foster care.
2. We will work together to take whatever steps are needed to get your child out of foster care, based on:
  - the assessment of the child's situation and your situation;
  - the determination of which barriers need to be overcome in order for the child to return home;
  - the provision of a structured time-limited rehabilitation programme for your family.
3. Our first choice is to return the child to you and only when this has been ruled out will we consider adoption, either by voluntary relinquishment or by the termination of parental rights.
4. We are successful when any permanent plan is achieved and not just when we obtain adoption.

Instead of being "angry", many parents welcomed the interest and "straight talking" of the permanency planning workers. There was a marked increase in the casework time provided to the children's families, and a decrease in the time provided to the foster families, i.e. the families time increased from 25% to 75% whilst that given to foster families decreased from 75% to 25%. The emphasis was on making every attempt to assist the biological parents to overcome the problems that had required the removal of the child.

For those children for whom adoption was indicated, the permanency planning worker began to prepare for the termination process by carefully documenting his work with the family, finding and preparing those witnesses whose testimony would be necessary

if termination was to be achieved and establishing a viable permanent placement for the child.

Even though all of the project children were considered unlikely to return home by the end of the two years, the active goal-oriented, structured rehabilitation programme with the parents resulted in 26% of the children being returned to their families. 36% were freed for adoption and placed in adoptive homes, either with their former foster parents or with new adoptive parents. 10% remained in foster care under a contracted long-term foster care agreement or were placed with relatives, and adoption plans were in progress for an additional 16%, leaving 12% unresolved. Thus 72% of the project children had been placed in a permanent home of some kind after an average of 16 months of work and a follow-up study in 1977 (Lahti, 1978)<sup>6</sup> revealed that overall 90% of the permanent placements remained intact.

The project proved to be cost-effective in that the cumulative savings from decreased foster care payments overtook the cost of the project \$800,000 in the second year, and by the end of the project, over \$1,000,000 in foster care costs had been saved and the foster care population had been reduced by 20%.

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Because of the success of the demonstration project, the permanency planning model has been integrated into the State Children's Services Department and since 1976 the National Centre for Child Advocacy has been operating a programme to help other States develop the Oregon Model for their own needs. By 1978, 25 States were utilising the model and several more were considering its use. It is hoped that data collected on the operation of permanency planning in the involved States between 1976 – 1980 will further develop and refine permanency planning concepts and procedures.

In summary, permanency planning as exemplified by the Oregon Model requires the following essential elements:

- concerted time-limited and documented efforts to re-unite children with their families;
- a goal-oriented philosophy of foster care;
- screening procedures to identify

candidates for reunification with families, adoption, long-term foster care, guardianship or institutionalisation;

- expert evaluation of parents and children by experts willing to testify in court;
- sound statutes on voluntary relinquishment and termination of parental rights;
- a developed body of case law;
- legal representation of the child in termination hearings;
- a prevailing climate within the community that sanctions permanency planning, even when parental rights have to be terminated;
- real placement options;
- real staff expertise.

### OTHER PERMANENCY PLANNING PROJECTS AND SERVICES

It is now agreed that children need permanent, stable homes if normal healthy development is to be facilitated. Permanency planning has become a priority in child welfare though it is being approached in a number of different ways. In general, following the Oregon example, the use of a pilot or demonstration project seems to be the preferred method of evaluating and establishing permanency planning services. In some instances legislative and/or policy changes have heralded the introduction of permanency planning; for example in the United Kingdom and in Ontario, permanency planning concepts were incorporated in the Child Welfare legislation and its associated regulations and policies in the absence of pilot projects. As yet not all agencies or departments developing permanency planning projects or services have produced evaluative data; however a certain amount is available, and on the basis of an examination of 14 projects in the United States Canada, the United Kingdom and New Zealand, the following points need to be considered.

### DISCUSSION

#### 1. Goals

The goal of all of the projects and services is to obtain a permanent, stable placement for the child. In all instances a permanent placement with the child's own family is the priority and if that is impossible, then adoption is the preferred choice. Foster care is regarded as the least desirable outcome, but if it is unavoidable then only formalised permanent foster care should be considered.

#### 2. Family Support Services.

Because the priority is always the maintenance of rehabilitation of the natural family in all but four programmes, intensive family support services are emphasised. How-

ever it is recognised that there are families or single parents who, in spite of support, will not be able to look after their off-spring, and because of this "reasonable" support as opposed to "massive", endless support is emphasised by authors such as Emlen et al (1977)<sup>2</sup> and Adcock (1980)<sup>7</sup>.

As most of the programmes resulted from a desire to do something about welfare drift, the majority are geared towards an in-care population. However a preventive approach has been utilised in New York State (Jones, 1976)<sup>8</sup> and in Wisconsin (Benn, 1979)<sup>9</sup> in that the families of children at risk of coming into care were regarded as being as much in need of permanency planning, and therefore entitled to the same intensive family support services, as those already having a child in care.

The programmes that don't emphasise intensive family support services tend to focus on more efficient administrative and review systems. In Illinois (Atherton, 1974)<sup>10</sup>, more aggressive casework decision-making was emphasised, whilst in Pennsylvania (Jones, 1977)<sup>11</sup>, an aggressive adoption policy underlies the permanency planning programme. In the United Kingdom it is hoped that permanency will be achieved by using time-limits in relation to reviewing and decision-making.

The 1975 Children's Act makes no provision for the maintenance of rehabilitation of the natural family and appears to be concerned only with permanent substitute care. The New York State Court Review System was intended to prevent drift and obtain permanent placements for children. However the review system per se did not significantly improve the situation and it was only after additional family support services were provided that improvements resulted. (Festinger, 1976)<sup>12</sup>.

In general, the results obtained do indicate that the provision of intensive family support services facilitates both the maintenance of the child in his home, and restoration following a period in care. The provision of such services by definition changes the role of the social worker and specialists such as the "family support workers" or "permanency planning workers" described respectively for British Columbia (Ministry of Human Resources, 1978)<sup>13</sup>, and Oregon (Emlen et al)<sup>2</sup> are required.

### 3. The Role of Foster Care

Foster care is generally regarded as the least desirable outcome in that for most of the programme planners (Emlen et al, 1977<sup>2</sup>, Adcock, 1980<sup>7</sup>), it implies a temporary and impermanent situation. In Michigan only a temporary foster care service is provided

(Boyd, 1979)<sup>14</sup> and long-term foster care no longer exists. Similarly in Ontario, only temporary foster care can occur in that a child will be freed for adoption at the end of two years if family rehabilitation has not occurred (Ministry of Community and Social Services, Ontario, 1980)<sup>15</sup>.

Both Krymow (1979)<sup>16</sup>, and Mckay (1980)<sup>17</sup>, have suggested that a less extreme approach is desirable in that there will always be some cases for whom restoration or adoption is not possible and for whom long-term foster care is necessary. They advocate much greater use of guardianship or provision of some legal status for the foster parent. The Association of British Adoption and Fostering Agencies (1977)<sup>18</sup> also supports the notion of permanent foster care for cases where rehabilitation is impossible, the foster parent is unwilling to adopt, the child is opposed to adoption, the child has multiple problems or is the member of a sibling group. However a warning is issued to the effect that permanent foster care should not be used as excuse for not pursuing rehabilitation or adoption.

In South Australia the Community

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Welfare Advisory Committee (1980)<sup>19</sup> was not convinced that the wider use of adoption was desirable and it has recommended (recommendation 31) that at the end of a child's third continuous year in a placement, a special review is to be held to "consider a decision to declare that placement permanent, and that if the placement is considered permanent the status of the child be altered from foster child to child-in-guardianship.

In Oregon (Emlen et al, 1977)<sup>2</sup> and British Columbia (McParland, 1976)<sup>20</sup>, formalised permanent foster care, usually including guardianship for the foster parent, is considered when restoration or adoption are not possible. Currently the permanency planning programmes are dealing with a population of what could be termed "backlog" cases and new cases coming into the system. The backlog cases represent older children and their families, and in many instances reflect traditional substitute child care management on the part of the

agency, and therefore continued foster care may be the only option left for these cases.

Thus it seems that whilst backlog cases are being dealt with and anti-drift programmes are being developed, the provision of long-term formalised foster care will remain a necessary, if temporary, interim service. However, as the provision of comprehensive goal-oriented family services increases, so it is likely that more and more programmes will provide only temporary foster care as in Michigan and Ontario, and long-term foster care may cease to exist.

### 4. The Role of Adoption

For a long time, foster-with-view-to-adoption placements were discouraged as adoption and foster care were regarded as distinctive, separate services requiring different sorts of care-givers. Adoption is the preferred choice if natural family rehabilitation has not occurred, and rather than move a child at the end of approximately a year in foster care, an interim placement with a family that is willing to adopt the child is preferred. Thus what Bowyer (1980)<sup>27</sup> calls "foster-with-the-hope-of-adoption" placements are once again in vogue.

In Oregon (Emlen et al 1977)<sup>2</sup> and Illinois (Gill (1975)<sup>22</sup>, the recruitment of foster families willing to adopt is an integral part of the permanency planning programme, whilst in many parts of the U.S.A. and the United Kingdom, foster parents are given priority when the child in their care becomes available for adoption. The deliberate recruitment and selection of foster-adoptive families and recent research (Raynor, 1980)<sup>23</sup>, indicates that children adopted by their foster parents fare as well as those adopted by persons other than their foster parents, should allay fears regarding the suitability of foster families for adoption.

### 5. Service Organisation

Given that adoption and foster parent adoption characterise permanency planning, the question of service organisation has to be considered. Originally the Oregon project was to be based in the Adoptions Branch of the Children's Services Department. However after consideration, it was decided that this could limit the scope of the permanency planning project and imply that it was primarily about adoption. Consequently the permanency planning project was kept separate from the existing adoptions service although the permanency planning workers were responsible for termination and adoption if the need arose (Emlen et al, 1977)<sup>2</sup>.

In Pennsylvania (Jones, 1977)<sup>11</sup>, a new separate adoptions unit was formed to implement the "aggressive" adoption policy that was the basis of the permanency planning project. In British Columbia and Wisconsin, the permanency planning and adoptive services have been combined, whereas in Ontario the Adoptions Co-ordinator assumes responsibility for the case once the child has been freed for adoption.

Philosophically it is important to ensure that permanency planning is not seen only as a means of permanently severing parent-child relationships and for that reason permanency planning services that operate separately from existing and more usual adoption services may be the most desirable. It has been argued that the skills required of an adoption worker are such that it is a full-time job and that the worker cannot also be responsible for family support services. The Oregon experience suggests that this is not necessarily so, in that the permanency planning worker effectively dealt with both the family support and adoption aspects of their role and reported a high level of job satisfaction.

#### 6. Time Limits

Time limits are incorporated in most of the permanency planning programmes although there is some variation in the limits imposed. In Pennsylvania (Jones, 1977)<sup>11</sup> an aggressive adoption policy is pursued once the child has been in care for six months, whilst in the United Kingdom adoption is facilitated after the child has been cared for by foster parents for five years. In Oregon and Michigan, after the child has been in care for one year, a further year of intensive family work follows, and by the two year point the decision regarding the permanent placement of the child is made. The situation in Ontario is similar in that a maximum period of two years is permitted for family rehabilitation work, at which time the child will be freed for adoption if there has been no progress.

The British system, the New Zealand pilot review project (Department of Social Welfare, 1980)<sup>24</sup>, and the New York Court Review are alike in that they require the regular review of cases at predetermined periods, but do not have clear-cut rules as to the maximum period allowed to elapse before a decision regarding permanency is made.

It is felt by some that social work

should not be based on the rigid use of time limits and case examples wherein family rehabilitation has occurred after several years of work are often quoted in support of this view. As far as permanency planning is concerned, time-limit provisions ensure that cases do not get lost and are vital in obtaining permanency within a "reasonable" period of time. In general, two years in care seems to be regarded as the maximum period that should elapse before a decision regarding permanency is made.

#### 7. Costs

The initial establishment of either a permanency planning project or a service requires financial outlay. However, with the passage of time the initial costs are outweighed by savings elsewhere. In Oregon, foster care costs were reduced by one million dollars during the project period (Emlen et al, 1977)<sup>2</sup>. Similarly in New York State, foster care costs were reduced by half a million dollars over two years and by two million dollars over five years. Obviously the size of the foster care population determines the amounts saved but in general, foster care costs are reduced when permanency planning is operational. The use of subsidised adoption is an additional cost incurred under permanency planning, as is the cost of training and supporting the specialist staff that are needed. In general, staff numbers have not been reduced by permanency planning, although Boyd (1979)<sup>10</sup> has reported that a reduction in staff was possible in Michigan following the implementation of their permanency planning project. Certainly the role of the staff member and the nature of his/her work changes significantly when permanency planning is operational and the reported high levels of job satisfaction in Oregon (Emlen et al, 1977)<sup>2</sup> and reduced staff turnover in Pennsylvania (Jones, 1977)<sup>11</sup> have resulted in staff cost savings. In general, the reduction in foster care costs more than outweighs the other costs incurred in permanency planning and makes it an economically attractive option.

Professor Mary Reistoffer has expressed some concerns on this very point (personal communication 1979) in that she feels that the cost saving aspect of permanency planning should be kept in perspective and that it should be regarded as an additional bonus rather than a reason for implementing it. Whilst it is quite possible that an agency could adopt permanency planning for purely financial reasons, none

appear to have done so and the desire to obtain stability and permanence for the child is the motivating factor behind permanency planning.

#### 8. Demonstration Project or Direct Service Change

In general, the use of pilot or demonstration project is the preferred method of evaluating and establishing permanency planning services. Although direct change has been successful in Ontario, the direct changes proposed for the United Kingdom have caused considerable controversy and if they prove to be ineffective or damaging, the difficulties involved in restructuring are obviously much greater than dealing with a demonstration project. Furthermore, demonstration projects usually include before and after comparisons or the use of control groups and they bring staff face to face with the practical problems included in permanency planning and thus provide a nucleus of "experts" that can be used to establish wider services if that is required.

#### 9. Criticism

Whilst financially corrupt motives worry Reistoffer, others are concerned that permanency planning is being increasingly adopted in the absence of definitive research and that it can lead to rushed placement decisions and over-easy termination of parental rights. Thus Maluccio et al (1980)<sup>25</sup> have suggested that the research findings on permanency planning are limited and inconclusive, and that the use of demonstration projects provides little insight into dealing with general systemic barriers to permanency planning. Clark (1977)<sup>26</sup> has suggested that permanency planning is anti-natural parent and a consequence of welfare bureaucratization and the increased demands of the adoption market, whilst Kan (1980)<sup>27</sup> believes that it does little other than provide efficient administrative control systems. It would be foolish to deny that permanency planning could be used for these ends, however the evidence suggests that in all but one or two instances, permanency planning emphasises the importance of the natural family, allows an average of two or three years to elapse before a decision regarding permanency is made, and aims to protect the interests and needs of all the involved parties.

## CONCLUSIONS

There is no doubt that permanency planning has become one of the major issues in child welfare. Whilst a few still argue that it is concerned with administrative efficiency and the over-easy termination of parental rights, the majority view is that children need and have a right to expect to grow up in stable, permanent homes and that properly constituted comprehensive permanency planning programmes can achieve this goal. The recent and widespread interest in permanency planning has inevitably led to the scrutiny of existing systems and in many instances the introduction of a permanency planning project or service has required quite radical re-thinking and re-organisation.

Wiltse (1979)<sup>28</sup> has suggested that the re-thinking and re-organisation that has resulted from the development and use of permanency planning concepts constitutes a child welfare "revolution". The philosophy and goals of permanency planning seem to have been accepted universally, although there are differences in the ways in which agencies and departments have set about obtaining these goals. The "total and comprehensive" approach used in Oregon has had a significant effect on permanency planning developments in America and Canada, whilst in the United Kingdom and New Zealand somewhat narrower time-limit, review and decision-making systems are evolving.

Given an ongoing child welfare "revolution" and accepting that permanency planning will only work if the necessary resources are available, the following general statements can be made.

1. Permanency planning is based on the view that every child needs and is entitled to a stable, permanent home.
2. The maintenance of the child in his family or his restoration to it is the priority and if this is not possible, then adoption is the preferred choice.
3. If foster care is unavoidable then only formalised permanent foster care should be used, although some programmes have abolished anything other than temporary foster care.
4. Intensive family support services constitute the major thrust of permanency planning programmes and are based on "reasonable" as opposed to "massive" inputs.
5. Permanency planning can be utilised for both preventive and restorative purposes.

6. Permanency planning requires skilled family support workers.
7. It is better to keep permanency planning and traditional adoption services separate but by definition, permanency planning requires expertise in relation to dispensation and adoption proceedings.
8. Permanency planning will require the recruitment of both short-term foster families and foster families that are willing to adopt.
9. Time limits are utilised for decision-making and accountability.
10. The differing needs of "back-log" and incoming cases have to be considered.
11. Permanency planning at its best represents a "comprehensive" approach to child welfare and by definition is incompatible with a highly fragmented or compartmentalised child care service system.
12. If possible, permanency planning should be introduced and developed by means of a demonstration or pilot project.
13. If comprehensive permanency planning programmes are instituted, the question of "corruption" should not arise. If the question of corruption does arise, then "genuine" permanency planning is not occurring.

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