

FOSTERCARE POLICY & PRACTICE IN SWEDEN

What lessons are there for Australia?

This paper is a study of foster care in Sweden, and considers foster care practice in the light of research findings. The paper raises useful questions for child welfare practitioners in Australia. The author herself identifies some of the current issues in Australian Child Welfare practice. As the author notes, the difficulty of obtaining Australia wide statistics of child care leaves us with the potential of many gaps in our knowledge.

INTRODUCTION

The term 'fostercare' refers to a form of substitute family care, which is used for a child or youth, following difficulties in either his family situation or in the child himself, which necessitates his removal from his biological home. The foster-placements may be either long or short-term depending on the reason for the fostercare. The decision to place a child in fostercare and the consequences of this decision rest largely on the individual social worker responsible for that family and the agency to whom she/he is accountable.

The use of fostercare as a form of substitute care is a matter of controversial, political and ideological debate in Sweden. The debate concerns two fundamental issues. The first issue concerns the question of children's versus parents' rights in both the legal and psychological sense. Secondly, the future of fostercare, as a form of substitute care is being seriously questioned following the negative implications of recent Swedish and American research on fostercare.

Fostercare was regulated in Sweden by the 1960 Child Welfare Act and the 1949 Parent and Guardianship Act until 1982. Both these legislations were the subject of parliamentary review during the 1970's through study commissions on social welfare and children's rights respectively. The previous separate child welfare legislation has now been incorporated into the new general social welfare legislation promulgated in January 1982.

The present Parent and Guardianship Code has been written primarily from the parents' viewpoint . . .

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. . . The Children's Rights Commission is rewriting the Code with a new emphasis on children's needs and rights. The proposed changes pertaining to fostercare are based on the principle that the child has a right to a 'psychological parent' to meet his needs. The Commission's proposal before Parliament is that "guardianship rights and parental responsibility should be transferred to the foster-parents, when the biological parents have proven to be incapable of meeting the child's needs" (Barnets Ratt, 1979).

As a result of the new social welfare legislation, the terms 'fostercare' and 'fosterhome' have been replaced by the terms 'familycare' and 'familyhome', and the term 'fosterchild' has been eliminated altogether. These changes have been made to implement the principle of 'normalisation' underlying the new social welfare legislation. The other changes proposed in relation to fostercare included:

1. raising the age limit of the fosterchild from 16 to 18 years.
2. transferring the responsibility of supervision from the 'placement' municipality to the 'placing' municipality.
3. reviewing fosterplacements at earlier, fixed intervals (Klynnne, 1980).

HISTORICAL PERSPECTIVE

Sweden has had a long tradition of fostercare, which began as a reaction to unsatisfactory conditions in Swedish children's home three hundred years ago. Sweden has been using fostercare for a much longer period than her European or Scandinavian neighbours. Since the late 1600's, the local municipalities have been responsible for fostercare administration with the following exceptions: fostercare of the intellectually handicapped and the psychiatrically disabled (for whom the County administration are responsible) and fostercare of criminals or juvenile delinquents (for whom the National level of government is responsible).

Prior to the introduction of the first child welfare legislation in the 1920's, fostermothers were referred to as 'angel-makers' owing to the high infant mortality rate associated with their care of fosterchildren. Since 1924, with the introduction of the first Child Welfare Act, there has been a definite preference for fostercare rather than institutional care in Sweden. This preference was legally reinforced by the 1960 Child Welfare Act.

From the 1940's onwards, the number of fosterchildren declined, until the 1970's when the number increased. The upsurge has been attributed to an increase in social welfare measures concerning children at risk, young drug addicts and delinquents. Kalveston (1980) claims that the fact that fostercare has been administratively cheaper than its counterpart — institutional care — has been an important historical factor in its favour. This economic factor will continue to be relevant because of the high costs of institutional care.

Swedish fosterparents have been gradually receiving more financial compensation and recognition for their work. Since World War II, they have actually received a 'wage' for their 'care work'. This latter payment is quite separate from the allowance given for the fosterchild's material needs. Few other European countries pay their fosterparents a wage, as fostering is considered a charitable activity.

THE PRESENT USE AND SIGNIFICANCE OF FOSTERCARE

In 1979 there were about 13,813 fosterchildren under 16 years and a further estimated 5,000 persons aged 17 - 20 years in fostercare in Sweden (Statistiska Meddelanden, 1979). Recent research has raised the question of whether long-term fostercare's disadvantages outweigh its advantages. In view of Sweden's large number of fosterchildren, this has significant implications for social welfare policy and practice in Sweden together with the use of 'foster-care' in family social work in the international context.

Three main types of fosterhome exist in Sweden: emergency fosterhomes; traditional fosterhomes and enlarged fosterhomes. The emergency home is used for short-term placements, not exceeding three months (such as during a mother's sudden hospitalisation.) Traditional fosterhomes are used for long-term placements to compensate for the biological home (where there are relationship or behavioural problems).



Enlarged fosterhomes were developed during the 1970's primarily to cater for adolescents needing treatment oriented fostercare. They cater for 3 - 4 youths simultaneously. One of the fosterparents is required to have formal training in the health or social science professions. These fosterparents are also paid more than traditional fosterparents, because of the difficulty of the youths placed and the expectation of more professional fostering. The 1979 survey of the Swedish Association of Local Municipalities (Svensk kommunförbundet)

showed an increase in the number of emergency and enlarged fosterhomes and a decrease in the number of traditional homes (Kommunförbundet, 1980).

In the current debate on fostercare, the advocates of children's rights favour early assessment as to whether family treatment is expected to be effective and early fosterplacement if the potential for improvement in the family is assessed as low. This viewpoint is based on the assumption that the child's needs and psychological development must be the determining factor in any decisions concerning families. The advocates of parents' rights favour ongoing family treatment, based on the belief that most parents can improve with therapy. The latter group claims that removing the child from his biological parents does more harm to the child - parent relationship than leaving the child in an unsatisfactory home situation.

Both Swedish and American research during the late 1970's have influenced the current debate on fostercare. The children's rights view has been supported by the Swedish research of Boman and Sigvardsson (1979), the Children's Rights Commission (1979) and the American research of Freud, Solnit and Goldstein (1978). The parents' rights view has been supported by the Swedish research of Borjeson et al (1976) and the American research of Fanshell and Shinn (1978).

THE EXTENT AND USE OF FOSTERCARE WITH SPECIAL GROUPS

With the exception of fostercare for immigrant children, the use of fostercare with special groups (such as criminals, drug addicts, alcoholics, intellectually handicapped and the psychiatrically ill) is not great, in proportion to the total numbers in each of these special groups. On the other hand, the use of fostercare with these groups, does represent a significant change in treatment philosophy, away from the use of institutional care.

Immigrants form five percent of the Swedish population (Invandraverket, 1979). The largest single group of immigrants in Sweden is Finnish. Immigrants, as a group have been given increasing recognition in recent years, both generally and with regard to fostercare, by the government, the media and in literature. A special commission has been appointed to work out future placement regulations for immigrant children in fostercare. The Swedish parliament considers the fosterchild should always be placed in a similar culture to his own; the National administration considers this is advisable where the child is certain to return to his own family (Klynne).

However, the municipalities do not have the necessary economic resources to recruit immigrant fosterhomes. Furthermore, immigrant families themselves are often not in the social or economic position to foster a child. Filppa (1980) suggests the following features of immigrant families may be possible reasons for the shortage of immigrant fosterhomes. Firstly, immigrant families often have lower economic standing than their Swedish counterpart; secondly, they often have large families or else, are single-parent families; thirdly, the parents often work shiftwork; finally, they may fear a language barrier between themselves and the Swedish-speaking social welfare authorities, which inhibits them from volunteering to foster in the first place.

Filppa emphasised the importance of the immigrant child's culture and language being maintained during fosterplacements in Swedish homes. Government supportive measures, such as the "home language" scheme are a step in the right direction. At present, each child only receives about two hours tuition per week. Filppa claims such a small amount of time is insufficient to maintain the native language of a child under ten years. She states that more economic resources need to be allocated to the home language scheme, if it is to be a viable one for immigrant children in longterm fostercare in Swedish homes.

Filppa drew attention to the fact that the National government gives social welfare benefits to biological, adoptive and fosterparents, respectively, to stay home for the arrival period of their 'new child'. However, no such economic support is available for immigrant biological parents, whose child has just returned home from a long period of fostercare in a foreign culture, despite the lingual, psychological and cultural adjustment needed by both the child and his natural parents.

METHODS OF PLACEMENT IN FOSTERCARE

Why, where and with whom, a child is placed in fostercare in Sweden varies, yet some definite trends can be deduced from statistics. The Child Welfare Foster Commission Investigation of 1970 - 71 (S.O.U. 1974) found three-quarters of fosterchildren were placed in fostercare by the municipal authorities and one-quarter was placed privately by relatives. The National administration's 1976 survey (Socialstyrelsen, 1978) found that county and municipal administrations largely place children directly from one family home to another or else from the biological home to the fosterhome; while youth welfare schools tend to place the

child directly from the school, for both first and subsequent fosterplacements.

The Foster Commission found that in 1970 at least 66% of fosterchildren in public care were placed outside their home municipality (one-third of this group was placed more than 300 kilometres from their families). The Commission recommended that children be placed closer to their biological parents in future to enable regular contact with them, thereby implementing the "proximity principle" recommended by the Social Welfare Commission. Yet the National administration survey showed that by 1976 there were still 58% of children placed outside their home municipality.

The Foster Commission survey revealed that 30% of fosterchildren were placed with relatives in 1970. The National administration survey showed this figure had been reduced to 17% by 1976 (although the latter figure did not include private placements). The National administration felt there was a special risk associated with long-term fosterplacements with relatives. Such placements could have deep and lasting negative effects on the feelings of adequacy and self-worth of the biological parents. Thus, it recommended that in future, only short-term placements be made with relatives.

Fosterplacements vary according to their method of approval and their use of 'contracts'. Historically, Stockholm municipality has operated differently from the other cities concerning fosterhome approvals. Stockholm has the right to do its own fosterhome approvals throughout the country; while the other cities and municipalities must first seek the approval of the placement municipality.

The term 'contract' refers to a written agreement between a fosterhome and its local municipal administration. The terms cover either the treatment plans for a particular child or the use of a particular fosterhome. According to the Local Municipal Association, 'contracts' are being used more often now, especially by the urban municipalities.

The National Board of Health and Welfare has drafted a form of contract to be used in conjunction with the new social welfare legislation. This was being circulated 'on remiss' for comments from relevant organizations. If it is accepted, this contract type will be used throughout the whole country, thereby bringing uniformity, clarity and accountability into fostercare practice and placements.

The S.O.F. (Sveriges organiserad familjehem), the association for fosterparents of enlarged fosterhomes, has been developing its own standard contract. This is

to be used in enlarged fosterhomes by those municipalities who are placing the children. The association see the contract as having two aims:

- 1) It will provide better planned action over long periods.
- 2) it should ensure better collaboration with limited staff.



METHODS USED TO RECRUIT AND ASSESS FOSTERPARENTS

The Foster Inspector employed by the municipal social service agency, is responsible for the recruitment and assessment of fosterparents. The Local Municipalities Association's survey established that there was a general shortage of fosterhomes throughout Sweden in 1979. During the 1970's, there were large scale recruiting campaigns for fosterparents in the towns of Malmo, Karlstad, Oster-sund, Kungälv, Ljusdal, Skelleftea and Falun, which improved the fosterhome supply.

The larger municipalities tend to recruit fosterhomes via advertising (except in the case of adolescents), while the smaller municipalities and counties tend to recruit through personal contact. Local government reforms of the last two decades reduced the overall number of municipalities to one-fifth of previous total, thus, lessening opportunity for personal contact. Consequently, these reforms have indirectly had a negative effect on the recruitment capacities of the amalgamated municipalities. On the other hand, social workers claim that the best way to recruit new fosterhomes is by giving regular support to the existing homes, but heavy caseloads often thwart workers' good intentions (Dahl, 1979).

Stockholm municipality, owing to its large size and needs, holds a unique position. It has its own paid representatives recruiting homes throughout the country just for Stockholm municipality's use. More fosterhomes are recruited from isolated areas like Norrland, as the unemployment situation there precludes other types of employment.

The assessment procedures of Stockholm municipality are much more thorough than any other municipality's according to Minell (Interview not survey) (Minell, 1980). This could be due to two main factors. Firstly, more economic resources are available to larger municipalities; secondly, Stockholm's fostercare workers have been critically evaluating their own work since 1977. They have paid particular attention to their assessment procedures of prospective fosterparents. They have been trained by Kalveston to use 'in depth' marital and family assessment interviews based on those by Kalveston and Meldahl (1972) in their research. The workers operate in pairs to improve the accuracy of their assessment and provide support for one another. Gothenburg is now developing similar assessment methods to Stockholm's. The other municipalities have less formal assessment methods and a consequent higher rate of fosterplacement breakdown.

PREPARATION, TRAINING AND SUPPORT OF FOSTERPARENTS

The literature on fostercare urges the preparation of all parties concerned with fostercare prior to placement, to ease the child's entry into fostercare and contribute to a more positive placement outcome.

Swedish research suggest (1) that Stockholm municipality is currently the only *municipality* attempting such preparation and (2) that county institutional staff are more thorough in their preparation of prospective fosterparents than municipal staff.

Fosterparent education is a recent phenomenon of the last decade in Sweden. Training was first recommended by the Foster Commission Report in 1974. Twenty percent of municipalities had some form of fosterparent education by 1976. According to Karlsson (1980), Secretary of the Fosterparents Association, traditional fosterparents are gradually seeing the need for education when bringing up other people's children.

Two types of fosterparent education are available for traditional fosterparents: Labour Market training courses (150 hours) and study circles (30 hours). The former courses have been prepared jointly by the Education and Labour Boards and the Local Municipalities Association. Despite the fact that foster-

parents are paid to attend such courses, few will undertake the course because of its difficulty and length. The second form of education (adult evening classes) is more popular. This course has been prepared jointly by the Adult Education Study Association and the Fosterparents Association. It is based on a book about fostering called, "A Way to Live", which has been written by six fosterparents and one psychologist (Strombom, 1978). Course participation is through group discussion led by an experienced fosterparent. The background of most of the traditional fosterparents is that of secondary education.

Parents of enlarged fosterhomes have their own separate association: S.O.F. which was formed in 1977. This association has its own training programme for members. It also stipulates that members must have a minimum of one year's experience in a traditional fosterhome before becoming a fosterparent of an enlarged fosterhome. These fosterparents are either professional from the health or welfare fields or experienced 'traditional fosterparents' (Yorke, 1980). From my interviews and reading, there seems to be no agreement among practitioners or policy makers about the extent to which fosterparents should be trained before or after placement of a fosterchild.

Both social workers and researchers suggest that fosterparents are not receiving sufficient emotional support to prevent placement breakdown. The lack of support is confirmed by the Fosterparent Association and is stated to be one of the main reasons for fosterparents withdrawing their services during 1980. Karlsson stated that contact between the fosterparent and the social worker occurred more often on a crisis basis rather than regular planned contact. Recent research in Skane (1975 - 78) (Mannson, 1978) and the National administration's BUF Project (Socialstyrelsen, 1978) confirmed the lack of agency support. Karlsson claims that fosterparents seek and receive more support from other fosterparents and their local branch of the Fosterparent Association. Yet, only 10% of traditional fosterparents belong to the Fosterparents Association. Differing viewpoints on fostering and education of the two types of fosterparents, together with differing financial compensation, create tension between the two groups.

THE EXTENT OF CONTACT WITH THE BIOLOGICAL FAMILY FOLLOWING PLACEMENT

This is a very contentious issue in long-term fostercare, from both the policy and practice points-of-view.

Significantly, it has been the last aspect of fostercare to be examined by both researchers and practitioners in Sweden. Both groups acknowledge the infrequency of contact between the child and his own biological family in foster-care practice, while affirming the importance of the contact. Infrequent contact has been attributed to: unclear guidelines from the National administration, heavy caseloads and mobility of the biological parents.

The "child's rights" protagonists (Dahl, Jonsson, Kalveston) believe the child needs help to separate from his biological parents, if the long-term fosterhome is to substitute for the biological home. The child needs to 're-root' himself in a new social and psychological environment. The "parents' rights" protagonists (Borjeson et al, Gustavsson and Hardlund) believe no contact between the child and his biological parents causes irreparable damage psychologically to both the child and the parents. Fanshell and Shinn's research (1978) in America reinforces this assumption. Borjeson (1976) highlights the fact that contact between the fosterchild and his biological parents is made almost geographically impossible because of the distance between the fosterplacement and the biological family in many Swedish fosterplacements.

The importance of ongoing support of the biological parents throughout the separation period, if the child is to be returned to his natural family, has been stressed by both schools of thought in the late 1970's. Borjeson's research documents a significant decrease in the levels of post-placement home help, financial assistance and advice to the biological parent compared with the pre-placement levels of help. Stockholm municipality has recognised the importance of involving the biological parents in the placement process, if the fosterplacement is to have a positive outcome, and has attempted to involve the biological parents more over the last three years (Dahl, 1979).

OUTCOME OF FOSTERPLACEMENTS IN SWEDEN

Swedish research on the outcome of fostercare has been mostly long-term retrospective research, using external adaptability criteria (obtained from data registers) rather than direct contact with 'fostered persons' themselves. The research conclusions of Kalveston (1973), Gustavsson and Hardlund (1979), Larsson (1980 and Carlsson (1972), have all been positive, while the research of Borjeson et al (1976), Boman et al (1979) and the Skane Project (1978) have had quite negative implications for long-term foster-

care. The results of ongoing research by Dahl et al were not available at the time of data collation in 1980.

Of the above research, the most comprehensive from the point-of-view of size, scope and timespan, seems to be that of Bohman and Sigvardsson (1979). Professor Bohman is Director of the Child and Youth Psychiatry Unit, Umea University Hospital. He and his staff followed a sample of 624 children, registered at birth for adoption in 1956-57, until they reached 22 years. The children were studied in three groups, according to whether they were subsequently raised by adoptive, foster or their own biological parents.

The aim of the study was to analyse the preventative effect of adoption and fostering on the manifestation of social adjustment among boys with a 'negative social heritage'. Jonsson (1978) defined children with a 'negative social heritage' as those children born of parents who exhibit social maladjustment such as a criminal or alcoholic record. Information was obtained on the boys of the above sample at four consecutive time intervals. Firstly, information was obtained from the boys' teachers when the boys were 11 and 15 years, respectively; then information was obtained from the Army records when the boys were 18-years-old and finally, information was obtained from the Criminal and Alcohol registers when the boys were 22-years-old.



From 15 years onwards, the two groups brought up by foster and biological parents fared significantly worse than the adoptive group. At age 22 years, the fostered group showed 29% registration with the Criminal or Alcohol Boards,

while the adoptive group showed only 16% and the biological group showed 18% and the control group showed 15%. As a result, Bohman recommended that decisions about a child's legal status should be made early and that the socially and psychologically insecure situation of long-term fostercare should be avoided if possible.

Other Swedish research indicated the following changes were needed: better information and planning prior to placement (Stockholm Social Namnden, 1978); more thorough decision-making to determine that fostercare was the best alternative for each individual child (Skaneprojektet, 1978); early placement was found to have a more positive outcome than late one (Gustavsson and Hardlund, 1979); fosterparents needed more support and improved legal status (Bohman, 1979), and more preparation and support of biological parents in relation to the child's return to his family (Borjeson, 1976).

THE ALTERNATIVES TO FOSTERCARE

Family therapy, institutional care or adoption are the present alternatives to fostercare, where families are not coping in meeting their children's needs.



FAMILY THERAPY

This is offered through municipal social agencies (where it may be conducted either at the agency or in the home), through county agencies (such as Child Guidance Clinics) or through long-term residential treatment centres for families (such as Ska village directed by Borjeson). The Child Guidance Clinics have been criticised by the municipal

welfare agencies for not reaching and treating the less motivated families who really need treatment. Families in residential treatment really have no other options, as their children would have been removed by the municipal authorities, if the families had not agreed to participate in the residential programme. However, Ska Village only takes 15 families at the one time and these stay for six months usually. Thus, only a small proportion of families can be helped annually through this method.

INSTITUTIONAL CARE

At present the county administration is responsible for institutional care in Sweden. Recently, it has been recommended that this type of care should be a municipal responsibility. Institutional care is a much less frequently chosen alternative care in Sweden, compared with other European countries. In Sweden, children's homes are being closed because of underutilisation and expensive maintenance costs. Swedish research on institutional care throughout the 1970's has mostly had negative conclusions, with the exception of some research done by Stockholm county (Stockholm Social Namnden, 1978).

The 1971 Children's Homes Study (Foster Commission Report) indicated that only two-thirds of the 2,800 places available in the homes were occupied. The Skane Project (Mansson, 1978) concluded that fostercare was not a suitable alternative for very difficult foster cases that these children would be better cared for in small institutions. In 1975, the four counties of Kalmar, Orebro, Gotland and Sodermanlands looked at ways of improving their institutional care. Research of children's homes in Stockholm has resulted in a more integrated service as institutional staff have been involved in all phases of the process, including: recruitment, preparation and support of fosterparents.

ADOPTION

This is the legal alternative to fostercare. The assessment and approval process for adoption comes under the 1960 Child Welfare Act, but the process is far more thorough than for fostercare. Adoption, unlike fostercare, also involves a separate legal process, which is regulated by the Parent and Guardianship Code.

Professor Bohman, has had twenty years in the field of adoption. He has instigated two major studies on the subject: "Adopted Children and their Families" (1971) and "Adoption as a Preventative Measure" (1957 - 79). Bohman concluded from his longitudinal research that fostercare should have a definite time limit of six months and that

adoption ought to be striven for, beyond this time limit.

Of the choices of care for a child requiring long-term removal from his biological family, adoption seems to be the alternative which gives most security to both the child and his caregivers. Bohman and Sigvardsson's research indicates that adoption is the alternative which best promotes the healthy, social, intellectual and emotional development of the child, whose circumstances necessitate his long-term removal from his family.

THE FUTURE OF FOSTERCARE IN SWEDEN

Both macrosociological factors (affecting society generally) and microsociological factors (affecting social welfare and fostercare practice) will determine the future of fostercare in Sweden. The need for fostercare is likely to remain constant. Improvement in parents' economic and social conditions is expected to reduce the need for fostercare, while an increase in deviant behaviour among youth and adults is expected to expand the need for fostercare.

The supply and recruitment of fosterhomes is expected to be negatively affected by the increasing entry of women into the labour market, increasing marital instability and decreasing 'community solidarity'. Furthermore, the Fosterparent Association predicts a further decrease in the supply of fosterhomes, if fosterparents do not receive more preparation and support than they are currently receiving from local government agencies. Simultaneously, the increasing recognition of the ineffectiveness of family therapy with multi-problem families, is leading to more use of fostercare, earlier in the process of family treatment.

The Local Municipalities Association is hopeful that better working methods and knowledge will result from current fostercare research. The Association concluded from its 1979 survey that more attention needs to be given to the goal and length of placement and the need for a written treatment plan for the clarification of all parties concerned. It also expects the demand for emergency fosterhomes to increase (owing to the state of the institutional care) and the demand for enlarged fosterhomes to increase (owing to difficult adolescents requiring placement). The County Association, according to Viklund (1980), expect children's homes and youth welfare schools will come to be used more as treatment resources in the future complementing fostercare.

Both government agencies and researchers consider sharper control is

needed in family social work to enable those children who need a fresh start in life, to be placed early in foster care. The municipal association recognises the urgent need for more staff education in relation to:

- 1) children's needs.
- 2) crisis and family intervention
- 3) deeper knowledge of alternatives to foster care and
- 4) skills to evaluate foster care.

In summary, the macrosociological trends are causing an increase in the demand for foster care. Simultaneously, the microsociological trends seem to be responsible for a decrease in the supply of foster homes, together with a questioning of the viability of foster care as a form of long-term care. Multiple changes are needed if the supply of foster homes is to meet present and future demands for foster care in Sweden.

WHAT ARE THE IMPLICATIONS FOR AUSTRALIAN FOSTER CARE?

One can consider foster care from the levels of legislation, policy and practice when comparing two countries. In Australia, the legislation concerning children is divided between three levels of government — Local, State and National:

Local (Municipal) government is often the auspice organization for family day care and some forms of child care facilities; State government is responsible for child welfare legislation pertaining to foster care, State wards, children of de facto relationships, adoptions, juvenile offenders, licensing child care; National government is responsible for matters pertaining to the custody of children from dissolved marriages (family law) and for funding child care; but has limited constitutional capacity to become directly involved in child welfare matters.

It is important to note that the legal treatment a child receives in Australia and the services to which he is entitled depend on the marital status of his parents and vary according to the State in which he is currently residing!

The lack of national legislation in the child welfare area in Australia inhibits planning and the possibility of achieving an even standard of child care services on a national basis. Neither State nor National legislation emphasize the child's right to a 'psychological parent'. However its presence may be assumed in mechanisms such as: formal review systems; Community Welfare Appeal Tribunals; and clauses on foster parent guardianship in the new Community Welfare legislation in N.S.W. and South Australia.

At the policy formation level — Australia has no national body respon-

sible for child welfare policy. The Office of Child Care, in the Commonwealth Department of Social Security, seems to be the only existing body whose function could be expanded to fulfill this role. This has already been advocated by Picton and Boss (1981) and Sweeney & Jamrozik (1982). I think the Child Care Office's role could be expanded, beyond its limited funding role, to: —

- i) collating statistics on child welfare/foster care nationally.
- ii) encouraging cooperation towards a uniform legislation for the whole country as we already have with family law.
- iii) planning the direction of foster care policy nationally.
- iv) providing a national communication on fostering matters.
- v) training foster care workers on a national basis.
- vi) training and equally remunerating foster parents nationally.

Isn't it time the policy makers acknowledged foster parents as 'professional resource people' and provided them with appropriate training and adequate remuneration for the work we expect them to accomplish? So far this has only been given small recognition by Adelaide's Intensive Neighbourhood Care Scheme and Sydney's Stretch-A-Family. These both provide a community alternative to institutional care by organising foster placements for juvenile offenders and extra training and remuneration for the foster parents involved in the schemes.

The numbers of young persons in both government and non-government residential care in Australia are declining owing to increasing costs and changing attitudes towards residential care. Do our current residential care staff have the time and motivation, to become more involved in preparing prospective foster parents, to ensure better continuity of care for the child in transit from one form of care to another? Could some of the vacated establishments be used as a treatment resource for families to complement foster care, as Lentana Homes used to be in Adelaide?

How much longer will it take for Australia to develop a policy for compensating immigrant and Aboriginal foster children for the cultural loss they suffer as a result of placement in Anglo-saxon Australian foster homes and residential care? This cultural loss of Aboriginal children has been recently documented by F.A.C.S.A. (1982).

Like Sweden, Australia began researching during the 1970's the outcome of foster care and residential care. The most prominent efforts are listed below:—

* Western Australian Department for Community Welfare (1979 - 81) "Children in Limbo" reported in this

journal 1981, McCotter D.

- * N.S.W. Association of Child Caring Agencies (A.C.C.A.) (1981) "Lost in Care" ed. N.Bell.
- * N.S.W. Premiers Task Force on Residential & Alternate Care (Mar. 82)
- * South Australian Department for Community Welfare (Mann Report) 'Report of the Community Welfare Advisory Committee on the Delivery of Community Welfare Services in South Australia' (1980)
- * Lightburn A. & Green A. "Child Guardianship: S.A. Situation of Least Detriment (S.A. 1951 - 1973) unpublished paper quoted in Mann Report appears to be the only long term Australian study.

During the late 1970's each of the Australian States has been examining the British and American literature and research on 'Permanency Planning' to see how it can be adapted to the Australian situation. Fanshell and Shinn's work and the American Oregon project have both strongly influenced developments here (1980). It would appear from my contact with four of the six States that there is mixed reaction to the philosophy of permanency planning. South and Western Australia have adopted the philosophy and have drafted legislation to support this, while Tasmania is looking at the planning aspects and avoiding the permanency side. In N.S.W. while those at policy level see the value of permanency planning, many of the alternate care workers in the field seem reluctant or sceptical about whether the benefits outweigh the difficulties at the implementation level.

At the practice level Australia contrasts with Sweden in the following aspects of foster care. Firstly, there is less acceptance of the use of contracts here. South Australia's Community Welfare Department drafted a form of contract this year to be used in conjunction with its new community welfare legislation. It acknowledges the rights and responsibilities of all four parties involved in the foster care — the child, the foster parents, the natural parents and the agency. Fieldworkers of the N.S.W. Department of Youth & Community Services considered there were more weaknesses than strengths in the draft contract and saw it as having legal overtones at a recent workshop on Permanency Planning (June 1982). However, if our work is to be goal directed and each party is to be accountable for his/her actions then some 'statement of intentions' is surely one method of clarifying everyone's responsibilities, not only at the beginning of placement, but also for the duration and evaluation of the placement.

Secondly, despite the overwhelming evidence of researchers such as Fanshell and Shinn (1978) that frequent contact between the natural parents and the fosterchild is critical for the child's identity and healthy psychological development, there still seems to be more reluctance to implement this in Australia on the part of both the workers and the fosterparents than there is in Sweden.

Thirdly, when are we going to enlist the support of our experienced effective fosterparents to prepare their own training material with Departmental staff acting as consultants only? Wits End (a fosterparent support agency run by fosterparents in Sydney) is trying to meet this education need through both printed material and training sessions. Individual local offices of the State departments responsible for child and family welfare organising their own recruitment, assessment and training programs at local and sometimes regional level. It would be timesaving and helpful, if the various programs were coordinated, documented and evaluated at both the regional and State level for interstate interchange.

CONCLUSION

If recent Australian and overseas research has cast some doubts on the long term effectiveness of fostercare, then we need to be tightening up our fostercare skills together with more intensively developing alternatives to fostercare. Staff training programs are needed to improve fieldworkers skills in family assessment and therapy and developing more pragmatic ways of supporting families in times of economic restraint such as 'contact families' in the community to complement fostercare.

A viable fostercare service does not depend on the skill, philosophy and conscientiousness of the individual worker alone, although these qualities are essential. It is finally a matter of politics and economics. It will reflect the current restricted economic resources, the political ideology of the governments of Sweden and Australia and whether those governments choose effectiveness (meeting social welfare goals) before efficiency (cost of implementing those goals) in the best interests of children in substitute care and their families.

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