Application to: Children's Bureau
Welfare Administration
Department of Health, Education, and Welfare
Washington, D. C.

Project Title: A DEMONSTRATION PROJECT IN FOSTER CARE FOR MENTALLY RETARDED CHILDREN

Submitted by: Georgia Association for Guidance, Aid, Placement and Empathy, Inc.

Initiated by: Tom Craig
Executive Director

Transmitted by: Tom Craig
Executive Director

5/31/71

1. Check footnote irregularities !!
2. Check budget irregularities
3. Paper needs more documentation in several crucial areas (see Comments Within) !!
4. If the revisions indicate ~~Within~~ herein are made proposal should have good chance for funding!

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ABSTRACT

I. Title of Proposal: A Demonstration Project in Foster Care for Mentally Retarded Children

II. Institution or Contracting Agency: The Georgia Association for Guidance, Aid, Placement and Empathy, Inc.

III. Director's Name: Tom Craig

IV. Amount of Federal Funds Requested: $48,385.00

V. Number and Type of Participants: 1 executive director, 1 director of special care services, 3 social workers, 2 secretaries, 1 psychiatric consultant

VI. Period Covered by the Program: January 1, 1972, through December 31, 1973, (a two-year period)

Foster care is a very important element in the care of children who must for some reason live outside their own homes. Foster care has been proven to be a service which the community can offer to children most nearly simulating the natural home environment. Foster care for the mentally retarded child has been infrequently tried and pushed because of the difficulty on social workers' part in being able to locate foster parents for the mentally retarded child and in being able to work with them. For this reason the proposed project herein concluded is a rational basis by which many children who have not been able to develop their potential can profit from an organized, specialized attempt to meet their special needs.

This proposal is offered as an alternative to institutional care for which many children are not able to find relief because of the long waiting lists and the inability of institutional care to meet many of these children's needs and to help them develop to their capacity.

Foster care, most nearly simulating the natural home environment, induces the development of the child's fullest potential and under supervision of a social worker and consultants can presumably have his human and specialized needs met in a more humane and less formal atmosphere.

I. STATEMENT OF THE PROBLEM

Mental retardation is the most handicapping of all childhood disorders. Today there are approximately six million individuals who have been diagnosed some time in their lives as being retarded who now live in the United States. At least 672,000 of these children are so retarded that they cannot profit to any appreciable degree from the traditional school programs. Based on current birthrates nearly 110,000 mentally retarded infants will be born each year in the foreseeable future.

The magnitude of the number of mentally retarded is so great that in comparison there are more mentally retarded individuals in the United States than there are persons inflicted with blindness, polio, cerebral palsy, and rheumatic heart disease combined.

It was the enormity of the problem in magnitude of retardation which caused President Kennedy to say in a special message to Congress on mental retardation on February 5, 1963, "... I am proposing a new approach to mental illness and to mental retardation. This approach is designed, in large measure, to use federal resources to stimulate local, state, and private action... Emphasis on prevention, treatment, and rehabilitation will be substituted for a desultory

interest in confining patients in an institution to wither away." Source? Check S+V agreement!!

Who is the mentally retarded? In the framework of social and legal definitions the mentally retarded refers to those persons who are socially incompetent and intellectually sub-average to a degree that they cannot manage their own affairs with ordinary prudence and judgment and either need protection or are a threat to the safety of others. Source A current definition of mental retardation is proposed by Kessler:

> Within the framework of the present definition, mental retardation is a term descriptive of the current status of the individual with respect to intellectual functioning and adaptive behavior. Consequently, an individual may meet the criteria of mental retardation at one time and not at another. A person may change status as a result of changes in social standards or conditions or as a result of changes in efficiency of intellectual functioning, with level of efficiency always being determined in relation to the behavioral standards and norms for the individual's chronological age group.[1]

Mental retardation, thus, is a national health, social, and economic problem of major dimensions.

Georgia alone has about 130,000 persons, or three percent of the state's population, which are to some degree mentally retarded. Check SS

A basic consideration, thusly, of the scope of the mentally retarded is what is the "ideal" atmosphere and environment for the mentally retarded child.

Foster care generally is a service to children who need temporary care away from their own family or home. The concept of foster care for mentally retarded children is grad-

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[1]Jane Kessler, Psychopathology of Childhood. Inc. Citation

cite evidence of this emerging trend!!

ually emerging in social work practice to replace the older, traditional concept of institionalization. However, such a concept, to be effective, must rest on a well thought out commitment and awareness of how to implement such an innovative measure.

The scope of this paper is to give the basis for foster care of the retarded child as a form of substitute care to which the child is encouraged and allowed to function to the fullest of his capacity in an environment which most nearly represents the child's natural family environment. The author will attempt to defend and explain the significance of locating, selecting, and training of foster parents for the retarded child, methods of helping foster parents deal with the retarded child placed in their care, methods of helping the retarded child deal with separation and placement trauma and in functioning in the foster care setting and various methods by which the child in foster care can be helped by having been placed in foster care rather than another type of setting.

II. SIGNIFICANCE OF THE STUDY

The Georgia Association for Guidance, Aid, Placement and Empathy, Inc., is a private child care and placement agency sponsored by the members of the Church of Christ in the greater Atlanta area. The author is Executive Director of the agency and,upon conference with staff of state agencies significantly with the Georgia Mental Retardation Center and being personally involved on several occasions in trying to locate foster families for the mentally retarded child, has been made aware of the needs of the mentally retarded child who must be moved from his own home and who cannot profit from institutional care.[55] The author was herein made aware that many children were not receiving the proper care which the community could and should provide to the mentally retarded child and his family. From a social work point of view the total panoply of social services that should be available for the population at large and on which the retarded have a claim by virtue of their common human (as opposed to specialized) needs, the fusion of specialized with general has built up a dynamic and flexible service. The scope of retardation presents a challenge to social workers in meeting the newly emerging needs.

Through authorizing legislation of the social security amendments of 1960:

> power is given to the Children's Bureau, Welfare Administration, U. S. Department of Health, Education and Welfare in Washington, D. C., through the Child Welfare Research Training and Demonstration Project to provide grants for research and demonstration projects in the field of child welfare which are of regional or national significance and show promise of substantial contribution to the advancement of child welfare. Grants are made for research or demonstration projects in such areas of child welfare as adoption, foster care, services to unwed mothers, services to the mentally retarded children and services for emotionally disturbed children. Through this legislation funds may be used to pay, either entirely or partially, the cost of personnel salaries, travel, special equipment, and other expenditures. However, no construction depreciation, dues, or vehicles or equipment are included in the project. Both public and non-profit agencies and organizations engaged in research on child welfare activities are eligible for grants for research or demonstration projects.[2]

Since Georgia Association for Guidance, Aid, Placement and Empathy (Georgia AGAPE) through this demonstration project will cover several areas of need as focused upon in the authorizing legislation, the author is hopeful that the proposed project can meet a specific area of need within our population SS of children.

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[2]Social Security Amendments: P. L. 86-778, STAT 997, 42 USC 726 (1964).

III. REVIEW OF THE LITERATURE

From the beginning of history every society has been confronted with the problem of what to do with those of its members who are unable to meet the demands and expectations of its cultural.[3]

The fortunes and misfortunes of the retarded, guided initially by superstition, ignorance, and fear, date back many centuries. Most often these individuals were shunned, exploited, or persecuted. Sometimes their strange behavior caused them to be regarded as having supernatural powers. Rarely were they thought of as persons deserving of help and capable of assuming a productive role in the community. During World War I mental retardation became recognized as a social problem of the first magnitude and from this a search for a solution to the problem led into many directions.

The Great Depression of the 30's and World War II brought about concepts and change for the mentally retarded by

> partially diverting the public's concern from the problem of mental retardation to a more pressing economic, social and military problem... Attention was called to the large number of retarded males in the population. The aftermath of the war again focused society's attention on the mentally retarded wherein rehabilitation programs for dis-

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[3]Stanley P. Davis, The Mentally Retarded in Society (New York: Columbia University Press, 1959).

> abled servicemen mushroomed. Extensive educational campaigns urged employees to hire the handicapped and new insights were developed regarding the remarkable restorative capacities of the human personality. Eventually it was recognized that mentally retarded, too, could profit from vocational training and placement programs.[4]

The most recent event which significantly promoted services for the mentally retarded was the appointment by the late President Kennedy in October, 1961, of a panel on mental retardation composed of experts representing citizens' groups in a wide range of professional fields. The published report of the panel, "A Proposed Program for National Action to Combat Mental Retardation", represents a monumental contribution toward stimulating program development and advancing public understanding of the mentally retarded.

In its comprehensive analysis of factors relevent to mental retardation and in its survey of programs and resources in this country, false premises are attacked, important concepts are highlighted and new solutions to old problems are proposed. Three central themes permeate and guide the report: (1) retarded persons have potentials for productive living beyond those heretofore recognized, (2) responsibility for the mentally retarded must be shared among the federal, state, and local governments in voluntary groups and organizations, and (3) a real possibility exists of preventing mental retardation on a large scale through a broad assault on adverse environmental conditions in our society. Of the one hundred recommendations

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[4]Michael J. Begab, The Mentally Retarded Child, A Guide to Services of Social Agencies, Children's Bureau Publication No. 404, U. S. Department of Health, Education and Welfare.

made in this report and proposal there was indicated a tremendous need for more social services and more placement services for the mentally retarded.

The American Medical Association recognizes pertinent care of the mentally retarded as a primary need in the field

> from April 9 through April 11, 1964, some 175 American experts in various aspects of mental retardation met in Chicago under the auspices of the Council on Mental Health of the Committee on Maternal and Child Care of the American Medical Association. Grouped in fourteen tasks forces these experts discussed and drew up a set of guidelines intended to aid in the prevention, diagnosis and treatment of the mental retarded.[5]

The implications of the report of this task force were that the poeple of the mentally retarded constitute a medical, educational, and social problem of vast dimensions and that more care and placement of the mentally retarded both in residential facilities and in alternate placement facilities coupled with a need for psychologists, psychiatrists, and social workers were an immediate problem and need.

The particular responsibilities of the medical profession in this movement have been clearly delineated in the Statement of Purpose for the April, 1964, Conference on Mental Retardation called by the AMA: "The medical profession has a clearly defined responsibility in the early detection of retardation and in planning for and obtaining optimal care for the retarded."[6]

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[5]Mental Retardation, A Report of the American Medical Association Conference on Mental Retardation (Chicago: American Medical Association, 1964), April 9-11.

[6]Ibid., p. xi, ~~in Introduction~~

Much of the research done in the field of retardation has been outside the profession of social work. Residential placement has been the treatment most frequently resorted to for retarded children with social adjustment problems. This pattern of care has been almost exclusively under medical auspices until recently when planning for the retarded led to experiments with other models. This tradition has several consequences inimical to today's conception of good social care. One is the definition of the retarded as sick people who need medical care all their lives, with the unfortunate corollary that their incurable (by medical standards) condition has tended to deter professionals in the field from investing any significant rehabilitation effort in their care, including good medical supervision and treatment. Another negative effect of the medical model is that it has separated residential care for retarded children from that generally provided within the field of child welfare so that provision for the retarded has not been subject to the standards that over the years has been established for the care of children of normal intelligence.

Residential care in large congregate facilities (in general characterized by unwieldy buildings, severe staff shortages, and inadequate funding) is not conducive to emotional or social development.

> Children who start off with the disadvantage of impaired adaptive capacity are likely to have the initial deficit aggravated by this type of impersonal anonymous regimented evnironment. On the other side of the coin, from the 1930's there has been a tradition of beneficial family care for children and adults who have been institutional-

ized.[7]

This points up the feasibility of developing family care as an alternative placement to institutional care, instead of utilizing it as a rehabilitative sequel. The need for alternatives to institutional placement is great because of long waiting lists for institutions, the situation that can impose a severe strain upon the family and child when separations from home are deemed desirable, but cannot be carried out. Foster care has many advantages for retarded children (particularly for those within the educable and trainable ranges) in that it forestalls separation from the community at large, offers greater chance for development along socially normal lines through day to day interaction with normal individuals in situations, and accustoms the community to relating to them. Using these observations as rationale for promoting foster care for retarded children, this proposal deals with the theoretical basis for assuming that this type of substitute care can have therapeutic possibilities for retarded children.

There are particular attributes of retarded children that make them eligible for this form of social treatment. Research has produced accumulative evidence that retardation is often a socially induced condition "that as frequently reflects adverse external environment factors as internal per-

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[7] "Family Care and Adoption of Retarded Children - A Annotated Bibliography", Mental Retardation Abstracts (1964), 332-333.

sonal deficit."[8] In some cases the two are combined, as in the case of a child with retardation of organic origin who also has the non-infrequent misfortune of being born to a family living at the poverty line.[9] The retarded child is often seen as a vulnerable child and often a very deprived child, and those who for one reason or another require a substitute family care must be seen in this light and treated as children for whom society has been very defective in meeting their needs, and not solely as children with built-in deficits. In the Seven Cities' Study carried out by the Child Welfare League of America between 1964 and 1968 into the foster care needs of children from seven American cities---Atlanta, Georgia; Ft. Worth, Texas; Denver, Colorado; Lancaster, Pennsylvania; Madison, Wisconsin; Portland, Oregon; and Portland, Maine[10]---it was indicated that:

> the difference in foster care for normal and for retarded children also must be understood, because just as we recognize that the retarded and normal children with similar social problems can probably utilize the same treatment, with minor modifications treatment, we must recognize that in some cases of retarded children more complex configurations of problems precipitate placement request, and dictate a different dimension of care. Whereas for normal or mildly impaired children it is the failing home environment that triggers the request for placement, for the more severely disabled child it may be his own innate deficits and

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[8]Margaret E. Adams and Ralph W. Calvin, "The Degradation Apothesis: Its Application to Mentally Retarded Children and Their Needs", Child Welfare, XLVIII, No. 3 (1969), 136 ff.

[9]Roger L. Herley, "Poverty and Mental Retardation - A Casual Relationship" (Trenton: New Jersey Department of Institutions and Agencies, 1968), Chapter II, p. 109.

[10]N. Shyne, "The Need for Foster Care" (New York: Child Welfare League of America, 1969), p. 25.

the extra demands these make upon family resources that are the main causes of placement.[11]

In some cases of placement effective intervention of the mentally retarded in his home environment can reverse the condition.[12] In others the disability process may be halted;[13] in still others residential disability may be compensated for to achieve optimal functioning within the limitations of defect.

The project, Seven Cities' Study, involved monitoring all applications for foster care in the seven cities received by the child placement agencies over a three month period beginning April 1, 1966.

> Of the total number of children seen 78 were defined as "legally" retarded, composing 5/2% of the sample. Of this group, 58 were catagorized as mildly retarded, and more than half of these had one or more additional handicaps. 27 of the 78 children were under six years of age, which is the period when potential for reversability is highest (as indicated by the Pine Study in Iowa),[14] and 37 were between six and thirteen, a phase characterized as the "maximal vulnerability" period, when the maladaptive learning responses that represent retardation harden into a pattern. In both of these age groups most of the children were mildly impaired and therefore more susceptible to help.[15]

The Seven Cities' Study illustrates two important parts

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[11] Ibid.; p. 24.

[12] Harold M. Skills and Harold B. Dye, "A Study of the Effects of Differential Stimulation on Mentally Retarded Children", Proceedings of American Association on Mental Deficiency, XLIV, No. 1 (1939), p. 56.

[13] Marlin Roll, "A Study of Young Retarded Children", Social Work Practice (New Yokr: Columbia University Press, 1962), p. 42.

[14] Robert D. Kugel and Mabel H. Parsons, "Children of Deprivation" (Washington, D. C.: U. S. Department of Health, Education, and Welfare, Children's Bureau, 1967).

[15] Shyne, loc. cit.

about foster care for retarded children. First, the need is for promptly available placement that does not carry the implication of permanent separation inherent in institutionalization of a child; and second, foster parents must be able to get expert help and advice from the specialized facility on how to manage the children.[16]

Other points of this study further supported foster care for retarded children and its use in helping families deal constructively with the psychological impact of retardation in a newborn baby with Down's Syndrome (Mongolism).

In another area was the therapeutic use in giving a seriously defective child intensive and close care during his early developing years as a preparation for better adjustment to later institutional placement if indicated.

This Seven Cities' Study, through its research and demonstration, points to and proves some very important elements in considering foster care for the mentally retarded children as it is proposed in this demonstration project.

Careful placement of retarded children in foster family care may have preventive as well as treatment values as indicated by this statement:

> with mental stimulation and better cultaral opportunities, the deprived retarded child can frequently progress beyond the defective range of intelligence. The organically damaged child may be protected against secondary, but often equally disabling, emotional disturbances. The older child, whose behavior is marginally acceptable but who needs to learn new ways of adaptation, is more apt to find good models for iden-

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[16]Shyne, loc. cit., p. 26.

> tification in foster parents than in institutional personnel.[17]

Another such program of foster care for retarded children was carried out in cooperation of the Sonoma State Hospital in California with the Department of Family and Children's Services in an attempt to help the mentally retarded children who

> have received all the help they can from the hsopital, but cannot return to their own homes, or who are not prepared for independent living in the community. The program's basic purpose is to help mentally retarded children to develop confidence and an ability to live as independently as possible.[18]

Twenty-seven children were placed in the one-year span. There was a one 8-week training program for the foster parents. The project proved a vital element in depopulating the state hospital and helping children develop potential.

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[17]Begab, op. cit., p. 116.

[18]Richard A. Mamula, "Mentally Retarded Children in Foster Care", Children, Vol. 18, No. 3, March-April, 1971, pp. 65-58.

See K. T.

Is there a precedent for Federal funds being utilized to fund a program with the restrictions implied below!

IV. THE COMMUNITY

Georgia AGAPE, through the proposed foster care program for retarded children, will include three counties of the Atlanta area (Fulton, DeKalb, and Cobb), having an estimated population of one million people.

Although the foster homes will be developed primarily from members of the Church of Christ, the population of mentally retarded children to be placed in foster care will be accepted from any source regardless of race, color, creed, religion, or financial status.

What is the scope & magnitude of this problem Within the Church of Christ?

Comment on distribution within the Church of Christ population??

V. STATEMENT OF NEED

The author of the proposal has consulted the members of the social service staff at Georgia Mental Retardation Center and with Dr. Thomas McConnell and Dr. Bill Worden of the Public Health Department of the State of Georgia.

Discussions with these individuals indicate quite strongly that the State of Georgia sees the need of foster family care for the mentally retarded child and is taking action in helping agencies, both public and private, to develop this type of care. Through verbal discourse the Executive Director of Georgia AGAPE and members of the Mental Retardation Center and Public Health Department have agreed to cooperate with each other in the development of this type care should this proposal become a reality.

The primary sources of support from the Public Health Department and from the Georgia Mental Retardation Center in Atlanta will be that of referrals, consultation, and help in training foster parents together with psychological testing for the children placed in foster care. The Public Health Department also hopes to be able to pay some support for the children when placed in foster care.

The author was able to determine the needs of the mentally retarded children in the Atlanta area by talking personally with representatives of the Public Health Department Division of Mental Retardation, with personnel in the administrative level at the

Georgia Mental Retardation Center and from reading publications of the Public Health Department which indicated that in 1970 approximately 141,780 persons in Georgia were mentally retarded. This indicates a total of 3% of the 1970 population.

The author's specific interest in foster family care came from discussion with Mrs. Logan who is Director of Social Work at the Mental Retardation Center and with Mrs. Jane Price who is Social Worker at Gracewood, a state school for the mentally retarded. Both of these persons expressed much encouragement to the author and also expressed much desire in seeing a foster family care program become more substantiate in this geographical area. Based on communication from personnel of both institutions it is evident that the waiting lists at both institutions were extensive. that many children would never be admitted,and that most children already institutionalized, especially at Gracewood, would be there for an indefinite number of years, probably for a life time.

> Less than 20% of those retarded children in Georgia needing community programs will be receiving this service by June, 1971. Many of these will go to state institutions (at a cost of over $5,100 per year) because community alternatives are not available.[19]

There are not enough facilities for the mentally retarded child and since an environment very much akin to the child's family living is a possible alternative, the author has focused on foster family care as that alternative for the mentally retarded

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[19] Thomas R. McConnell, "Progress Report on the Development of Community Mental Retardation Programs in Georgia", Community Services Branch, Division of Mental Health, Georgia Department of Public Health, June 30, 1970.

child.

Specific emphasis on foster family care is on the children which are mildly retarded. According to the HIGHLIGHTS OF GEORGIA'S COMPREHENSIVE MENTAL RETARDATION PLAN:

> By 1971, it is estimated that there will be 150,000 mentally retarded individuals in Georgia with varying degrees of mental disability. Of these:
>
> 130,000 will be mildly retarded. They can learn to do productive work. Most can learn elementary school subjects.
>
> 10,000 will be moderately retarded. They can learn to care for themselves and do simple, routine tasks.
>
> 9,000 will be severely or profoundly retarded. This is the group who will require constant care and supervision.[20]

The author feels that a grant is essential for this proposal if it is indeed to become a reality. For the fiscal year of 1971 the State of Georgia has allocated a total of $425,000 for mental retardation programs. The only service to children in foster care is a purchase of service per diem of $2.00; no other costs of training, selecting, and otherwise carrying through the project have been allocated through the State of Georgia. The State of Georgia itself is applying for federal grants of which much of the services will be in training retarded children and adults.

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[20]Highlights of Georgia's Comprehensive Mental Retardation Plan, Georgia Department Public Health, Division of Mental Health, 74 Trinity Ave., S. W., Atlanta, Ga., 1970, p. 3.

VI. OBJECTIVE OF THE PROJECT

The objective of this project are (1) to provide an alternative to residential placement of children who are mentally retarded so that the "natural home environment" of the child can be simulated as nearly as possible, (2) to provide social services and other professional services to the family of the mentally retarded child, (3) to recruit, select, and train foster parents for the job of specifically caring for the mentally retarded child, (4) to provide physical, emotional, medical, and spiritual and educational needs of the mentally retarded child under age of six, (5) to set up a basis of cooperation between AGAPE and its interest in the mentally retarded child and other agencies who hold a similar interest.

VII. METHOD OF PROCEDURE OF THE PROJECT

The office of Georgia AGAPE is located at 2820 Cobb Lane in Smyrna, Georgia, so all communications and administration will be handled at that address. Since Georgia AGAPE is a social work agency offering child placement, care, and counseling to families, most of the efforts of the proposed project will be initiated and carried through by social workers who are ~~members of the~~ members of the staff of AGAPE with one person, the Project Director, responsible for recruitment, selection, training of foster parents, and coordinating all other services to the natural parents, to the children to be placed and placed in foster care, to the foster parents, and with all other professional persons and agencies. All work done in this project will be under the direction of the executive director of Georgia AGAPE.

Georgia AGAPE is now manpowered by an executive director, three social workers, and two secretaries. The addition of one social worker, with the aid of this grant, will complete the staff for the project. Present staff members will be asked to help in the project at AGAPE'S expense.

The scope of time intended for this project will be two years. The individual elements of the project and the time for each element are broken down as follows. The first element will be the recruitment of foster parents. This will encompass a period of one year.

The recruitment and selection of foster parents will be done in a time scope of eight months. The training of foster parents selected will be done in a time scope of four months. (Some of the basic training of foster parents will be included in the recruitment sequence.)

Selection and recruitment will be done through publicity, introductory meetings of hopeful foster parents, a series of group meetings and individual appointments with a caseworker.

First, publicity action will be to get an article about the project, its purposes and needs, into the newspapers in the Atlanta area. Next, a press release,describing the agency, the kinds of children served, the need for foster homes,will be released to all members of the Church of Christ in the greater Atlanta area.

After couples have expressed an interest in the agency and foster care project, introductory meetings will be held by the author and by the project director. These two introductory meetings will cover a statement of the purposes of AGAPE, a description and discussion of AGAPE, its present facilities and scope of services, and then specifically the project in its entirety along with the needs and goals of the agency in relation to the project. Questions will be encouraged and discussion around those questions will be offered. Each couple applying will receive literature about AGAPE's services and the scope of the project. An application will be given to each couple so that they may express their desire to be foster parents in this special project.

A series of ten two-hour group meetings will be held for each five couples applying. The meetings will be structured to: (1) encourage discussion of feelings to allow the couples to talk about their personal experiences as well as all general issues of child care and specific issues of foster care, the rearing of children, and the needs and elements of caring for the mentally retarded child. The meetings will also include a general introduction to the problems of the emotionally disturbed child. (2) an exploration of daily living routine in family functioning, neighborhood community activities, and religious issues specific to the mentally retarded child. (3) specific crisis periods in foster placement with emphasis on the initial adjustment period and further expectations and anticipations of the mentally retarded child. (4) the use of supervision. (5) a discussion of discipline based on a situational inventory covering typical problems that is used by the agency in evaluating potential employees. The last several meetings of the parents' group will be through cooperation of consultants and instructors who can better provide the foster parent groups with general knowledge regarding the mentally retarded child, his needs, and what they can expect from the child in their home.

Throughout this recruitment period several families will withdraw their application. Those who are still interested in being foster parents at the end of this six-month period will have individual home studies done with the project director who then will make final selection of the foster parents for this project.

The next four months will be used for evaluating the indi-

vidual homes of the remaining applicants along with a group meeting each month in order to select finally those foster parents who the agency thinks will be willing and able to provide care for a mentally retarded child for a period of at least one year.

During the final four months of the first year those foster parents with whom the agency will expect to work in this project will be given further training as foster parents in general and as foster parents for the mentally retarded child in specific. AGAPE will make use of workshops and conferences around the state in furthering the training of the foster parents. These workshops will include Conference on the Child Welfare League of America, Social Welfare Conference of Georgia, a three-day workshop held by the Public Health Department specifically for inservice education of mental retardation (Preparation for workshop not yet complete.), and through consultative workshops in the Atlanta area.

During this one-year period, through cooperation with Georgia Mental Retardation Center, Public Health Department, and other agencies and individuals, AGAPE will be receiving applications for children to be placed in foster care.

The last element of the project will be the placement and supervision of the children in foster care. This will include (1) preparation of children for placement, (2) the placement of children into the homes on a trial-visit basis for two week-ends, (3) the final placement of children in foster care, (4) weekly supervision visits to the children and foster parents, (5) monthly group meetings of foster parents, and (6) weekly visits by the social worker to the homes of the natural parents.

VIII. EVALUATION

To deterimne the extent to which the purposes and goals of this project have been successfully dealt with and achieved, AGAPE will use several instruments.

(1) Case Recording. A running record of all correspondence and contacts with each child and any collateral information regarding each child will be kept in a case record. This record will be reviewed periodically by the director to determine that the needs of the child are being successfully met or that proper intervention be carried through in order to meet those needs properly. The case record and evaluation of that record will be primarily a tool in evaluating the progress of the children placed in foster care and the extent to which those children have prospered and progressed in foster care.

How will it be evaluated? Cite specific criteria?

(2) Board of Directors. The Board of Directors of Georgia AGAPE will participate in a total evaluation of the agency with much emphasis on the total foster care program for mentally retarded children. This will be done through consultation of the board with the director of the agency and with the general review of the policies and procedures of the agency and the degree to which the agency has achieved those goals.

(3) The State Department of Family and Children Services Licensing Unit. A representative of the licensing unit makes an annual evaluation of the agency by consulting directly with the

executive director through scrutiny of all records, both formal and informal, of the agency and through reports of the agency in case records evaluating the extent to which the agency is (a) meeting the minimum requirements of child placing agencies, (b) performing desirable and adequate social work services.

(4) Staff. The executive director and special services director, meeting with all members of the staff involved directly or indirectly with the project, will discuss specifically a review of the program at the end of each six-month period to see where the agency needs to improve services to the children in foster care, to the foster parents, to the community. These six-month general staff meetings, specifically for the purpose of evaluating this project, will be a great asset in evaluation the program.

(5) Foster parent group. Each six months the executive director of the agency and the special services director will meet with foster parents as a group to discuss the problems of foster care for mentally retarded children, the areas in which they can better work together for the children, and generally to evaluate the extent to which AGAPE is performing its functions properly in achieving its pre-stated goals. Professional persons from the Georgia Retardation Center and the Georgia Public Health Institute will be used as consultants to this group in helping to evaluate the agency.

(6) Consultation to outside sources. The executive director will be in consultation each six months with professional staff of the Georgia Retardation Center and the Mental Health Division of the Public Health Department to review case records on the indivi-

dual children and mothods and procedures used by the agency in achieving the goals set. Georgia AGAPE staff members will receive constructive criticism from members of this group and will be more clearly able to evaluate their achievements.

Section On evaluation fails to provide the means needed to measure the success or non-success of the program !!

IX. PERSONNEL

The Executive Director. The executive director shall have demonstrated the capacity for administration and leadership through successful work experience, preferably in the field of child welfare, and shall have a concept of the broad field of services to children and of the role of AGAPE in meeting the needs of children in the community. The executive director will have a master's degree from an accredited school of social work (Atlanta University).

The Director of Special Services. The director of special services has a master's degree in Social Work from Tulane University and has had five years' experience in the field of child welfare with two years' experience in a hospital for mentally retarded children. He has had extensive contacts with all areas of foster care and mental retardation.

Social Worker. He has a master's degree in Guidance and Counseling and one year of experience with AGAPE. He also had field work training in an institution of corrections.

Social Worker. This social worker has a master's degree in Social Work from Denver University and two years of working experience with a child placing agency.

Social Worker. Another social worker has one year of education in Social Work from the School of Social Services, Lady of the Lake College and has had one year of working experience for AGAPE.

Secretary. One secretary has a master's degree in English with one year of experience as secretary for AGAPE.

Secretary. Another secretary has a high school education and one year of business school, three years of experience as a legal secretary, and five months' experience with AGAPE.

X. FACILITIES

Georgia AGAPE has its offices in Smyrna, Georgia, where it now occupies a seven-room house, and it has already purchased another five-room house for expansion purposes. The seven-room house is fully equipped for the number of personnel now employed through AGAPE. With the addition of another house, AGAPE will have adequate space for all employees of the project for conference rooms and other meeting rooms for education purposes.

AGAPE has some foster homes that have indicated the desire to keep special children and can move readily into the promotion of other foster homes. The author sees no problems in securing the availability of needed equipment should the project be approved.

XI. BUDGET

Salaries	% of time directed to project:	
Executive Director	25%	13,000 x 2
Director of Special Care	100%	10,000 x 2
Social Worker	50%	8,500 x 2
Social Worker	30%	8,500 x 2
Social Worker		9,000 x 2
Secretary		5,200 x 2
Secretary	100%	5,500 x 2
Psychological Consultant		1,200 x 2
		121,800

Employee Benefits	
Executive Director	1,300 x 2
Director of Special Care	1,000 x 2
Social Worker	850 x 2
Social Worker	850 x 2
Social Worker	900 x 2
Secretary	260 x 2
Secretary	275 x 2
	10,870

Travel	
General	2,840
Meetings (5 out-of-town--2 people--per diem)	250
Advisory Meeting (monthly--24--8 people)	1,800
Meetings (10 foster parent couples--14)	700
	5,590

Furnishings	
Dictaphone	460
Transcriber (Donated)	---
Book Shelves (10 @ $32)	320
Executive Desk	239
Executive Chair	125
Secretarial Desk (2 @ $196)	392
Secretarial Chairs (2 @ $32)	64
Desks (6 @ $177)	1,062
Typewriters (2 @ $341)	684
Chairs for Staff Workers (4 @ $92)	386
Interviewing Chairs (15 @ $41)	615
Conference Table and Chairs	522
Filing Cabinet	75
	4,926

Supplies	2,200
Communication ($1,200 x 2)	2,400
Duplicator and Reproduction	1,600
Rent ($4,750 x 2 yrs.)	9,400
	15,600

a.	Contingency Fund (5% of Direct)	99,343
b.	Total Direct Costs	208,620
c.	Indirect Costs	38,931
d.	Grand Total	237,551
e.	Cost Sharing 79%	

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