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TIES THAT BIND

Attachment Formation in the Maltreated Preadolescent
Child Placed in Long Term Foster Care

August 1999
Shirley-Ann Chinnery

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**Attachment Formation in the Maltreated Preadolescent
Child Placed in Long Term Foster Care**

MASKING FEELINGS



**A CORRELATE OF INSECURE
ATTACHMENT**

**A thesis submitted in partial fulfilment of the
requirements for the degree of
Master in Social Work
at Massey University, Albany Campus**

**August 1999
Shirley - Ann Chinnery**

ABSTRACT

While the Children, Young Persons, and Their Families Act 1989 enshrines the primacy of family placement for children in need of care and protection, it simultaneously acknowledges by way of S.13 (h) that for some children this may not be a viable, available or safe option and where such circumstances prevail, children are to be given the opportunity to develop an alternate psychological tie to caregivers other than their primary kin. It is this small group of children who require long term alternate care that are of primary interest to this thesis. The legislative principle that mandates this practice is founded, in large part, on attachment theoretic assumptions. This conceptual framework also informs the current study.

This research aims to investigate, by way of the case study method, the attachment experiences of a small sample of previously maltreated, New Zealand European preadolescent children in long term state care. The effects their attachment experiences have on the formation of a new attachment relationship with alternate caregivers and the facilitative or impeding role played by social workers and their organisation (NZCYPFA) in regard to the development of this relationship are examined. The field work involved a multimodal exploration of the above relationships and included four sets of participants: a key informant group, three social workers, five caregivers and three preadolescent children. Fundamental to this research is the need to identify factors integral to performing a social work assessment of attachment of both prospective caregivers and the preadolescent child requiring placement.

Foster care literature, drawing on attachment theoretic constructs, would suggest that this process is imperative to making sound placement decisions and for ensuring placement stability (Thoburn, 1997; McAuley, 1996; Triseliotis, Sellick & Short, 1995). Attachment theory indicates that placement stability is linked to caregiver sensitivity and the development of relational mutuality (Bretherton, 1996; 1993; 1987; Howes & Segal, 1993; Marcus, 1991). These variables have also been associated with relational continuity which in turn has been implicated in positive developmental outcomes for children (Lyons-Ruth, 1996; Cicchetti, Toth & Lynch, 1995; Bowlby, 1988; 1982; 1980; 1973). This thesis documents similar findings, and concludes with a set of recommendations for social work policy, practice and future research.

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CHAPTER ONE

INTRODUCTION: POSITIONING THE THESIS

"You, you've got to have somebody, someone,..... if their parents aren't there for them they have to have somebody" (Caregiver reflection on the importance of fostering).

Assessing for attachment is important because "it's part of planning for the case. You know to making decisions. The placements that I have made are casework decisions based on my perception and the needs of the child, I could be doing that at the expense of the child. I could lose my focus and start focusing on the wrong thing like the parent. I think it's an essential part of casework, especially in the more complex cases and the more lengthy cases". (A social worker's view on the relevance of assessing for attachment in the preadolescent child requiring long term care).

"I'm happy in my family.... both my families" (expressing a sense of belonging: a child's view).

"The most enjoyable part of caring for Cane has been seeing the progress from where he was to where he is and there is just no comparison when you're in it you're still fighting you see the war is ongoing ... and being in it 24 hours a day then all of a sudden there is the graph saying, hold on well this behaviour is going down ... it was almost an ability to give yourself a pat on the back at the end of it and say hey we have done something life changing..." "Do you know Cane actually learned to cry, you know that kid never ever used to cry ... it took about 12 months for that to happen" (The daily struggle of supporting a child's journey to re-attachment, his caregiver's view).

The Mandate for Permanency

Successive failures in family preservation agreements and recursive episodes of child abuse and neglect may mean that for a small group of children the goal of return home is unrealistic (Thoburn, 1997; Smith, 1997; Taylor, 1997; Or, 1995; Terpstra, 1987). The statements above give voice to the participants involved in this form of care. In situations such as these the New Zealand Children Young Persons and Their Families Act 1989 S. 13(h) asserts that where a child or young person cannot remain with, or be returned to, his or her family, whanau, hapu, iwi, and family group, the preeminent principle adopted is that the child or young person should be given an opportunity to develop a significant psychological attachment to the person in whose care the child or young person is placed. It is this group of children, those who require long term care, and the process of relationship formation between child and caregiver that is the primary interest of this thesis.

Focusing the Study: Rationale & Justification

More particularly I seek to explore two issues:

1. What is the attachment experience of the maltreated preadolescent child taken into long term care and how does this affect the quality of the attachment relationship with their substitute caregiver(s)?
2. How do social workers and their organization (The New Zealand Children and Young Persons Agency, NZCYPFA) facilitate or impede the development of this relationship? ¹

I chose to undertake this particular research investigation for several reasons and these are set out below. The first of these reasons is that social workers are:

- a) Legally Mandated by S.13 (h) and S.14 (i) of the New Zealand Children, Young Persons and Their Families Act 1989 to support, assist and enhance the development of an alternative psychological tie between a child requiring long term alternate care and their caregiver(s) when this intervention is required.
- b) Yet a review of the New Zealand Children, Young Persons And Their Families Service (NZCYPFS Care & Protection Handbook, 1998) reveals an apparent absence of agency protocol or policy specific to assisting social workers to perform the task of an attachment assessment for children and young people requiring long term care or for similar assessments of prospective caregiver(s).

This finding would suggest that at best social workers make placement decisions

¹ For purposes of definitional clarity I inform the reader that the terms used to reference the New Zealand Children, Young Persons And Their Families Agency (NZCYPFA) alter at varying points over the course of this thesis. This variability arises due to the many organisational restructurings the Service has undergone since its inception. The name changes are consequent to these restructures. For this reason the reader will on occasion encounter terms other than the one under current usage (NZCYPFA, see above), when the discussion in text refers to the time period matching the given organisational name for that period. The organisational names to be used will include; the New Zealand Children and Young Persons Service (NZCYPS) and the New Zealand Children, Young Persons and Their Families Service (NZCYPFS). I intend to refer to the Service by its appropriate acronym throughout the text. The reader will be given the full organisational name under discussion prior to use of the acronym. I add here too, for the readers information, that as I complete this thesis the name of the Service is set to change again and will be known from October the first of this year as the 'Department of Child, Youth and Family Services.

at the level of intuition and/or practice experience and at worst the decisions made are completely uninformed (Thoburn, 1997; see Eagle, 1994 for further discussion on this issue).

- c) This task is identified in both attachment and foster care literature as being critical to making sound placement decisions and by association to facilitating the development of an alternative psychological tie between prospective caregiver(s) and the child requiring long term placement (Thoburn, 1997; Smith, 1997; Triseliotis, Sellick & Short, 1995; Howe, 1995; James, 1994; Fein & Maluccio, 1992; Terpstra, 1987).
- d) I particularly chose to focus on the preadolescent age group as foster care literature has shown that the rate of placement breakdown increases significantly for children between six to twelve years of age compared to younger age groups (Thoburn, 1997; McAuley, 1996; Triseliotis, Sellick & Short, 1995; Prasad, 1988; 1975; Berridge & Cleaver, 1987).² I also selected this age group for its attachment theoretic import. I mean by this that there is limited international knowledge on attachment assessment in the preadolescent age group (McAuley, 1996; Goldberg, Muir & Kerr, 1995; see also Waters, Vaughn, Posada & Kondo-Ikemura, 1995; Bretherton, 1995; Oppenheim & Waters, 1995).
- e) Finally my decision was informed by the known deleterious effects of maltreatment on attachment security and the concomitant implications this may have for placement longevity (Thoburn, 1997; 1989; Lyons-Ruth, 1996; Howe, 1995; Cicchetti & Toth, 1995a; 1995b; James, 1994; Fahlberg, 1994; 1991; Howes & Segal, 1993; Crittenden, 1992a; 1992b; Main, 1991; Marcus, 1991; Lynch & Cicchetti, 1991; Cicchetti et al, 1991; Steinhauer, 1991; Mueller & Silverman, 1989; Crittenden & Ainsworth, 1989; Aber & Allen, 1987; Main & Goldwyn, 1984; Egeland, Sroufe & Erickson, 1983; DeLozier, 1982; Hess, 1982; Guerney, 1982).

² I have designated the nine to twelve year age group as being the preadolescent age group of choice for this study. This decision was based on anecdotal practice knowledge, which suggests there is an increase in the numbers of children requiring out of home care in this age group. Unfortunately I am unable to validate this knowledge statistically as the Annual Report for the New Zealand Children, Young Person and Their Families Agency (NZCYPFA, 1998) does not provide discriminating statistical information on the number of children coming to notice of the care system by age or by need for long term care.

I would also add here that the deleterious effects referred to above might be further intensified if removal from primary kin is necessitated by acts of maltreatment. This action requires the child to make sense of the maltreatment experience, which may include abuse at the hands of their primary attachment figure(s), and potentially to confront disruption of their primary attachment bond (Cicchetti & Toth, 1995a; 1995b; McFadden, 1995; Fahlberg, 1994; 1991).

I postulate, in light of the information given thus far, that the relational quality of the preadolescent child requiring long term alternate care may have different meanings for prospective caregiver(s) as a result of their own attachment histories. The meanings incurred by the new relational partners, that is prospective caregiver(s) and the child requiring care, may or may not contribute to supporting the formation of a new attachment relationship between them. Attribution of negative meanings is more likely to lead to placement failure and in turn this is likely to contribute to probable risk of ongoing emotional harm for the child (Crittenden, 1993; 1992a; 1990; Crittenden, Partridge & Claussen, 1991; Claussen & Crittenden, 1991).

Thoburn (1989, p.44) offers indirect support to the point made here by suggesting that pre-placement assessments are important as "no amount of backseat driving will change attitudes". I have interpreted her comment to mean that if a poor placement decision is made and there is a mismatch between caregiver(s) and child, no amount of social work support or intervention will assist in sustaining the relationship.

I contend, therefore, that social workers need a set of tools to assist them in ascertaining the attachment quality of intending caregiver(s) and for the child requiring placement. The assessment goal is to effect the best placement mix for a specific child and caregiver in order to promote placement security. Placement security is of course aligned to the development of relational security which attachment research has shown to be directly associated with positive socio-emotional adjustment for children across the trajectory of childhood (Cicchetti, Toth & Lynch, 1995; Bretherton, 1995; Dunn, 1993; Bowlby, 1988; Aber & Allen, 1987). I have looked to test these assumptions through the research process with the three case studies presented in this thesis.

Delineating the Argument

My primary argument, consonant with the principles of permanency planning and attachment theory from which they were derived, is that children requiring long term care, have the legal right ³ and psychological ⁴ need for a secure base relationship with alternate caregivers who have been assessed, trained and resourced to carry out this task. This task and the staff required to perform it should be recognised and workers trained, resourced and supported by the organisation mandated to provide a care and protection service. I further posit that failures at any one of these levels is likely to lead to poor outcomes for all participants in this process: for the child because of the lack of fulfillment in their socio-emotional needs; for the caregiver(s) in relation to the stress incurred in parenting a traumatised child and the guilt of failing, for the social worker in terms of moving along the continuum to burnout and for the organisation because of the cost incurred.

Attachment research has ceaselessly shown that parental sensitivity is fundamental to secure relational functioning of children and this in turn, as mentioned earlier, is associated with healthy adjustment across the developmental trajectory of childhood (George, 1996; Bretherton, 1996; 1993; 1992; 1991; 1990; 1987; Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969; Ainsworth, Blehar, Waters & Hall, 1978).

These findings have import for the fostering context as they detail both the necessity and significance of providing children with a safe enduring alternate secure base to meet their socio-emotional needs for permanency at the earliest practicable time (Thoburn, 1997; Lyons-Ruth, 1996; Shealy, 1995; Penzerro & Lein, 1995; Triseliotis, Sellick & Short, 1995; Triseliotis, 1993; 1991; Marcus, 1991). This should be evidence enough for the New Zealand Children, Young Person And Their Families Agency (NZCYPFA) to treat permanency planning as an inviolable social work function and to guarantee the space and resourcing for this work.

³ See the 1989 Children Young Persons and Their Families Act Section 14. (I).

⁴ See the United Nations Convention on the Rights of the Child 1989.

THEORETICAL INFLUENCES

Attachment Theory

Attachment theory is the principle theoretical influence informing this thesis. The other contributors are object relations and ecological systems theory. Additionally, at varying junctures over the course of this thesis I draw on feminist principles in order to account for the gendered nature of power relationships endemic to attachment and object relations theory (Burstow, 1992; Worell & Remer, 1992). I will now discuss each in turn, commencing with attachment theory, in relation to their conceptual influence on the thesis. Attachment theory is of particular relevance to this thesis as it was from this underlying conceptual framework that the principles of permanency planning were derived (Hegar, 1993; Fein & Maluccio, 1992; Katz, 1990; Maluccio & Fein, 1983; Hess, 1982). Furthermore the work of this thesis is a focused look at the ontological development of an individual's attachment capacity and its meaning for the caregiving relationship in relation to its role in facilitating placement security. Three specific attachment constructs are drawn on to explain and make sense of this development:

- a) The phenomenon of the secure base.
- b) The construction of the internal working model
- c) The process of defensive exclusion

(Bowlby, 1988; 1984; 1982; 1980; 1973; 1979; 1969; 1961; 1951; 1944).

Object Relations & Ecological Systems Theory

Object relations theory (Horner, 1995; St Clair, 1986; Mahler, Pine & Bergman, 1975) is drawn on where necessary to expand on, or demonstrate the origins of the attachment constructs. I have elected to do this where I consider that depth of description may help to enhance the understanding of the attachment process. This choice has been directed in the knowledge that attachment theory has its origins in object relations theory and in some places is a revision of this theory (Rutter, 1995; Holmes, 1993). It goes without saying that an individual's relational development has little meaning unless also located within the wider relational system that has led to its development in the first place (Cicchetti & Toth, 1995a; 1995b; Cicchetti & Rizley, 1981; Bronfenbrenner, 1979).

Hence I have also drawn on an ecological systems perspective to elucidate how this 'nested hierarchy of influences' impacts on an individual's relational development (Cicchetti & Toth, 1995a; Crittenden, 1992b; see also Cicchetti & Rizley, 1981).

Feminist Principles

In relation to my use of feminist theoretic principles I have drawn on Burstow's (1992) conceptualisation of the duality of vision. I have interpreted this concept to mean that it is important to recognise that human experience is multifarious and that one person's experience of a shared event may be dissimilar to another's, namely because of the politics of gender.⁵ I found this conceptualisation helpful for thinking about the operatives of power embedded in my relationships with the research participants.

The concept itself directly assisted me to hold in mind the bi-directional effects operand in the research relationship, that is my relationship with the participants in my role as researcher and their respective role relationships with me. This is a timely juncture to introduce the research participants included in the study and the dynamics of power attendant to these relationships.

Moreover, it is also an appropriate place to set out for the reader what the research actually involved. Before I set about either of these tasks I wish to provide the reader with a relational referencing schema developed to clarify the relational connections between the three data sets involved in this thesis. The data sets given in the relational referencing schema comprise the three social work, caregiver and child participant sets. I make mention here also that a further participant group was included in the study and they participated as key informants. I discuss this role more fully in the section that sets out what the research actually involved. I turn now to detail the relational referencing schema.

⁵ I would add that Burstow's (1992) conceptualisation may also be extended to aptly include determinants of culture and age. The latter was of particular relevance to this thesis given the inclusion of children in the research activity.

RELATIONAL REFERENCING SCHEMA

The relational referencing schema, as mentioned above, has been developed to enable the reader to draw clear relational links between the three data sets involved in this study. The schema aims to demonstrate the connections between the participants involved in the research while at the same time protecting their confidentiality and anonymity. Gender has been changed in some places for this reason. The schema accords each set of participants: social worker, caregiver and child a pseudonym by alphabetical grouping as shown below. From this point forth the participants, when discussed in text, will be referred to by their data set name.

Data Set “A”

Comprise Andrea (social worker), Angie (child) and Anna (caregiver).

Data Set “B”

Comprises Bruce (social worker), Byron (child), Bernadette (caregiver:1), Briar (caregiver:2), and Bart (sibling: key informant).⁶

Data Set “C”

Comprises Christie (social worker), Cane (child) and Carne (caregiver:1), Cassie (caregiver:2).

I return now to highlight the issues of power attendant to these research relationships as touched on just prior to setting out the relational schema given here.

⁶ Bart was included in this research as a key informant following his request through Byron's caregivers to act as an informant in relation to Byron's early life history. This was agreed to following consultation with my thesis supervisors and academic ethics committee.

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OPERANDS OF POWER

The Social Work Participants

1. The inclusion of social work participants in this research was integral to exploring their role in relation to the facilitation or impediment of the new attachment relationship essential to the maltreated preadolescent child requiring long-term care and their caregiver(s).

However in order for social workers to be included I needed to resolve one principle ethical and political issue. The issue of concern related to my former role as a part time employee of CYPFA and the conflict of interest this might have occasioned in relation to carrying out research among colleagues with whom I worked. In essence my role as researcher had the propensity of changing the balance of power amidst relationships with colleagues. This may have introduced an unnecessary source of bias in the research process. I sort to remedy this dilemma by drawing on participants from CYPFA districts other than the district in which I worked. The academic ethics committee on this ground ratified the research proposal as they believed this would substantially reduce the role conflict described.

The Caregiver Participants

2. Similar power operands to those above were extant for my relationship with the caregiver participants also due to my social work designation. The essential concern here related to the pressure caregivers may have felt should I have approached them directly with a request to participate in the study. The academic ethics committee wished to ensure that the study's participants were free from any form of duress to opt into or out of the research process from its outset.

I dealt with this potential source of conflict in relation to the caregiver participants by seeking the assistance of a research broker to act in an intermediary capacity between myself and likely participants throughout the process of sample selection. I believed this procedure would reduce the threat of duress attendant to my social work role by deferring direct contact between myself and caregivers until they had received, read and clarified through the broker any questions raised in relation to the research from the information sheet provided (see Appendix 1). My contact with the caregivers arose following the process just described and upon confirmation with the broker of their willingness to participate in the research.

The Child Participants

3. This relationship was the most testing in regards to the operands of power. I sought to address this in a number of ways, given that it can never be fully eradicated, because of the age difference and known authority ascribed to adults by children. This is even more so for children who have been subject to maltreatment.⁷

I first sought to reduce the distance between myself and child by designing communications with them (both verbal and written) in a child focused manner. Pynoos and Nader (1993) expert interviewers of children instruct this is important to facilitating rapport between children and adults (see also McAuley, 1996; James, 1994; 1989; Fahlberg, 1994; 1991; Cattanach, 1992; Donovan & McIntyre, 1991). The media presented in the research activity section of chapter four of this thesis sets out examples of the material referenced here. Additionally, I sought with the children's knowledge, contact with their caregiver(s) as a check for behavioural distress in the children over the data collection phase. At all times the ultimate decision to participate or not remained with the children. However, their caregivers maintained the final authority in the event that the process distressed the children. Moreover I increased the number of interview sessions where greater familiarity was required of me, by the children.

⁷ Literature shows that maltreatment is frequently associated with insecure attachment which in turn is associated with lack of trust in adult caregivers (Lyons-Ruth, 1996; Cicchetti, Toth & Lynch, 1995). I posit that this lack of trust is likely to generalise to other adults and for these reasons it is imperative to promote the establishment of rapport with children through means known to enhance this process (Pynoos & Nader, 1993; Patton, 1990; Oakley, 1981).

Each of the procedures listed above was ratified in the original ethics proposal of this thesis. Further discussion about the participants and the ethical issues associated with their involvement in this study is given in chapter four of this thesis. Prior to closing this section and turning to outline the research activities involved in the study itself. I will briefly describe the role of the other group of participants involved in this research, that of the key informants.

The Key Informants

4. Consistent with research methodology the key informants were selected for this study on the basis of their specialist knowledge in the attachment area (Sarantakos, 1995; Patton, 1990). The key informants themselves were selected from four different professional disciplines: Child Psychiatry, Child Psychology, Child Psychotherapy and Social Work.

I looked to them, as just stated, for specialist knowledge, to endorse or point out gaps in my own knowledge of the field, to point me in the direction of additional sources of knowledge, to discuss method construction, and to trawl their knowledge in relation to the current state of the art in attachment research internationally. Appendix 2 sets out the interview guide sheet used to conduct the key informant interview. The key informant interview was positioned some months ahead of the data collection phase involving the other participants. This was a purposeful process allowing me time to integrate the knowledge gained and to apply this to the methods constructed for the research. Further discussion of the key informant role is given in chapter four of this thesis. I turn now to setting out the research activities undertaken with the social work, caregiver and child participants involved in this study.

RESEARCH ACTIVITIES

Social Work Participants

The social work interview involved four key content areas:

1. General information about social work training, experience and the current work role within NZCYPFA.

2. Client specific information pertaining to the child included in the research process.
3. The social worker's experience in caregiver assessment and training.
4. The social worker's understanding and use of attachment theoretic constructs in practice (see Appendix 3 to review the interview guide sheet used with these participants).

These interviews were positioned at the conclusion of both the caregiver and child interviews. This was done to:

- a) Reduce the potential of interview bias by controlling for social work influence over other participants.
- b) Minimise unnecessary duress of other participants.
- c) Account for the multiple demands on social workers time.

Further discussion about this participant set is given in chapters four, five and six of this thesis.

Caregiver Participants

The caregiver participants were involved in three semi-structured interviews of approximately two hours duration. The caregiver interviews were the first interviews undertaken in the data collection phase. The first interview was aimed primarily at rapport building, ascertaining information about the participants fostering experience, gaining preliminary information about the child and establishing a mutually agreeable process for further interviews.

The second interview focused on more specific information about the caregivers relationship with the child and the final interview focused on the caregivers own early, recent past and current experiences of relationships with significant others (see Appendix 4 to review the interview guide sheets used with this participant set). Chapters four and five of this thesis elaborates further on the work

undertaken with the caregivers.

Child Participants

The child participants were involved in four to five single, semi-structured interviews. The duration of these interviews varied in relation to each child's concentration span and ability to tolerate reviewing their relational history. The methods used with the children were multiple and varied. This accords with attachment theoretic instruction, which requires attachment assessments to incorporate multiple measures of attachment in order to reinforce the reliability and validity of the assessment made reliability (Bretherton, 1995; Oppenheim & Waters, 1995; Main, 1995; Cassidy, 1994; Main, Kaplan & Cassidy, 1985). I would add here that multiple methods of assessment also have the advantage of catering to children's different interests in particular activities and therefore to sustaining their attention.

The specific tools used in this part of the research included:

1. The squiggle game (see Appendix 5 for a description of this game).
2. The feeling faces (see chapter four of this thesis for further discussion on the use and development of this tool and for the tools subsequently listed below).
3. Genogram and Ecomap.
4. Separation and reunion pictures.
5. Sandbox and symbols.
6. Cooper-Smith Self-esteem Inventory.
7. Family drawing.
8. Doll play – where appropriate.
9. Homework diary.

As indicated in point two above the tools used with the children are comprehensively discussed in chapter four of this thesis. I turn now to detailing the methods used for of recording the interviews undertaken with each participant set.

Methods of Recording

I sought ethical approval to audio tape each series of interviews undertaken with the research participants. In addition, I also sought to videotape the work

undertaken with the children. I requested the latter because of the visual nature of the work undertaken with the children and children's propensity to constantly move their play activities around. I believed videotaping would allow me to concentrate 'in vivo' on working with the children more fully in contrast to having to track object shifts in the children's play.

While each participant set agreed to the nominated methods of recording I desisted from using the video with the children following the initial sessions. This decision was prompted by two events, the first was a request by Cane to keep the video turned off and the second related to recurrent technical difficulties with the camera. This proved to be a great disappointment to Byron who was keen to see himself on video but was satisfied with being able to rewind the audio tape, from time to time, over the course of our interviews to make sure that our discussions were being recorded. The audio tapes were fully transcribed and the results of this work is given in chapters five and six of this thesis. I turn now to locating the process of attachment in its cultural context.

Culture Bound

Attachment is conceived to be a universal human process predicated on our species specific need for survival (Ainsworth, 1991; 1989; Bowlby, 1969). In this regard it is considered to be a cross cultural phenomenon (Ainsworth & Marvin, 1995; Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1988; 1980; 1973; 1969). This notion however is confined to the context of evolutionary adaptiveness, that is all children in any culture depend on being connected to an individual or group to ensure their basic need for survival. Conversely it does not mean that all peoples across different cultures share child care practices in common. For this reason there may be significant cross-cultural differences in the way the attachment relationship is expressed and attended to within a particular culture. This in turn may give rise to a range of varying meanings about this relationship for the attachment partners concerned (Posada, Gao, Wu, Posada, Tascon, Schoelmerich, Sagi, Kondo - Ikemura, Haaland & Synnevaag, 1995, see also Grossman & Grossman, 1990).

This position and the attachment research that has lead to its formulation has been instructive of my own decision, as a pakeha female researcher, to access children and caregivers solely of New Zealand European descent. This decision is

based on my contention that to be able to discern and/or attribute meaning about a particular attachment relationship one must either be part of or possess a sound understanding about the cultural context in which it is located (Stokes, 1985). I turn now to clarifying the chapter organisation of this thesis.

Thesis Organisation

There are six chapters in this thesis. The first is the introduction currently under discussion. The second presents the theoretical framework that underpins this thesis and further expands on the discussion given earlier in this chapter. The third deals with a review of the literature relevant to the topic researched and specifically focuses on attachment processes and their link to permanency planning. This chapter also touches on the attachment assessment processes current for adults and children emanating from the field of attachment. Chapter four sets out the varying attachment related instruments developed for this research and the casework design underpinning this qualitative study.

The discussion here also details the process of sample selection, ethical issues ascendant over the research process, the development and application of analytic strategies in relation to the data gathered. Chapter five is dedicated to presentation of the research data. This data is interspersed with discussion about the findings made and the bearing these have on the research question initially posed. Chapter six concludes this thesis and presents a cross case analysis and a series of recommendations for policy and practice, which have arisen out of the research undertaken. I turn now to locating my position as researcher, consistent with Burstow's (1992) principle of duality of vision given earlier, in the research.

Centrality of the Researcher's Position

Consistent with the feminist research principle of locating the researcher's position in the research my own interest in this topic arose from two interrelated but discrete events (Aldred, 1998; Burman, 1992; Worell & Remmer, 1992; Finch, 1984; Oakley, 1981), the first being professional and the second personal.

Professionally, as a recent past employee of the New Zealand Children Young Person and Their Families Agency I was frequently faced with having to make placement decisions in relation to the medium and long term care needs of

children and young people who, because of the nature of their family circumstances and abuse, were not able to be returned to their families. While knowing that planning for permanency was essential to a child's healthy socio-emotional adjustment there seemed to be little space or organisational support afforded to this task (Thoburn, 1997; Worrall, 1996; Karen, 1994; Crittenden, 1992; Fein & Maluccio, 1992; Bowlby, 1988; 1984; 1980; 1979; 1973; 1969; 1961; 1951).

The managerial stance held in relation to this work function was that fostering responsibilities were now the domain of community based agencies and they should be addressing all the emergent care needs in this field. Practice reality however directly conflicted with this position as most of the agencies, at that time, operated services that predominantly provided short term care.⁸

This meant that children's long term care needs were often responded to by multiple rotations through short term placements. This lack of permanence commonly resulted in what is known, in the field of foster care, as drift in care (Thoburn, 1997; Worrall, 1996; Prasad, 1986; 1975; Pardeck, 1984; 1983). This practice has long been associated with poor developmental outcomes for children because it recurrently interrupts their ability to form an attachment with a trusted adult(s) (Smith, 1997; Benbenisty & Oyserman, 1995; Ammen, 1994; Webb, 1991; Fein & Maluccio, 1992; Bowlby, 1988). The other factor contributing to the dearth of placements available for long term care was caregivers' reluctance to comply with CYPFA'S current guardianship based permanency planning policy for children requiring long term care (Worrall, 1993/94; NZCYPFS Care & Protection Handbook, 1998).

The caregiver reluctance referred to above is often predicated on the grounds that such compliance would cut them adrift from essential social work support and resourcing for children who, because of the nature of their extreme emotional and/or behavioural difficulties, would continue to require this service.⁹ This practice based experience is consistent with views held in the field of foster care and is

⁸ The short term care referred to here is consistent with NZCYPFA's care services contract with community based agencies for bednights for children requiring stranger based placement. This care provision is mandated under S. 139 (Temporary Care) and S. 140 (Extended Care) of the New Zealand, Children, Young Persons And Their Families Act 1989. S. 139 permits a total of fifty-six days of care while S.140 permits care placement of up to and inclusive of not more than a twelve month period.

⁹ The experience referenced here is also supported by the findings of this thesis. See Bernadette and Briar's comments in chapter five of this thesis.

aptly summarised by Worrall's (1997) assertion that "the difficult task of caring for an abused and traumatised child must be given, together with adequate and ongoing fiscal and social support. Regular review and assessment of the caregiving family must also occur" (p10; see also Shealy, 1995; Triseliotis, Sellick & Short, 1995; Triseliotis, 1991; McFadden, 1984).

It was this socio-political context, of an apparent decline in the states investment in catering for the needs of children requiring long term care, that contributed to my interest in taking a closer look at what the attachment experiences of the maltreated preadolescent child requiring long term care actually were and how these effected the quality of the attachment relationship with their substitute caregiver. In addition to finding out how social workers and their organisation (NZCYPFA) either facilitated or impeded the development of this relationship. My hope in this endeavour was that someone, some where would decide to revisit the position of permanency planning within the organisation with a view to relocating its priority on the agency's agenda.

Should permanency planning indeed be reprioritised within the agency, the philosophy attendant to it also needs to be revised. The primary change required is to locate the child's need for timely, appropriate and supported care as paramount while abolishing the current fiscally driven practice of discharging care responsibilities for children by state relinquishment of guardianship (Thoburn, 1997; Worrall, 1993/94; NZCYPFS Care & Protection Handbook, 1998).

My interest in this topic, as mentioned earlier, also has its origins in my own experience of being a member in the non-traumatised generation of a family separated by the care system. I have borne direct witness to and been influenced by the life long effects associated with this separation and loss. These contextual features have shaped what I know and understand about a child's profound need for permanency and relational security. Moreover I am all too well aware of the deleterious effects that can result when these needs are not adequately met. It is for these reasons that this thesis has been written.

CHAPTER TWO

THE CONCEPT OF ATTACHMENT

"The essential feature of affectional bonding is that the two partners tend to remain in proximity to one another. Should they for any reason be apart, each will sooner or later seek out the other and so renew proximity. Any attempt by a third party to separate the pair is strenuously resistedThus, anyone concerned with the psychology and psychopathology of emotion, whether in animals or man, is soon confronted by problems of affectional bonding: what causes bonds to develop and what they are there for, and especially the conditions that affect the form their development takes" (Bowlby, 1979, p.69).

Introduction

This chapter and the one that follows are closely interconnected. This chapter focuses on the attachment framework that underpins the thesis while chapter three sets out to link attachment theory to the reviewed permanency planning literature. For this reason the two chapters are drawn together by a summary which is positioned at the end of chapter three. The summary highlights the links between these two chapters and the methods used in pursuit of the research questions pertinent to this thesis. I remind the reader here of the two research questions of interest to this thesis:

1. What is the attachment experiences of the maltreated preadolescent child taken into long term care and how does this affect the quality of the attachment relationship with their substitute caregiver?
2. How do social workers and their organisation (NZCYPFS) facilitate or impede the development of this relationship?

These questions determine the attachment constructs of import to this study and they include: the secure base phenomenon, the internal working model and the process of defensive exclusion. Each of these constructs are discussed within separate subsections of this chapter. These constructs hold particular relevance for the age group under study (preadolescent 9-12 years) as attachment research demonstrates that by this age children's relational expectancies increasingly become a characteristic of the child in contrast to being a characteristic of the

relationship from which they were first produced (Atkinson, 1997; Bretherton, 1996; 1995; 1993; Bowlby, 1988; 1980; 1973; Marvin, 1977).

Attachment Quality of the Preadolescent & Their Caregiver(s)

This effectively means, as discussion is yet to show, that the preadolescent child is increasingly likely to interpret new relationships in light of past experiences. For the maltreated preadolescent child the interpretation carried forward to new attachment relationships is likely to be negative (Lyons-Ruth, 1996; Cicchetti, Toth & Lynch, 1995; Cicchetti & Toth, 1995a; Lynch & Cicchetti, 1991). This will have major implications for the caregiver(s) per se and for the caregiving relationship. Attachment research has shown that adult attachment quality is also critical to the type and quality of caregiving provided for children by the caregiving adult (van IJzendoorn & Bakermans-Kranenburg, 1997; George, 1996; Ainsworth, 1991; 1989; Crittenden & Ainsworth, 1989; Main, Kaplan & Cassidy, 1985; Ainsworth, Blehar, Waters & Wall, 1978). This has import for the context of long term foster care as prospective caregiver(s) need to be able to meet the diverse and complex range of needs inevitably associated with the maltreated child (McAuley, 1996; Triseliotis, Sellick & Short, 1995; James, 1994; 1989; Fahlberg, 1994; 1991; Webb, 1991; Chamberlain & Weinrott, 1990). The discussion that follows elucidates on these issues from a theoretical perspective while chapter three of this thesis reviews studies involving the lived experience of such relationships.

An Editorial Word: Relocating Theoretical Discussion

Prior to embarking on the theoretical discussion I advise the reader that at varying points in this chapter and that of chapter three, discussion regarding attachment assessment processes is attenuated for both adult and preadolescent child as these procedures are comprehensively discussed in chapter four of this thesis. I recognise that this is a slightly unusual practice but I justify it on the basis that many of the tools used in this research were specially constructed, given the dearth of such tools, for the preadolescent age group or adults providing foster care (McAuley, 1996; Bretherton, 1996; 1995; Oppenheim & Waters, 1995). The specific assessment tool used with the caregivers in this study was an adapted version of the Adult Attachment Interview (AAI) (Main, Kaplan & Cassidy, 1985). A series of assessment tools were also developed for use with the children (see

chapter one of this thesis to review these tools). I believed the most effective way to demonstrate the veracity of the methods developed was to portray their link to attachment theory in the least circuitous route possible.

For this reason I chose to locate the discussion on attachment assessment schemata in chapter four of this thesis. I turn now to the theoretical discussion outlined at the beginning of this chapter.

Attachment Theory: Its Origins in Brief

Attachment theory is first and foremost a body of knowledge concerned with emotional connectedness between primary kin or their substitutes as attested to by the quote given at the outset of this chapter (Bowlby, 1980; 1973; 1969). The theory has been developed over three distinct epochs since its inception in the late 1940s. The first period of growth was announced by the articulation of the theory itself which drew on the conceptual frameworks of four discrete theoretical traditions, psychoanalytic objects relations theory, ethology, cognitive psychology and systems control theory (to review the history of theory development in full see Karen, 1994; see also the attachment trilogy Bowlby, 1980; 1973; 1969 and the seminal works of Bowlby, 1961; 1960; 1958; 1951).

This seminal period (mid 1940s to the early 1960s) was committed to detailing and marketing the concepts of attachment theory to a largely less than interested, and on some occasions openly hostile, professional world (Rutter, 1997; 1995; Bretherton, 1995; Karen, 1994; Holmes, 1993; Bretherton, 1992). The second epoch was marked by the empirical work of Mary Ainsworth on the pivotal role of attachment security in determining individual differences in attachment relationships between caregiver(s) and their offspring. Today this work is commonly referred to as the secure base phenomenon and has become synonymous with the assessment process developed by Ainsworth et al (1978) for the purposes of classifying attachment security in young children. This assessment procedure is referred to as 'the strange paradigm' or 'strange situation' (see Ainsworth, 1991; 1989; Ainsworth, Blehar, Waters & Wall, 1978). The third period of development is underway now with current day theoreticians working to expand our understanding of the role, function and effect that internal representations of relationships have on relationship development. This

expansion has been enabled to occur with new information available from the cognitive sciences (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; 1985; Main, 1995; Crittenden, 1995; 1994; 1993; 1992a; 1992b; 1990; Crittenden, Partridge & Claussen, 1991; Crittenden & Ainsworth, 1989; Bowlby, 1988; 1980; 1973; Main, Kaplan & Cassidy, 1985).

The Forty-Four Juvenile Thieves: The Effects of Mother Loss

The theory itself was founded by John Bowlby in the late 1940s early 1950s and had its origins in his initial study of 44 Juvenile thieves (Bowlby, 1951; 1944 see also Karen, 1994). Bowlby compared the case histories of forty-four juvenile thieves with a control group drawn from his child guidance clinic. The discriminating factor to emerge between the two sample groups was the presence of early prolonged mother/child separation in the juvenile thieves sample. Moreover he found in approximately one third of this sample a set of further discriminating behaviours inclusive of: lying, stealing, attentional difficulties affecting academic performance, hyperactivity, depression and episodic aggression in relationships with others.

These findings led Bowlby (1951; 1944) to conclude that there was an association between early attachment disruption and the characterological difficulties in children subjected to this experience. He referred to children presenting with these characterological difficulties as being of "affectionless character" (Karen, 1994, p.54). This early study led to Bowlby's life time work of investigating the socio-emotional development of children exposed to attachment disruption. His seminal ideas about the importance of a continuous, nurturing relationship between parent and child were reported in his 1951 WHO monograph (Bowlby, 1951). This work had been commissioned by the World Health Organisation to report on the mental health needs of children who had been orphaned or left homeless as a result of the second world war (Bowlby, 1951). During the course of this work he found that other researchers had independently and separately happened upon similar findings to his own 1944 study (Spitz, 1946, cited in Bretherton, 1992; Goldfarb, 1945, cited in Bretherton, 1992).

The Effects Of Early Institutionalisation On Attachment Formation

The most interesting of these findings, in regard to the relational capacity of children placed in foster care, is Goldfarb's (1945) approximate four year longitudinal study of early institutional and foster care placement of children who were relinquished by their mother's during infancy.

Half of the group sampled were placed and raised in institutional care until approximately three and a half years of age. They were then subsequently placed in what was to be long term foster care. The other half of the sample group had been directly placed in foster care at the time of relinquishment. Goldfarb (1945) examined the children in each sample group for developmental differences by way of a battery of Wisc type tests. The test results showed better performance by the children directly placed in foster care during infancy. The most captivating finding to emerge however was the inability of all but two of the institutionalised children to be able to form significant or lasting emotional connectedness to substitute caregivers (Goldfarb, 1945, cited in Karen 1994). This finding points to the deleterious effects of inconsistent caregiving arrangements for very young children.

Bowlby (1951) underscored this point by evidencing the likelihood of negative developmental outcomes for children subject to institutionalised care and/or constancy of change in caregivers during early childhood. I would add here that current attachment research has shown that caregiving continuity and sensitivity continue to be important attributes to positive socio-emotional outcomes for children across the developmental trajectory of childhood (Bretherton, 1996; 1993; 1992; 1991; 1990; 1987; Ainsworth & Marvin, 1995; Crittenden, 1995; Crittenden & Ainsworth, 1989; Aber & Allen, 1987; Stern, 1985). Belsky, Rosenberger, and Crnic (1995) reinforce this point by drawing on negative evidence in which they assert they know of no studies that reliably demonstrate a positive relationship between parental sensitivity and attachment insecurity between parents and their offspring.

Relational Security: An Inoculation Against Vulnerability?

It has since been found that while sensitive caregiving at the outset of life bodes

well for the development of relational security, this experience alone does not necessarily inoculate children against the impact of unexpected life stressors during developmental stages beyond early childhood, such as: parental separation and divorce, death of a parent or being subject to continuous or episodic incidence of child abuse.¹

I mean by this that early relational security is not necessarily predictive of relational security in later childhood and life events such as those just described may leave formally secure children vulnerable to relational insecurity (Rutter, 1997; 1995; Cicchetti, Toth & Lynch, 1995; Waters, Posada, Crowell & Lay, 1993; Sroufe, 1988; Bowlby, 1988).

Attachment theory from this perspective, has been liberated from its earlier position of conceiving attachment status as if it were traitlike (Sroufe, 1988; Sroufe & Waters, 1977; Cohen, 1974). Formally it was thought that relational security in infancy acted to insure the developing child against future adversity or alternately that paucity in early attachment relationships doomed the developing child to a future existence beset by insurmountable difficulties (Atkinson, 1997; Waters, Posada, Crowell & Lay, 1993; Sroufe, 1988). The finding is heartening when considered from the perspective of intervening in the lives of maltreated children per se, and in line with the inquiry of this thesis, to those children requiring long term care as it suggests that the negative effects of early life adversity may be available for transformation given the right placement mix between prospective caregiver(s) and child (Thoburn, 1997; Cicchetti & Toth, 1995a; Cicchetti, Toth & Lynch, 1995; Howe, 1995; Keck & Kupecky, 1995; Fahlberg, 1994; 1991; James, 1994; Cattanach, 1992; Webb, 1991; Howes & Segal, 1993; Marcus, 1991).

Moreover, it points to the need for social workers to conduct theoretically informed attachment assessments of prospective caregiver(s) and the child requiring long term placement in order to make the most effective placement for the child requiring long term care. Getting this right may lead to bringing about the process of relational transformation. I make this statement on the basis that maltreated children have been found to be disproportionately represented among insecure attachment classifications and particularly within the disorganised/disoriented

¹ I later present Cicchetti and Rizley's (1981) transactional-ecological model of maltreatment in order to speak further to the import that wider contextual influences play in the development of an attachment relationship.

classification (Lyons-Ruth, 1996; Cassidy, 1994; Main & Soloman, 1990; Main & Hesse, 1990; Main & Soloman, 1986). In turn these classifications, yet to be discussed, are associated with an array of negative developmental sequelae over the spectre of childhood such as those found by Bowlby (1944) in his study on forty-four juvenile thieves (Morton & Browne, 1998; Kelly, 1998; George, 1996; Lyons-Ruth, 1996; Cicchetti & Toth, 1995a; Main, 1995; Cassidy, 1994; Cassidy & Berlin, 1994; Crittenden & Ainsworth, 1989; Cassidy & Kobak, 1988; Egeland, Sroufe & Erickson, 1983; DeLozier, 1982).

Object Relation's Theory: The Roots of Attachment Theory

Before I proceed with this discussion further a step backwards is required as I need to inform the reader how attachment theory was initially conceived. It, in fact, was borne of Bowlby's disaffection with the theory he himself had been trained within, namely Kleinian object relations theory (Rutter, 1995; Karen, 1994; Bretherton, 1992; Bowlby, 1982). His primary dissatisfaction heralded from the Kleinian view that object relations, was in fact a product of an individuals fantasy life and had little, if anything to do with an individuals actual lived experience (Horner, 1995; Bretherton, 1992; 1987; St Clair, 1986). Bowlby found this preposterous, given his early clinical experience and set about developing and testing a new set of theoretical propositions in regard the formulation of an individuals relationships (Biringen, 1994; Bretherton, 1992; Bowlby, 1988; 1982; 1980; 1973; 1969).

Attachment Theory: How It Differs From Object Relation's Theory

It was from this disaffection that attachment theory was borne. In essence while being a stand alone theory, attachment theory is also a revision of Kleinian object relation theory. The differences are evident in several ways:

1. Attachment theory was developed prospectively on normative populations. It is only over relatively recent times that atypical populations have gained ascendancy in literature (Atkinson, 1997; Rutter, 1997; 1995; Dunn, 1993; Cicchetti & Toth, 1995a; 1995b; Cicchetti, Toth & Lynch, 1995; Penzerro & Lein, 1995).

2. Object relations theory on the other hand derives its origins from Classical Freudian theory (Holmes, 1993). Classical Freudian theory emanates from the observations of clinical histories of adult psychopathology. The theory itself is based on a body of inferred assumptions and hypotheses and lacks the empirical grounding current to attachment theory. Furthermore the extrapolations made about children's dysfunction are typically posited retrospectively by tracing the roots of adult psychopathology back to what is believed to be the origins of the disorder in childhood (Main, 1995; Holmes, 1993). This implies a linear and unitary pathway to dysfunction. The field of developmental psychopathology suggests this is nowhere further from the truth, given that any number of mediating variables over the course of development, may lead to a host of different developmental outcomes (Cicchetti, Toth & Lynch, 1995; Main, 1995; Cicchetti et al, 1991).
3. Psychoanalytic drive based theory posits that for healthy psychological development to occur an individual must pass through and successfully negotiate a series of predetermined developmental sequences. Failure to negotiate the prescribed stage/age tasks is believed to result in the individual becoming fixated at that particular stage. Fixation is thought to occur because the drives associated with that stage have been unfulfilled or frustrated. This frustration in turn is said to lead to the build up of psychic tension, which if not discharged, is deleterious on an individual's psychological development.
4. Principally, Bowlby (1988; 1980; 1973; 1969) rejected the cornerstone of psychoanalytic theorising, that of drive theory. He asserted that this theory overemphasised the intrapsychic world of an individual, paid almost no attention to the connectedness of human beings, underemphasised the contextual determinants of people's lives and was afflicted in large part by allegiance to dogma over scientific rigor (Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969).

Attachment Theory's Critical Difference: The Need For Others

Key to these differences was Bowlby's (1980, 1973, 1969) belief, now proven, that children and more broadly human beings require the security of relationships to and with significant others over the course of the life span in order to foster healthy socio-emotional development and functioning (Sable, 1992; Bowlby, 1988; 1984;

1982; 1980; 1979; 1973; 1969; Main, Kaplan & Cassidy, 1985). Bowlby's (1969) primary thesis was that attachment, the need for an enduring affective tie to a significant other, was biologically derived. He set this thesis out in his first volume of the attachment trilogy. In it he detailed attachment as an instinctual system that acted to protect and promote the survival of the human infant.

Attachment: A Biological Phenomenon

He averred that the infant through a series of attachment behaviours enacted the process of survival. These behaviours included, crying, clinging, fussing, smiling and feeding. He argued that attachment behaviours had one primary instinctual objective and that was to maintain proximity to the caregiving figure (Bowlby, 1969). Bowlby (1969) avowed that without the means to solicit proximity maintenance the infant would die. Hence his contention that attachment was in fact biologically derived. Fundamental to the theorised biological premise of attachment was the manner in which this prewired infants for relationships with their significant others.

Attachment: An Emotional Bond

Bowlby (1973; 1969) further theorised that the early parent/child relationship not only met the infant's needs for survival but also for emotional sustenance. He drew this conclusion from the distress demonstrated by young children when separated from their parents (Bowlby, 1980, 1973, 1969; Robertson, 1953a; Robertson & Bowlby, 1952). This led him to theorise that the attachment tie not only served biological and emotional needs but was also hierarchically formed, that is young children were highly selective about who could fulfil their attachment needs (Bowlby, 1969; 1973; 1980).² Before progressing further I would add here

² This demonstrated selectivity in attachment formulation by the child led Bowlby (1951) to assert that young children's socio-emotional needs would be best served by the provision of care principally within the family group and more particularly from the mother or mother substitute until the child was at least three years of age (see also Bretherton, 1992). These prescriptions have since run the gauntlet of feminist criticism on the grounds that such theorising continues to reinforce gender constrained interpretations of women's role and position in society. I do not dispute either the constraining or pathologising role psychodynamic theorising has had on women as a social class. I would suggest however that Bowlby's (1980, 1973, 1969) theorising had been hijacked for political gain, at the time of its origin, as by happen stance its production coincided with the end of the war, a time when politicians in Britain particularly, were endeavouring to secure jobs for returning soldiers. Bowlby's (1980, 1973, 1969) theorising in turn assisted, I would suggest incidentally, the political goal of the day to get women out of the

that Bowlby (1961) noted that the distress observed on parent/child separation followed four distinct behavioural patterns, protest, despair, depression and detachment.

These patterns have been condensed in current day literature to include only protest, despair and detachment (Rutter, 1997; 1995; Bretherton, 1996; 1995; 1985; Ainsworth, 1995; 1982).³ While Bowlby qualitatively acknowledged recognised differences in the way children responded to such separations he himself did not have the methodology to discriminate the variable influencing these differences (Bowlby, 1988; 1982; 1980; 1973; 1969). This methodology was to be developed later by Ainsworth (1967) arising first from her Ugandan mother/infant studies and was later consolidated with the assistance of her colleagues in the Baltimore study (Ainsworth, Blehar, Waters & Wall, 1978; Ainsworth & Wittig, 1969).

The Strange Paradigm: Birth Of An Assessment Schema

The assessment strategy devised from this work, as mentioned at the outset of this discussion, was the 'strange paradigm or strange situation'. I intend to discuss the utility of this instrument in the section on the secure base phenomenon. I would point out here that while the separation thesis was central to early development of attachment theory new research has led to a shift in emphasis in regard to its import. It is now believed that separation and the experience of loss accompanying it, while having a potent effect, is not necessarily the sole explanation for a child's distress (Rutter, 1995; Waters, Posada, Crowell & Lay, 1993). Current theorising suggests that conflictual and discordant family relationships may be as potent a stressor for children, if not more potent, to the distress experienced on separation from attachment figure(s) as such discordance is likely to be a stressor that is continuously present in the child's environment. I turn now to introducing the theoretical constructs central to this thesis. The secure base phenomenon is presented first followed by the internal working model and the process of defensive exclusion.

work force and return them to the home under the ruse of maternal deprivation. Whilst I acknowledge that such an outcome has real and significant effects for women the issue at stake is being able to differentiate the production of research from its political use.

³ The reader is informed that these stages are fully described in chapter three of this thesis. I make mention of them here in preparation for this later discussion.

Secure Base Phenomenon

The secure base phenomenon arose from the work of Ainsworth et al (Ainsworth & Marvin, 1995; Ainsworth, Blehar, Waters & Wall, 1978; Ainsworth & Wittig, 1969; Ainsworth, 1967).

The construct, in principle details the importance of attachment security to the healthy socio-emotional development of the child. The security thesis was directly transported into attachment theory from the work of Blatz, Ainsworth's early mentor and educator (see Bretherton, 1992). Security theory premised that for children to develop adaptively their socio-emotional needs were required to be fulfilled through the provision of a base of unflawed familial security. Failure or flaws in the provision of this security were believed to impede the child's healthy socio-emotional functioning. Inherent to this theorising was the view that individuals have the propensity to develop differently dependant on the caregiving conditions made available to them at the outset of life.

The Importance Of Familial Security

The other tenet central to this theory was that when children were provided with a base of familial security they would be free to explore their world. These theoretical tenets resonate with the way in which the 'secure base phenomenon' has since been conceptualised in attachment theory. In brief attachment theory posits that children achieve attachment security when they have available to them an attachment figure (usually their parent(s), and more typically their mothers) who is consistently psychologically and physically accessible to respond to their emitted needs for attachment security. From this stand point the attachment figure acts as a secure base which the child can move toward during periods of high activation of the attachment system and away from when the need for security is replete.⁴ The consistent repetition of this reciprocal cycle of parental responsiveness (that is parental sensitivity) to signaled need is believed to be the precondition essential to the development of relational security in children.

⁴ Attachment theory suggests there are five central conditions which lead to high activation of the attachment system in securely attached children, fear, fatigue, illness, separation and perceived environmental conditions of threat (Bowlby, 1988; 1982; 1980; 1979; 1973; 1969). Moreover these conditions are believed to prompt the child to enact the secure base phenomenon.

It was this theorising that led Ainsworth (1967) to research the patterns of interaction between parents and their children over the first year of life. This work culminated in the discrimination of three attachment patterns, Type 'A', B' and 'C', these patterns are described momentarily (Ainsworth, Blehar, Waters & Wall, 1978).

I wish first to state that these emergent patterns have since been replicated many times over from the use of the laboratory-derived 'strange paradigm' (for a critical review of these replications see Waters, Vaughn, Posada & Kondo-Ikemura, 1995).⁵

The Strange Paradigm Procedure

Ainsworth et al (1978) found that the single factor common to discriminating these relational patterns in the infants studied were differences in caregiver sensitivity.^{6, 7} The procedure was developed to assess infants from the age of twelve to eighteen

⁵ The methodology behind the 'strange paradigm' was originally informed by the work of James Robertson (social worker) who himself had been trained in naturalistic observation of children by Anna Freud (see Ainsworth & Marvin, 1995; Bretherton, 1992).

⁶ I emphasise here that caregiver sensitivity has been noted in literature to comprise several components. These include components of, emotional warmth, openness, psychological and physical availability, accessibility and timely responsivity (Ainsworth & Marvin, 1995; Seifer & Schiller, 1995; Belsky & Isabella, 1988; Sroufe, 1988; Belsky & Rovine, 1987; and Main, Kaplan & Cassidy, 1985). Bretherton, (1987) describes sensitivity as parental ability to perceive events from the perspective of the infant, noting the attachment signals given, accurately interpreting their meaning and proceeding to respond in a manner considerate of the infants communication. Conversely she describes insensitivity as comprising caregiver failure to read, interpret and respond to the infants attachment cues. Moreover she avers that continued lack of parental responsivity to infant attachment cues culminates in one clear message to the infant, that their signals are irrelevant and unworthy of response. She suggests that this in turn leads the developing child to conclude "I am unworthy of care and nurturance". She points out this has major ramifications for the way the child begins to position themselves in relationships per se and for shaping the expectancies they will take into new relationships. This issue will be discussed further in the section on the internal working model given later in this chapter. I would add here too that Bretherton (1987) points out that the concept of insensitivity is not solely limited to the extremes of caregiving associated with the maltreating environment. She suggests that because of the variable nature of insensitivity, that is momentary lapses in caregiver responsivity, to those associated with child abuse and neglect it is important to articulate the type of insensitivity referred to when describing the caregiving environment in order to ensure accurate interpretations about the effects the caregiving environment may have on the child under study.

⁷ I would add here a comment on the role of temperament in relation to attachment quality. To date the findings relating to the effect of temperament on attachment quality remain equivocal (see Rutter, 1995; Dunn, 1993). However it is now generally accepted by attachment theorists and researchers that temperament may not necessarily inform attachment quality but it may well affect the way attachment quality is expressed (Seifer & Schiller, 1995; Belsky & Rovine, 1987).

months in response to parental separation and reunion. It is an eight step, twenty to twenty-one minute laboratory based procedure involving three participants, mother, infant and experimenter (stranger). During this procedure the infant is confronted by mother's departure, stranger entrance and mother's return. This procedure is believed to be a low stress situation but of significant magnitude to activate the infant's attachment system.

The critical element for analysis in this procedure are the three minute separation and reunion intervals from mother. It is believed that this procedure captures the relational quality between mother and infant by targeting the child's reaction to mothers return and parental response to infants reaction (to review critiques of this procedure see Bretherton, 1995; Ainsworth & Marvin, 1995; Goldberg, Muir & Kerr, 1995; Waters, Vaughn, Posada & Kondo-Ikemura, 1995).

Patterns Of Attachment

The attachment patterns distilled from use of the 'strange paradigm' have been identified as, secure (Type B), insecure-avoidant (Type A) and insecure-ambivalent (Type C). **Securely** attached infants were found to use their attachment figures as a secure base, showing distress on their departure, being wary of stranger presence, seeking proximity to their parent on return, deriving comfort from parents presence (including physically) and returning to explore the environment once assured of continued parental availability. The **avoidant** infants response to parental separation and reunion differs markedly from the securely attached child. They do not appear to use their attachment figure typical to the secure base phenomenon and in fact seem to actively ignore the parent on reunion. Similarly the **ambivalently** attached infants reactions are also atypical to the secure base phenomenon. While these children express distress on separation from their attachment figure they do not appear able to derive comfort from them on reunion (Bretherton, 1996; 1995; 1993; 1987; 1985; Rutter, 1997; 1995; Ainsworth, Blehar, Waters & Wall, 1978). Interestingly a new attachment category, disoriented/disorganised (Type D) was added to the original classification schema by Main and Soloman (1990; see also Main & Hesse, 1990; Main & Soloman, 1986).

This attachment pattern was derived from work with atypical populations, that is

populations 'at risk' such as exemplified by maltreatment. Infants classified in this category were found to have no set behavioural strategy when faced with parental separation and reunion.⁸

More typically they vacillated between proximity seeking, direct avoidance, stilling and dazing. Crittenden (1988) had previously forwarded an A-C attachment classification to account for similar behaviours noted in her research work with atypical populations. The purpose of this classification was to underscore the absence of a set behavioural strategy and the noted vacillation in the infants behaviour on reunion with parents.⁹ Crittenden (1992a) posits that the behavioural strategies adhered to by the child are informative about the quality of the caregiving received, as a child's attachment quality is the product of consecutive reciprocal interactions between child and parent over time. This is consistent with another of the primary tenets of attachment theory that an individual's attachment quality is first and foremost a product of the relationship as opposed to being a founding characteristic of the individual¹⁰ (see also Main, 1995; Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; Crittenden & Ainsworth, 1989; Ainsworth, 1989; Main, Kaplan & Cassidy, 1985; Ainsworth, Blehar, Waters & Wall, 1978; Sroufe & Waters, 1977).

Behavioural Strategies: The Ability to Adapt

Bowlby (1988; 1982; 1980; 1973) originally conjectured, in line with the more current usage of the attachment behavioural strategy concept (Main, 1995;

⁸ I note here that the attachment patterns discussed are referred to as behavioural strategies as they are considered to be organised and coherent ways of behaving in relation to a given caregiving environment (Crittenden, 1993; 1992a; 1990; 1988; 1985; Sroufe & Waters, 1977). In this regard the disorganised/disoriented quality of attachment is representative of a lack of coherence as individuals so classified are unable to predict, based on their relational expectancies, the response of their attachment figure(s) at any given time. This is consonant with the chaotic, abusive and inconsistent responses likely to be experienced in a maltreating environment (Cicchetti & Toth, 1995a; 1995b; Crittenden, 1993; 1992a; Crittenden, Partridge & Claussen, 1991; Crittenden & Ainsworth, 1989; Cassidy & Kobak, 1988; DeLozier, 1982).

⁹ The reader is informed that while attachment literature generally cites Crittenden's (1988) A-C schema, denoting the absence of attachment strategy, the attachment classification most regularly referenced is the type D category formulated by Main and Soloman (1990; see also Main & Soloman, 1986).

¹⁰ I note here that while the development of an individual's attachment capacity is considered to have its origins in the caregiver/infant relationship it increasingly becomes, through the process of maturation, an individual characteristic of the child (to review the process of this transformation see Atkinson & Zucker, 1997).

Cassidy, 1994; Crittenden, 1993; 1992a; Main, Kaplan & Cassidy, 1985), that infants subjected to insensitive caregiving environments learnt to accommodate to these environments by developing an attachment schema (Type 'A', 'C' or 'D') that placed limited demands on their caregiving figure(s). He further suggested that for an infant to make this accommodation they needed to be able to disarm direct expression of their attachment needs. This meant they had to learn to modulate and redirect their own anger and anxiety typically occasioned by activation of the attachment system and consequent failure of caregiver responses to these signals.

He posited they were aided in doing this by learning to selectively exclude attachment eliciting stimuli through the process of defensive exclusion.¹¹ Current attachment theorists also point to the adaptive utility of this process and highlight its value in the face of maltreating environments, namely that it functions to protect and preserve the infants relationship with their caregiving figure(s) by minimising the danger likely to confront a child who makes continuous demands of a caregiver who is incapable of effectively responding to the demands made (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; 1985; Main, 1995; Cicchetti & Toth, 1995a; Crittenden, 1995; 1994; 1993; 1992a; Crittenden & Ainsworth, 1989). For instance maltreated children, as mentioned earlier have been found to be disproportionately represented in both the avoidant and disorganised attachment classifications. This makes sense when considering these strategies from the stand point of their functional utility for child and caregiver (see also Lyons-Ruth, 1996; Cicchetti, Toth & Lynch, 1995; Cicchetti & Toth, 1995a; Lynch & Cicchetti, 1991), as the behavioural strategies associated with the insecure attachment classifications aim to reroute the way children make proximity demands on their caregivers.

Typically the demands are made in a manner which averts direct engagement of the caregivers attention. In turn the defensive phenomenon associated with these strategies operates to minimise or expunge the child's overt expression of anger and anxiety toward the caregiver(s) when they fail to respond to the emitted attachment need (Crittenden, 1995; 1994; 1993; 1992a; Bretherton, 1993; 1991; 1990; 1987; 1985; Main, 1995; Cassidy, 1994; Claussen & Crittenden, 1991;

¹¹ I have introduced the construct of defensive exclusion here to concretise the link between attachment schemata and their adaptive utility in relation to the caregiving environments from which they are derived. The construct itself is discussed further in a later section of this chapter.

Cassidy & Kobak, 1988; Main, Kaplan & Cassidy, 1985). The defensive nature of these strategies serve to protect the child from both potential physical harm and continued rejection, abuse, rebuff and/or unwarranted intrusion, behaviours known to be typical of maltreating parents (Crittenden, 1995; 1993; 1992a; 1988; 1985; Main, 1995; Cicchetti & Toth, 1995a; Main & Hesse, 1990; Main & Goldwyn, 1984; Egeland, Sroufe & Erickson, 1983; Main & Weston, 1981).

Crittenden (1995; 1994; 1993; 1992a) suggests that the behavioural strategies employed by maltreated children as a result of consistent caregiving¹² failures¹³ to signaled attachment needs is likely to both consolidate and undergo transformation as the child matures.¹⁴ She believes that this developmental process may be accompanied by the constellation of three specific compensatory coping mechanisms (see also Claussen & Crittenden, 1991; Crittenden, Partridge & Claussen, 1991).

1. Compulsive compliance
2. Compulsive self reliance
3. Compulsive caregiving

Sable (1992) suggests that these strategies are complementary to the insecure attachment categories (Type 'D', 'A' and 'C' respectively). For instance

¹² Caregiving as it applies to children presupposes a dyadic hierarchical relationship between an older and wiser person, one whose role it is to minister to a dependent, younger and more vulnerable individual. Key to this role is the older person's capacity to hold their own needs in abeyance whilst taking care of and tendering to the needs of the younger individual. Suffice to say the maltreating parent is unlikely to effect this type of care.

¹³ I would add here these coping mechanisms come at a cost for the child as the maltreating environment and the coping strategies that it inheres directs the child to remain on constant alert in their caregiving environment. The vigilance demanded detracts, impedes and/or reduces the child's ability to attend to other stimuli. This leads to deleterious consequences in their ability to achieve other stage/age salient criteria of development such as learning and friendship formation (Mueller & Silverman, 1989; Radke-Yarrow et al, 1985).

¹⁴ Attachment theorists and researchers have pointed out that the more cognitively sophisticated a child becomes the less reliable and conclusive is their behaviour alone in assessing for attachment quality (Bretherton, 1996; 1995; 1993; 1991; 1990; 1987; Oppenheim & Waters, 1995; Ainsworth & Marvin, 1995; Bowlby, 1988; 1980; 1973). This is particularly pertinent to the child in middle childhood as psychological availability of the caregiver is more likely to be of salience to the child in this age group than physical proximity (Morton & Browne, 1998; Kelly, 1998). Researchers studying children's attachment quality beyond early childhood have focused on the child's narrative as being key to tapping relational quality, on the grounds that narrative response to attachment stimuli are likely to be representative of a child's internal working model (Oppenheim & Waters, 1995). This process is detailed in full in chapter four of this thesis. I mention it here to alert the reader to developmental differences in the expression of attachment as a result of maturation.

compulsive compliance is thought to be a strategy that is aimed at disarming parental aggression by directing the child to defer to or work around parental unpredictability and/or explosiveness. In turn this requires the child to be acutely sensitised to cues in the external environment that alert and ready them to act in a manner predominantly proven to reduce harm and preserve their relationship with their caregiver.

The adaptive quality of this strategy derives support from research involving samples of maltreated children which has demonstrated that children exposed to maltreating environments are in fact highly attuned to external environmental stimuli (Briere, 1992).¹⁵ The relational expectancy manifest to this strategy appears to be the message: 'trust no-one'. Compulsive self reliance is a strategy which is believed to limit the child's overt need for parental proximity through a range of dismissive behaviours thus preserving the child's attachment link to a rejecting, abusive or dismissive caregiver while simultaneously ensuring that the attachment figure themselves is not alienated by the child's lack of 'proximity seeking (see earlier discussion). This is skillfully achieved by the child typically diverting the caregiver(s) attention to some point external to them, thus assuaging the child's own need for some form of contact with their caregiver, albeit a distortion of direct proximity, while at the same time ensuring that the caregiver does not feel rejected by ignoring their presence completely (Main, 1995). The relational expectancy of this strategy appears to be: 'People are unreliable, the only way to get my needs met is by orchestrating it myself'. This strategy, when considered from the stand point of the maltreating environment, acts to ensure the child's safety whilst maintaining the relationship with the caregiver by placing limited demands on the caregiver.

Cassidy and Berlin (1994) also suggest that compulsive caregiving is the counterpart of the ambivalent attachment classification. This strategy inverts the child-parent relationship requiring the child to tend to the emotional needs of the parent, but at the same time functions to ensure continuance of the parent/child relationship. The relational expectancy constellated by this strategy 'is my needs

¹⁵ While this response can be understood in relation to its adaptiveness in the maltreating environment it has negative implications for the child's ability to learn and to be available to experience new relationships differently as the energy required to be deployed for constant surveillance of the external environment detracts from the child's ability to focus on other stimuli (Crittendent, 1992a).

are not as important as others'.

A Behavioural Strategy Summary

In summary these strategies, while functioning to preserve the child's relationship with abusing, rejecting and/or neglectful parents potentially¹⁶ leads to disadvantaging the child by impairing its ability to establish relational security and the concomitant positive sequelae attendant to this relational capacity. These strategies have relevance to the fostering context and in particular for the long term placement of children in middle childhood as by this age the child's attachment capacity is more likely to be a characteristic of the child and therefore less likely to be easily reflexive to external relational influences for change, modification and refinement (Bowlby, 1988; 1980; 1973). Additionally defensive processing, as is attendant to these relational strategies, is believed to occur out of conscious awareness, thereby further impeding their availability for updating in the face of contrasting and/or contradictory relational experiences (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; 1985; George, 1996; Main, 1995; Cicchetti, Toth & Lynch, 1995; Crittenden, 1995; 1994; 1993; 1992a; 1990; Cassidy, 1994; Cassidy & Kobak, 1988; Bowlby, 1988; 1980; 1973).

The utility of these strategies, in their capacity of furthering species specific survival, is also likely to make the children more resilient to change and updating as they may have in fact acted, in the most abusive environments, to preserve life (Bowlby, 1969).

Furthermore, attachment theory has pointed out that the internalised working model, which contains the relational expectancies shaped in the first instance by the primary caregiving relationship, functions to maintain homeostasis (Bowlby, 1988; 1980; 1973). This in turn leads to new relationships being interpreted within the context of previous relational experiences. Unfortunately, maltreated children have come to experience and understand relationships in negative ways and are therefore highly likely to interact in new relationships consonant with past

¹⁶ I use the term 'potentially' here as attachment theorists have gone to pains to point out that while early relationship adversity can have negative effects on later relationships it may not necessarily be enduring depending on the compensatory factors present in this early relationship or following it (Morton & Browne, 1998; van IJzendoorn & Bakermans-Kranenburg, 1997; George, 1996; Cicchetti, Toth & Lynch, 1995; Sroufe, 1988; Main, Kaplan & Cassidy, 1985; Cicchetti & Rizley, 1981).

experiences. This may well lead to the children orchestrating incidents, consonant with their relational expectancies, which invite their caregivers to enact behaviours consistent with the painful responses they have been subjected to in the past (Morton & Browne, 1998; Kelly, 1998; Penzerro & Lein, 1995; Pearce & Pezzot-Peace, 1994; Cattnach, 1992; Steinhauer, 1991; Tuohy, 1987).¹⁷ In brief these strategies while being highly adaptive in the environments which promoted their development are likely to be seriously maladaptive in other contexts and of relevance to this thesis the context of foster care. For these reasons it is imperative that appropriate placement selection of caregiver and child be made from the outset of the placement process in order to maximise the chances of placement stability.

Caregiver Sensitivity: The Pivotal Element In Caregiving

Attachment theory, through the construct of the 'secure base phenomenon', points to the importance of caregiver sensitivity as a primary quality in establishing relational security. It is not a major leap of logic to consider that this similar quality is likely to be instrumental in the transformation of attachment quality for the insecurely attached child.

In turn this deduction points to the need, in the fostering context, for social workers to be able to undertake an assessment of the relational capacity of prospective caregivers to maximise an optimal outcome for the child placed and their

¹⁷ Object relations theory gives meaning to and understanding of this process through the construct of projective identification. Projective identification is an intrapsychic defense process that occurs outside the awareness of its producer. In essence it is a means of communication by the projector (in this case of the child) to the parent figure. It functions to relieve the emotional tension experienced by the child in relation to the parental relationship through the process of projecting onto and into the parent figure the distress that they themselves can not tolerate. The distress may include anger, futility, rage, anxiety, hopelessness and such like. These are powerful emotions that are able to trigger an equally powerful response in its recipient (in this case the parent substitute). Object relations theory hold the view that the projector creates the conditions for this process because they want their relational partner to understand, contain and diminish the frightening quality of the emotions experienced. For this emotional task to be effectively discharged the receptacle of these projections needs to be able to tolerate the discomfort of the emotions projected and to control their own impulses to react negatively to the projections made. It is believed that if this can be successfully encountered the parent figure can assist the child to own these difficult feelings by decoding (interpreting) their meaning to the child and helping them to experience and assimilate the emotion in a new, different and less frightening manner. Object relation theorists purport that this process can be considered successfully concluded when the child no longer relies on projective mechanisms to communicate their affective state (Box, Copley, Magagna & Moustaki, 1981).

prospective caregiver(s). The process for this assessment is further touched on later in this chapter and fully discussed in chapter four of this thesis for the reasons outlined at the start of this chapter. I argue that caregiver sensitivity and its enhancement, through training and social work support, is essential to the formation of a new relationship between prospective caregiver and child placed in order to sustain the caregiver(s) in face of the inevitable testing of this relationship by the child placed. The process of placement testing by the maltreated child placed in care is well known in the field of foster care (Thoburn, 1997; Triseliotis, Sellick & Short, 1995; Ammen, 1994; Fahlberg, 1994; 1991; Cattanach, 1992; Webb, 1991, Steinhauer, 1991) and is typically the site of placement breakdown.

Standing The Test Of Time

The challenge for the caregiver during this time is to find ways to effectively 'contain'¹⁸ and 'hold'¹⁹ the enraged and hurting²⁰ child within this relationship. Klein (cited in Segal, 1992) asserts that is only when "the pain of grief can be withstood" (p.44) that the child can acknowledge its actual experience of abusive caregiving, mourn this loss and in this process come to a more realistic appreciation of their relationships with primary kin (Cassidy & Kobak, 1988). It is believed that if the new caregiver(s), as a result of heightened sensitivity, can go the full nine yards required of this placement phase and its circularity that this will

¹⁸ The term 'contain' is a concept specific to object relations theory and is derived from the greater term 'containment'. Containment is perceived to be an essential function of the 'holding environment'. The 'holding environment' is a term used to denote the caregiving duties of the 'good enough parent'. The process of containment requires the caregiver to be able to function as a responsive receptacle for the wide and varying emotional states experienced by the developing child. The parent is considered to be an effective vessel of containment when they can intrapsychically hold the hither to destructive and/or anxious impulses of the child. Moreover that they can unintrusively and skillfully interpret the child's signals of distress, respond to them empathetically, process and mediate the frustration, distress or signaled need. These theorists advance the view that a caregivers ability to recognise, respond to and modulate the child's distress leads to the child being able to integrate the distressing experience in a less overwhelming manner. This process is believed to benefit the child by protecting them from premature self sufficiency, by providing the child a safe, nurturing and effective holding environment, by assisting the child to become increasingly competent in processing distressing experiences, and finally by laying the foundations for learning to regulate emotion and self sooth (Horner, 1995; St Clair, 1986; Modell, 1976)

¹⁹ The term 'hold' comes from the object relations construct 'holding environment' and shares features similar to the concept of containment given above. To review it's meaning see above.

²⁰ It is assumed that the child's relational testing within the fostering relationship arises as they act on their relational expectancies and as they demonstrate through projective phenomenon the rage and anger felt at not previously having their attachment needs assuaged (Fahlberg, 1994; 1991; Steinhauer, 1991).

lead to transformation of the child's internal working model (Howes & Segal, 1993; Marcus, 1991).

Being There No Matter What

The above view garners support from the work of Fraiberg et al (1975) who demonstrated that when abusing young mothers, being victims of previous child abuse themselves, were provided with a supportive and continuous therapeutic relationship which encouraged them to recall, feel and remember the abuse afflicted on them.

They were able to reprocess their experiences and to stop inflicting similar relational experiences on their young (see also Muir, 1992; Egeland, Jacobvitz & Sroufe, 1988; Ricks, 1985).

It is assumed that if prospective caregiver(s) can fulfil similar secure base functions for the emotionally damaged child, the child can also come to reprocess trauma memories allowing them to update their representational models of relationships by affectively experiencing the differences in the caregiving provided. The rate at which the child can reprocess trauma memories will alter in accordance with their cognitive ability. Fraiberg (1994; 1991) points out that it is for this reason that direct work should be undertaken with children themselves in order to assist them in giving new meaning to past experiences as their perceptions about old experiences change with increasing maturity. Moreover, this work may aid in creating greater attunement between prospective caregiver and child placed. This process has been implicated in the development of relational security (Bretherton, 1987; Stern, 1985; Radke-Yarrow et al, 1985). I conclude the discussion of the 'secure-base construct' with observations made by Sroufe (1988) in relation to the caregiving relationship. These also parallel findings from the field of foster care (Thoburn, 1997; McAuley, 1996; Triseliotis, Sellick & Short, 1995), which detail that the quality of the caregiving relationship is dependent on several factors, firstly the relational or developmental history of the caregiver,²¹ the need

²¹ I note here that it is this history and its recall that allows for the assessment of relational security in prospective caregivers. However the quality of caregiving per se is reliant on factors wider than the individuals attachment capacity but the quality of this relationship in the first instance is affected by this ontological characteristic (van IJzendoorn & Bakermans-Kranenburg, 1997; Main, Kaplan & Cassidy, 1985; Ainsworth, Blehar, Waters & Wall, 1978).

for preparation²² of caregivers, thirdly the availability of continuous social support throughout the duration of the caregiving task and finally the need for those involved in the caregiving relationship to be open to and reflexive of changes inherent to this relationship over its trajectory.

I turn now to consider the mechanism by which a child's relational expectancies are thought to be forwarded from existing relationships to the development of new ones. This discussion is informed by the processes attendant to the internal working model (Bowlby, 1988; 1982; 1980; 1979; 1973).

The Internal Working Model

Bowlby (1980; 1973) first introduced this concept to attachment theory in the tail end of the second volume of the attachment trilogy and comprehensively in the trilogy's final volume. In a nutshell the internal working model is defined as being the mental structure or blue print of an individual's relational experience. It is believed to shape, guide, inform and assist the individual in predicting the likely pathway and outcomes of current and future relationships.

Bowlby (1980) drew on the work of Craik (1943), a British psychologist, in his conceptualisation about the function of the internal working model. Craik (1943) advanced the view that it was advantageous for people to construct an internal map of relational phenomenon in order to assist them in maximising optimal courses of action in relationships. Bowlby (1980) synthesised this theorising into attachment theory as he was attracted to the dynamic quality inherent to an 'internal working model'. It was the 'workable' aspect that Bowlby (1980) found particularly attractive as it promoted the notion that individuals could update, modify, or include new information into their relational models in concert with new, contradictory or contrasting relational experiences. Bowlby (1980) further averred that these models had their functional beginning at the end of the second half of

²² I would suggest that caregiver preparation include, amongst a number of things, training in the type of relational strategies they may encounter in the child placed, the purpose of these strategies and the need for these to be countered with different ways of behaving. Moreover, where individual attachment strategies are known or capable of being inferred that these be discussed with prospective caregivers in order to increase their ability to decode the behaviours they may come to witness and experience with the child placed. I believe cueing prospective caregivers to the potential attachment disturbed signals of the child placed will aid in the development of relational attunement and assist the caregiver in being able to support the child to experiment with more direct expressions of its attachment needs.

the first year of life by which time the developing infant had the cognitive ability, through object permanence, to begin the rudiments of object representation (Piaget, 1954).

This developmental milestone allows the infant to differentiate between mother and other and to know that she continues to exist even in her absence.²³ In turn this cognitive achievement enables the infant to encode, albeit in elementary form, complementary information about themselves, others and the world in general.

These models form the basis from which new relationships will be interpreted. Bowlby (1988; 1980) was quick to point out that while internal working models were capable of being open to modification, refinement or updating as a result of new relational experiences this did not mean they were subject to a constant state of flux. Attachment research has since supported this claim showing that attachment quality can be highly continuous over time (Benoit & Parker, 1994; Main & Cassidy, 1988; Cassidy, 1988; Main, Kaplan & Cassidy, 1985).

Attachment Quality: Characteristic Of The Individual

In fact attachment theorists seem to suggest that an individual's internal working model is most malleable within the first three years of life (Biringen, 1994; Bretherton, 1993; Bowlby, 1988; 1980; 1973).²⁴ This is theoretically consistent as the attachment relationship at the inception of a child's life is considered to be the dyadic product of parent and child, but with the parent or parent substitute being the greater contributor to this relationship (Bretherton, 1993; 1991; 1990; 1987; Sroufe, 1988; Bowlby, 1988; 1982; 1980; 1973). This role changes as the child matures and develops the ability to 'perception take'. This in turn permits it to transact within the relationship as a goal-directing partner, that is capable of inferring, predicting and influencing relational outcomes (Bowlby, 1988; 1980; 1973; Marvin, 1977). As this milestone is achieved so too is a shift in the dyadic quality of the parent-child relationship to an emergence of this relationship as a

²³ I use the term 'mother' here advisedly as very young children predominantly tend to be cared for by their mothers.

²⁴ This finding confirms in some part that there is a sensitive or critical period to the development of attachment. However unlike originally mooted by Klaus & Kennell (1976), it takes place within a much wider window of time, that is not within the first few days of life nor through the sole process of skin to skin contact. Rather through a multiplicity of complex processes within the first few years of life (Rutter, 1997; 1995; Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969).

more individual characteristic of the child (Atkinson, 1997).

An Object Relation Perspective

Mahler, Pine & Bergman (1975), object relation theorists, suggest that this arises as it is not until the child's third year of life, approximately, that they are able to achieve emotional object constancy.

They aver this intrapsychic task coincides with the child's increased cognitive maturity and functions to enable it not only to hold their attachment figure in mind but also to emotionally represent and draw on the ego support functions of their caregiver in their absence.²⁵

Cognitive Maturity: Its Implications For Assessing Attachment

This process accounts for how and why attachment quality is less able to be inferred through behavioural manifestations of attachment as the older child is increasingly able to draw on internalised representations of the caregiver. Therefore methods for assessing the attachment quality of the child beyond early school age needs to be targeted to tapping the internal working model of the child in contrast to focusing on behaviour alone as is the case for the 'strange paradigm' (Oppenheim & Waters, 1995; Bretherton, 1995; 1993; 1992; 1991; 1990; 1987; Crittenden, 1995; 1994; 1993; 1992a; 1990; Cassidy & Kobak, 1988; Bowlby, 1988; 1982; 1980; Ainsworth, Blehar, Waters & Wall, 1978).²⁶

While the internal working model details how relational expectancies from earlier relationships are carried forward into new relationships it does not explain how defensive processing occurs and the restraint this places on an individual's ability to update, modify or refine the internal working model. This is of particular relevance for the child placed in long term care as it is likely that if a child

²⁵ This thesis is of course contingent on the fact that the particular parent-child relationship has provided 'good enough' parenting experiences for the child. Mahler et al (1975) point out that where these experiences have been adverse this leads, in their conceptualisation, to premature ego development. They suggest such development results in the manifestation of the 'false self'. I believe this conceptualisation to be similar to the insecure attachment patterns and their sequelae (for further discussion of this argument see Horner, 1995; Bretherton, 1990; 1987; St Clair, 1986; Mahler, Bergman & Pine, 1975).

²⁶ These assessment processes have been detailed in chapter four of this thesis consistent with the reasons set out at the beginning of this chapter.

persistently interprets the relationship with new attachment partners in the light of maltreating experiences with primary kin that this may become a precipitant to placement breakdown or potentially create the conditions for further abuse (McAuley, 1996; Triseliotis, Sellick & Short, 1995; Fahlberg, 1994; 1991; Cattanach, 1992; Webb, 1991; Tuohy, 1987; McFadden, 1984).

Crittenden (1990) avers that for an individual's representational model²⁷ to be open²⁸ to updating they first need to have a representational model that is in fact 'working'. She points out that defensive processing may preclude the workability of an individual's representational model by interfering with their ability to create, draw on and apply different behavioural strategies to specific relationships.

Crittenden (1990) positions the workability of the representational model as being more significant to assisting the individual to consistently refine their capacity to plan, anticipate, predict, guide, interpret and give meaning to another's behaviour in relation to themselves. She points out that this ability is consonant with the ethological - evolutionary value of attachment theory as it maximises an individual's ability to adapt to varying environmental conditions (Crittenden, 1995; 1994; 1993; 1992a; 1990; Crittenden, Partridge & Claussen, 1991; Claussen & Crittenden, 1991; Bowlby, 1988; 1980; 1973; 1969). Following Crittenden's (1990) logic it is necessary to understand the conditions that promote defensive processing and to review how this in turn impedes updating of an individual's representational model of relationships. It is to this discussion I turn now.

Defensive Exclusion

Bowlby (1988; 1980; 1973) theorised that defensive exclusion, ostensibly the process of repression, occurred in children for three reasons,

²⁷ The term 'representational' has been used in attachment literature in reference to the internal working model since the beginning of the 1990s and appears to share the same meaning as that applied to the 'internal working model'. The term itself appears to have its origins in cognitive psychology and refers to the individual's ability to symbolically represent both external and internal events through cognitive means (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; Crittenden, 1990).

²⁸ Openness of the internal working model refers to the individual's ability to be open to new information about relationships in order to make sense of and develop new behavioural strategies to accommodate contradictory or contrasting information presented by new relationships (Crittenden, 1990; Bowlby, 1980; 1973).

1. To protect them from emotional pain as a result of failures in the caregiving environment, that is rejection, abuse or rebuff in relation to attachment signals.
2. To eliminate the confusion experienced when caregiver narratives about particular experiences vary from the child's actual experience of the situation described by the caregiver.
3. To provide them with a method for idealising neglectful and abusing parents.

Cassidy and Kobak (1988) posit that idealisation arises from the child cognitively distorting information about their caregiver(s) and selves in order to preserve an idealised view of their less than satisfactory caregiving experiences. They suggest the child is able to do this by selectively ignoring negative information about themselves and attachment figure(s). This in turn permits the child to experience this particular relationship as problem free but simultaneously impedes the child's ability to develop a realistic take on this relationship. Moreover the greater the child is challenged about this relationship the stronger the reliance on defensive phenomenon become in order to protect the attachment link between themselves and caregiver.

Bowlby (1988; 1984; 1982; 1980; 1979; 1973) pointed out, as have others since (George, 1996; Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; 1985; Main, 1995; Crittenden, 1995; 1994; 1993; 1992a; 1990; Cassidy, 1994; Cassidy & Kobak, 1988), that defensive processing because of its very nature is split from conscious awareness making it inaccessible for review and updating. In Crittenden's (1990) conceptualisation this may lead to the production of a closed/non-working representational model of relationships. This means that new and discrepant relational information is unlikely to be attended to by the individual so functioning. Moreover it means that the individual operating from this position is likely to unilaterally apply the one behavioural strategy they have come to rely on over time to every relationship encountered. This would suggest that the individual has internalised and operates from only one internal working model.

Attachment: A System On Constant Alert

Bretherton (1991; 1990; 1987) takes issue with this conceptualisation on the ground that it assumes total detachment consistent with Bowlby's (1980) early

belief that detachment represented complete deactivation of the attachment system. Bretherton (1991; 1990; 1987) suggests this conceptualisation is erroneous on the grounds that the attachment system is operable at all times but is capable of being masked by individuals operating from insecure patterns of attachment (see also Main, 1995; Cassidy, 1994; Cassidy & Kobak, 1988; Main, Kaplan & Cassidy, 1985).

A NeuroBiological Perspective

This view also derives support from recent findings in the field of neurobiology which has demonstrated that children's overt responses to distressing events can differ markedly from their covert experience of the same event (Perry, 1996; Perry et al, 1995; Schwarz & Perry, 1994; Perry, Conroy & Ravitz, 1991). These differences have been identified through contrasting the narrative responses of children during interviews about the distressing event(s) with the galvanic skin and heart rate responses recorded during the same interview. The discrepancies found between what the children said and how they physically reacted during the interview process in relation to the trauma interview conducted, demonstrated that they were able to mask external expressions of negative affect while continuing to experience high levels of internal distress.

While this research was not undertaken in relation to attachment eliciting stimuli it has relevance for Bretherton's (1990) contention as applied to the attachment field as it points to the high probability that the attachment system continues to operate in the face of defensive phenomenon and is not terminated completely as originally theorised by Bowlby (1988; 1982; 1980; 1973).

New Developments In The Cognitive Sciences

Bretherton (1996; 1995; 1993; 1992; 1992; 1990; 1987) further contends that this erroneous conceptualisation resulted from the limited information available to Bowlby at the time of his initial theorising. She points out that in terms of knowledge about information processing, Bowlby only had access to Tulving's (1972) theorising about the episodic²⁹ and semantic memory systems to help him

²⁹ Episodic memory is thought to store autobiographical information about a person's relational experience and includes the particulars of the event, date, location and sequence of experience. The semantic memory system is thought to be a general memory system that encodes generic

understand how defensive phenomenon led to the production of inconsistent working models of relationships (Bowlby, 1988; 1980; 1973). She points out that current day theorists have available to them a much wider knowledge base on information processing emanating from cognitive psychology than Bowlby ever had available to him. She particularly favours the work of Schanks (1982) and Johnson-Laird, (1983)³⁰ which she avers offers a more comprehensive ability to understand the role of defensive phenomenon in the production of dissociated representational models of attachment (Bretherton, 1996; 1995; 1993; 1992; 1992; 1990; 1987).

The Work of Schanks & Johnson-Laird

Schanks (1982) work concentrates on the production of event schema or scripts while Johnson-Laird's (1983) work focuses on the movement of encoded information from and between short and long term memory.

Bretherton (1994, 1993), in drawing on the work of these individuals, posits that relational event schema, known to blur the boundaries between episodic and semantic memory, are formed in relation to consistently repeated experiences, this allows an individual to start making predictions about what is likely to occur in a relationship given a certain set of conditions. The more consistently these events are replayed the greater the likelihood that these processes will be instantiated³¹ in memory. This fits with recent findings in the neurobiological field which shows that the brain habituates to patterned experiences, that is the more something happens the greater the likelihood that it will be retained (Perry, 1996; Perry et al, 1995;

information about relational experiences in contrast to that of the autobiographical memory system (Bowlby, 1980; 1973). Bowlby (1980; 1973) conjectured that in securely attached individuals there was unrestricted flow of relational information between these memory systems permitting them to update, refine and modify relational expectancies in accord with new relational experiences. Conversely the opposite was believed to be true of insecurely attached individuals. In this situation defensive phenomenon was believed to obstruct this information flow and lead to the production of multimodels of attachment. These models were believed to result from the intrapsychic conflict presented to the child as a result of the processes outlined at the beginning of this section. Current theorising has pointed out that defensive phenomenon can be inferred in older children through the lack of coherence in their attachment narratives (see Bretherton, 1995; Oppenheim & Waters, 1995). This is believed to be a direct manifestation of the individuals inconsistent and contradictory internal working models of attachment (see also George, 1996; Main, 1995; Main, Kaplan & Cassidy, 1985).

³⁰ To review the work of these theorists see Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987.

³¹ Bretherton (1996; 1993) does not define instantiation however it appears to mean 'stamped in' memory as a result of repeated occurrence of similar experiences.

Schwarz & Perry, 1994; Perry, Conroy & Ravitz, 1991).

Bretherton (1996; 1993; 1991; 1990; 1987) theorises that over time an individual is likely to formulate a number of relational event schemata and for the purposes of expediency and utility these will become organised into an interconnecting hierarchical web of relational information. She purports that relevant relational experience can be accessed only as a result of a cross referencing function, without which, access to the hierarchical web of relational information could not be made.

She theorises that it is at the point of cross referencing that the defensive phenomenon disrupts the processing of new relational information which in turn may lead to the propagation of several inconsistent, contradictory or dissociated internal working models. This makes sense when considering the absence of a coherent behavioural strategy (pattern of attachment) in children presenting with a disorganised model of attachment. Their frequently puzzling behaviour, in light of the information given, is able to be understood from the standpoint that the responses made are probably guided by inadequately processed relational schema.

Thus the responses made will depend on the schema (internal working model) being accessed at the time the attachment system is activated. In summary the information given here and in relation to the construct of the internal working model is of import to the fostering context as it leads to negatively impacting on the formation of a new relationship between prospective caregivers and children requiring long term care. This occurs because both defensive processing and the internal working models formed, as a result of this operand are detrimental to the development of relational mutuality, a characteristic known to be essential in fostering shared meaning within relationships (Bretherton, 1993; 1992; 1991; 1990; 1987; Stern, 1985). Prospective caregivers are unlikely themselves to have been subjected to such experiences and may have difficulty understanding why the child continues to interpret relationships negatively and with persistency despite the differences in the care they offer. Likewise the relational experiences of maltreated children are likely to ensure they act in this new relationship in line with earlier relational expectancies. Transformation in these expectancies may occur, dependent on the chronicity of maltreatment to which the child has been

subjected (Cicchetti & Toth, 1995a; Cicchetti ,Toth & Lynch, 1995) but this is only likely to occur over a prolonged period of time.

Meanwhile both prospective caregiver(s) and child placed are likely to experience a gamut of strong emotion as they journey the road from attachment disturbance to affective relational attunement. This journey is more likely to be successfully navigated if each party to the new relationship is appropriately selected, matched, prepared and supported (Thoburn, 1997; Worrall, 1997; 1996; Smith, 1997; McAuley, 1996; Triseliotis, Sellick & Short, 1995; Cicchetti & Toth, 1995a; Sroufe, 1988).

A Summary In Brief: Identifying Principles For Practice

Child protection social workers can be instrumental in the task of selecting, recruiting and assessing prospective caregivers. Moreover social workers are mandated to do so in relation to their duty of care under the Children Young Persons and Their Families Act 1989, S. 13 (h) and S. 14 (i). In order for social workers to effect this task they need to be able to,

1. Carry out an attachment assessment on prospective caregivers.
2. Perform a similar assessment on children requiring long term care.

I aver that the form of assessment referred to here and in the first point made, need to be undertaken to ensure the best match between prospective caregiver and child requiring long term placement. Both assessments demand the taking of comprehensive developmental histories in order to draw sound inferences about the attachment quality of each participant and their likely meaning for the prospective caregiving set (Kelly, 1998; Howe, 1995; Keck & Kupecky, 1995; Cattanach, 1992; Steinhauer, 1991). The basis of these assessments then need to inform the process of direct work with the child, the child and caregivers and finally the caregivers themselves. The goal of this work is to ensure placement continuity and stability. In addition to identifying the specific resource needs of the placement made.

3. Be able to interpret the assessments made in relation to their theoretical

attachment meaning and clinical utility.

4. Provide specialised attachment theoretic training to prospective caregivers in order to heighten their sensitivity and assist them in cueing for, attuning to and decoding disturbance in attachment signals emitted by the child placed and to sensitively respond to the child's emitted signals, in addition to assisting the child to signal their needs in more direct ways in future transactions.
5. Engage in direct work with children requiring long term placement to facilitate the process of developing relational coherence and the grieving this may inevitably kindle.
6. Be available and accessible for continuous placement support. In addition to providing on going training in this area of social work practice.

The recommendations for social work intervention given here are consistent with the preceding theoretical discussion which indubitably demonstrates that children inarguably need sensitive, continuous and reliable caregiving to maximise their adaptive functioning across the developmental trajectory of childhood.

The theoretical literature drawn on in this chapter highlights both how and why child maltreatment is a potent disrupter to the development of relational security in children so subjected. Moreover it provides a framework for understanding why the rates of placement breakdown are higher in older age children (six to twelve years) compared to their younger age counterparts. Namely because the older the child becomes the greater the likelihood, given their increased cognitive maturity, that they will persistently interpret new relationships from existing relational expectancies. These expectancies are likely to be negative given the context of maltreatment to which children in care are typically exposed. This relational operand is likely to test the resilience of the most resourceful of people. For these reasons it is imperative that prospective caregiver(s) undergo a rigorous assessment process to determine their relational ability to meet the emotional needs of highly traumatised children. Failure in this task is likely to jeopardise placement security. It is timely to conclude this chapter here as the final points made lead to the need to link attachment theory to the process of permanency planning and this is the task undertaken in the next chapter which I turn to now.

CHAPTER THREE

LINKING ATTACHMENT THEORY & PERMANENCY PLANNING

Introduction

This chapter seeks to demonstrate the connection between the child welfare practice of permanency planning for children requiring care services and the attachment theoretic framework from which these practice principles were originally derived. In order to demonstrate this connection I have elected to review literature that overtly combines the practice of permanency planning from an attachment theoretic perspective. I make this distinction to emphasise, consistent with the theoretical discussion undertaken in chapter two of this thesis, the significance of this conceptual framework to social work practice in the field of foster care. The chapter commences with a review of the origins of permanency planning and is interwoven with discussion about the attachment theoretic principles underpinning this practice. This discussion is followed by a review of research studies, each of which has been drawn on to illuminate the connection between attachment theory and the principles of permanency planning. The chapter is concluded, as mentioned in the outset of chapter two of this thesis, by a comprehensive summary that draws the work of both chapters together. The summary is given in this manner to highlight the links between the work of each chapter and its import to the research questions posed by this thesis.¹ I turn now to the chapter's opening discussion on the origins of permanency planning.

The Link Between Attachment Theory & Permanency Planning

Permanency planning arose as a revolutionary practice in the field of child welfare during the 1970s and continued to be ascendant until the mid 1980s (McFadden & Whitelaw Downs, 1995; Triseliotis, Sellick & Short, 1995; Thoburn, Murdock, & O'Brien, 1985; Maluccio & Fein, 1983; Maluccio, Fein, Hamilton, Klier & Ward, 1980; Fanshel & Shinn, 1978; Goldstein, Freud & Solnit, 1979).

¹ The research questions can be reviewed by turning to both chapters one and two of this thesis.

The practice itself was premised on reducing children's 'drift' in foster care following their entry into the care system. Drift in care was found to accompany what in the main was intended to be short-term child protective interventions in maltreating families.

The primary goal of this work was reunification of children with their families in the shortest possible time consequent to intensive family preservation interventions. Instead research findings from this field show that more typically children were likely to remain in temporary care for long periods of time, or to be moved from short term placement to short term placement in addition to losing contact with their families of origin (Thoburn, 1997; Triseliotis, Sellick & Short, 1995; McFadden & Whitelaw Downs, 1995; Triseliotis, 1991; Proch & Howard, 1986; Poulin, 1985; Pardeck, 1984; 1983; Bush & Goldman, 1982; McKay, 1981; Fanshel & Shinn, 1978; Trasler, 1960). The permanency planning movement was intent on changing this form of practice in order to address 'the best interests of the child'. This was meant to secure their safety and to reduce "the emotional damage suffered by the child throughout the placement process" (Hess, 1982, P.46). This practice was guided by a set of underlying principles embedded upon attachment theoretic constructs.

1. Recognition that children require relationship continuity with effectively responsive adult(s) in order to facilitate their healthy growth and development.
2. That the relationship partner(s) most desired by children to fulfil their needs for relationship reciprocity and continuity are their own parent(s). However maltreatment and its continuance are factors likely to disrupt the continuity of this relationship.
3. That in the event parent(s) are unable to fulfil this relational need children have the right to and developmental need for substitute attachment figure(s) with whom they can form an alternative attachment tie.

In summary these practice principles emphasised, consonant with attachment theory, children's need for relational security through the provision of alternate attachment figures who could enact the secure base function (Bowlby, 1988; 1980; 1979; 1973; 1969). Permanency planning looked to address children's need for relational security and continuity by enacting "a systematic process of carrying out, within a brief time limited period, a set of goal-directed activities

designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships" (Maluccio & Fein, 1983; p.197).

In turn this practice led to two possible outcomes for the child bought into care and their families,

1. Reunification of child and parent within the shortest possible time following comprehensive family preservation interventions formulated to address the reported maltreatment and its precipitant.
2. Severing of parental rights for the purposes of freeing the child to develop a psychological tie with alternate permanent caregivers (Hess, 1982; Bush & Goldman, 1982; Maluccio, Fein, Hamilton, Klier & Ward, 1980; Goldstein, Freud & Solnit, 1979).

The 'Clean Break' Phenomenon

Unfortunately early permanency planning practices appeared to be predicated on the belief that severing the child's tie to its biological parent(s) was the only way to facilitate and enhance the development of an alternate psychological tie with substitute caregivers (Bush & Goldman, 1982; Goldstein, Freud & Solnit, 1979).² This 'clean break' phenomenon was associated with the view that children were only capable of forming attachments with one set of caregivers at

² The 'clean break' philosophy attendant to this practice appears to be premised on a psychoanalytically derived interpretation of Bowlby's thesis of mourning in children (Bowlby, 1980; 1973; 1961). This thesis led to a change in clinicians belief about children's ability to mourn. Originally it was contended, in psychoanalytic theory, that children did not have the affective or cognitive ability to experience loss therefore were unable to grieve as adults do. Bowlby's (1980; 1973; 1961) thesis, clinical material and later research work however supported the attachment derived hypothesis that children in fact can and do mourn experiences of loss and from a young age (Hinde, 1992). Interpreted from the psychoanalytic frame of reference children were considered to be unable to formulate new attachments unless they had fully mourned and 'unconflictually' detached from their significant other (Masur, 1991; see also Freud, 1913). The severance of biological ties, between child taken into care and parent, associated with earlier permanency practices fits with this interpretation as it appears that such severance was believed to aid the child in mourning by being confronted with parental loss. In turn this prepared the child to form new attachments with alternate caregivers. The mourning thesis has recently been re-formulated in deference to more recent findings in the attachment field showing that children have the capacity to form multiple attachments (Eagle, 1994; Cassidy, 1994; Main & Cassidy, 1988; Cassidy, 1988; Main, Kaplan & Cassidy, 1985; Ainsworth, 1982). This would suggest that children are therefore capable of maintaining old attachments in the face of new relationships. Moreover it is currently believed that it is less than desirable or even possible for any individual, particularly children, to completely divest their affective connection to the lost significant other (Masur, 1991; to review the reformulated mourning thesis see also Eagle, 1994).

a time (Triseliotis, 1991; Bush & Goldman, 1982; Goldstein, Freud & Solnit, 1979). Thus the sooner parents were 'out of sight' and 'out of mind' the greater the likelihood of development of a new attachment tie between the child placed and substitute caregiver(s) (Bush & Goldman, 1982).

Moreover it appears that little or no contact with the child's family of origin was believed to act in protection of and consolidation for the development of this new relationship (Eagle, 1994; Steinhauer, 1991; Goldstein, Freud & Solnit, 1979).

'Clean Break': A Misinterpreted Phenomenon

The above thinking failed to account for other extant relevant attachment theoretic findings. Such as those given below:

1. Children are capable of developing multiple attachment relationships particularly as they mature. Attachment findings involving infants and very young children consistently demonstrate their strong inclination for preferential selection among available attachment figures (Rutter, 1995; Bretherton, 1992; 1987; Bowlby, 1988; 1980; 1979; 1973; 1969; 1961; Crittenden, 1988; 1985; Stern, 1985).

For instance in times of high stress very young children are unlikely to be easily soothed by caregivers other than their primary attachment figure³ (Ainsworth & Marvin, 1995; Ainsworth, Blehar, Waters & Wall, 1978). In most young children this is generally their mother (Bretherton, 1992; Ainsworth, 1982; Mahler, Pine & Bergman, 1975). However as they mature research has shown that the quality of attachment between the child and other available attachment figures, such as father, is not concordant (Morton & Browne, 1998; Cassidy, 1994; Main, Kaplan & Cassidy, 1985; Main & Weston, 1981).

This finding indicates that while an attachment relationship exists it varies in accordance with the attachment partner thereby reflecting the child's capacity for developing differing relational patterns with significant others (Morton & Browne, 1998; Main & Cassidy, 1988). Inherent to this process is the child's ability to mentally represent these different relationships

³ I make the observation here that this is true for parent-child relationships where the child has continuously been in the care of their primary attachment figure(s).

concurrently (Bretherton, 1996; 1995; 1993; 1991; 1990; 1987; Crittenden & Ainsworth, 1989; Bowlby, 1988; 1980; 1973). This ability has import for the field of fostering as it suggests that children are capable of developing new attachment relationships with alternative caregivers while simultaneously maintaining attachments to their primary kin.

2. Children's emotional ties to their biological parents remain significant, albeit insecure, both in their absence and in the face of maltreating experience (Morton & Browne, 1998; Thoburn, 1997; McAuley, 1996; Bretherton, 1996; 1995; 1993; 1991; 1990; 1987; Crittenden, 1995; 1994; 1993; 1992a; Triseliotis, Sellick & Short, 1995; Ruff Johnson, Yoken & Voss, 1995; Howe, 1995; Eagle, 1994; Steinhauer, 1991; Cicchetti et al, 1991; Crittenden & Ainsworth, 1989; Proch & Howard, 1986; Poulin, 1985; Crittenden, 1985; Bush & Goldman, 1982; Egeland & Sroufe, 1981). This would suggest that permanency planning by way of the 'clean break' phenomenon, may have been more beneficial for the professionals and prospective caregivers, because of its ability to shield them from encountering the sometimes inconsolable grief experienced by children faced with separation from familiar but abusive attachment figures than for the child itself (Segal, 1992; Pearce & Pezzot-Pearce, 1994; Webb, 1991; Cattanach, 1992; Tuohy, 1987).⁴ I draw this conclusion as consonant with attachment theory children are thought to express their distress at separation from primary attachment figures in the familiar three phase configuration of mourning (Steinhauer, 1991; Bowlby, 1988; 1980; 1979; 1973; 1961; Hess, 1982), namely:

- (a) **Protest, which is aimed at restoration and reunification with the absent but much, loved other.** The behaviours typically present in this phase may comprise anger, anxiety, hopelessness, helplessness, tearfulness, confusion and possible destructiveness.
- (b) **Despair,** which is related to consistent yearning for the lost loved other but simultaneously associated with a dawning realisation that restoration, is increasingly unlikely. This fading of hope may be accompanied by withdrawal, lethargy, disinterest in daily events and/or regression to earlier stages of developmental functioning.

⁴ I would add here, from a practice perspective, that the 'clean break' phenomenon may have also protected professionals from potentially angry and abusive parent(s) following removal of their children from their care (see also McFadden, 1983).

- (c) **Detachment** is conceptualised as heralding the child's withdrawal from overt affective reaction to or about their much loved other. Bowlby (1961) noted that children in this phase of mourning are typically unresponsive about or toward stimuli associated with their primary attachment figure(s).
- (d) This has import for behavioural manifestations of detachment as they are likely to be less evocative for other people involved in the child's care. However lack of overt expression in this phase does not mean that the attachment tie is any less significant for the child. This is attested to by the frequently reported overt emotional reactions evinced by children prior to, during and after periods of reunification with their primary attachment figure(s). In the fostered child these periods may be occasioned by access visits, holiday stays and/or attempts at return home (Steinhauer, 1991; Marcus & Mirle, 1990; Poulin, 1985).

Research: The Child's Experience Of Foster Care

Recent American research with a sample of ninety-five children between the ages of eleven and fourteen years in state based family foster care showed that nearly all of the children described missing their parents greatly and all but two hoped to return home. Moreover reports were given about children expressing their distress at separation from their attachment figure(s). Interestingly the distress emoted typically occurred in private moments when they were alone in bed at night (Ruff Johnson, Yoken & Voss, 1995). These findings, while being subject to the limitations of qualitative research (small sample size and non-representativeness) lend support to the points made above, that children's primary attachment ties remain significant even if they are not overtly demonstrated in the presence of alternative caregivers. Furthermore, these findings suggest that children can and do have the capacity to form new relationships with alternative caregivers while still holding their primary attachment figure(s) very much in mind and heart.

They Can Be Taken Out Of Sight But Not Out Of Mind

The major point to be made about these findings in relation to the 'clean break' phenomenon as affiliated to the concept of the psychological parenting, (Triseliotis, 1991; Goldstein, Freud & Solnit, 1979) is that

parental absence by banishment or choice does not terminate the child's sense of affectional connection to their primary attachment figure(s).

However such absence over time can lead to diminishing a child's overt behavioural manifestation of distress in relation to the disruption experienced. Bretherton, (1993; 1991; 1990; 1987) has suggested that diminution in the attachment response occurs because the attachment system is operating at a lower level of intensification. She stresses however, that the significant point to be made is that the attachment system is still operand.

This suggests that the psychological parenting theory wrongly equated children's presence or absence of distress vis a vis parental contact, as evidence of children's inability to develop attachments to more than one set of parenting figures at a time but, as referred to above, the attachment tie is extant at all times. However it operates at different levels of intensification.

In view of this knowledge the only conclusion that can be drawn is that severance of parental contact was 'in the best interests' of individuals other than the child. Klein (1975) and others have suggested that distress evoked in children by parental separation and loss can be extremely upsetting for the adults involved in their care, so much so that any way of circumventing the grief reaction is considered preferable to encountering it (Geldard & Geldard, 1997; Ryan & Wilson, 1996; Pearce & Pezzot-Pearce, 1994; Cattanach, 1992; Webb, 1991; Steinhauer, 1991; Tuohy, 1987). This operand may offer some explanation for how and why the theory of psychological parenting was applied to early permanency planning practices in the manner discussed.

3. Maltreated children while being capable of forming alternative attachment ties are likely, as a result of the abuse and neglect to which they have been exposed, to have difficulties forming relationships irrespective of the effects that separation and loss of their primary attachment figures might bring (Lyons-Ruth, 1996; Cicchetti & Toth, 1995a; Eagle, 1994; Crittenden, 1995; 1994; 1993; Cassidy, 1994; Cassidy & Berlin, 1994; Crittenden, Partridge & Claussen, 1991; Claussen & Crittenden, 1991; Cicchetti et al, 1991; Crittenden & Ainsworth, 1989; Main & Weston, 1981).

Maltreatment: Its Effect On Relational Capacity

This finding suggests that children's capacity to form new attachments may be compromised as much by the effects of maltreatment as by persistence in their emotional ties to primary attachment figures. Penzerro and Lein's (1995) research in an American residential facility with twenty boys aged between eight and seventeen years provides apt demonstration of the circular relationship between child maltreatment, attachment quality and ongoing concomitant difficulties in the development of relationships. These authors give a detailed discussion in relation to a sub sample, of four youths, included in their study. Each of these boys was diagnosed as being conduct disordered, all had been subjects of child maltreatment histories and exposed to multiple placements on entry to the care system.

They were classified as being avoidantly attached and enacted the behavioural strategy consistent with this attachment quality by being dismissive of the importance of affectional ties. Yet they became explosive when faced with placement failure and the transition this requires. Their coping strategy, anger, defiance and denial precluded them from being able "to gain comfort from others or use emotion to share and reflect upon experiences" (Penzerro & Lein, 1995, p. 354). Although they desired placement stability their predisposition to interpret environmental cues negatively inevitably led to a rapid rise in anti-social behaviours which in turn precipitated placement breakdowns.

The authors conjectured that these experiences reinforced the boys' relational perceptions of the world being a hostile and dangerous place. They predicted that reinforcement of such relational expectancies would lead to ongoing impediments in the boys' ability to form new relationships.⁵

Attachment Reorganisation: The Chance For Change

4. The quality of attachment in maltreated children can be subject to

⁵ These authors also advocated a series of interventions to address the difficulties such children and young people present. They aver that children exhibiting such attachment strategies need to be worked with directly to help them recognise and understand their way of relating to others. Additionally they point to the need to train caseworkers from an attachment theoretic standpoint to understand the behavioural strategies encountered. Finally they speak to the need for training and providing continued support to caregivers in order to help them understand why children conceive and act the way they do within the new caregiver/child relationship (Penzerro & Lein, 1995).

reorganisation as a result of alternative caregiving experiences. While few studies exist about attachment relationships of children in foster care the ones that do consistently point to the need for attachment measures in this population and to the importance of the quality of care required in relation to the child placed (Thoburn, 1997; McAuley, 1996; Morris, 1996; Howe, 1995; Fahlberg, 1994; 1991; Howes & Segal, 1993; Marcus, 1991; Marcus & Mirle, 1990; Guernsey, 1982; Fanshel & Shinn, 1978). I intend to detail pertinent aspects in regard to the studies of interest more fully in later discussion. I simply wish here to alert the reader to the fact that attachment reorganisation can occur despite maltreating experiences and their concomitant effects on a child's attachment quality (Lyons-Ruth, 1996; Crittenden, 1995; 1994; 1993; 1992a; 1990; Cicchetti & Toth, 1995a; Cicchetti et al, 1991; Crittenden & Ainsworth, 1989; Crittenden, 1988; 1985).

Relational Support: The Agent Of Relational Repair

Similar findings have also been made for adults exposed to adverse early experiences, although little is known about the pathway that mediates this transformation aside from the importance of substantial social support, it is thought that this supportive role in some way mirrors or enacts the function of a secure base. The latter is vital to the development of relational security in children (George, 1996; Bretherton, 1996; 1995, 1993; 1992; 1991; 1990; 1987; 1985; Bowlby, 1988; Ricks, 1985; Main, Kaplan & Cassidy, 1985; Ainsworth, Blehar, Waters & Wall, 1978).⁶ Whilst this information is cheering, Cicchetti, Toth and Lynch (1995) caution that these gains may not necessarily be advanced in the same way, or at all for children subjected to chronic and pervasive histories of maltreatment. This comment has import for child protection workers as it instructs that interventions in such cases need to be early, cogent and definitive.

For this to occur social workers need to be adequately trained, resourced, supervised and organisationally supported. Moreover they need to have

⁶ I note here that the relatively new field of developmental psychopathology, operant in the field of attachment and interested in understanding the precursors to and developmental pathways of adaptive and maladaptive behaviour, has yet to determine how adults achieve adaptive competence in relational functioning despite being exposed to early environmental adversity (Atkinson, 1997; Cicchetti, Toth & Lynch, 1995). This process remains similarly unknown for children.

adequate tools from which to make informative assessments, a conceptual framework from which to interpret the information received and caseloads that occasion the ability to perform the task effectively (Thoburn, 1997; Smith, 1997; Worrall, 1997; Lyons-Ruth, 1996; Ruff Johnson, Yoken & Voss, 1995; Triseliotis, Sellick & Short, 1995; Cicchetti & Toth, 1995a; McFadden & Whitelaw Downs, 1995; Keck & Kupecky, 1995; James, 1994; Barth, Courtney, Berrick & Albert, 1994; Marcus, 1991; Katz, 1990; Guerney, 1982; DeLozier, 1982; Bush & Goldman, 1982).

In summary the findings discussed here show that there are multifarious factors operating upon the development of a new attachment relationship between the child placed in care and their substitute caregiver(s). Moreover its formation is not simply assured, as believed by earlier permanency planning practitioners, by severance of kinship ties.

In fact the opposite has been found to be true (Morton & Browne, 1998; Thoburn, 1997; McAuley, 1996; McFadden & Whitelaw Downs, 1995; Triseliotis, Sellick & Short, 1995; Worrall, 1996; Eagle, 1994; Thoburn, Murdock & O'Brien, 1985; Bowlby, 1988; Berridge & Cleaver, 1987; Proch & Howard, 1986; Poulin, 1985; Bush & Goldman, 1982; Fanshel & Shinn, 1978).

This would suggest that contact between children in care and their primary attachment figures, or extended kin, is essential to promoting children's sense of belonging and identification with their family of origin and possibly to better adjustment with their parent substitutes (Marcus, 1991; Triseliotis, 1991). Central to the principle of contact between children in care and family of origin is Bowlby's (1988; 1984; 1982; 1980; 1979; 1973; 1969; 1958; 1961; 1951) thesis of the importance of continuity in care. He advocated that care continuity was pre-eminent to children's healthy socio-emotional development. Whilst contact between children in care and primary kin can hardly be construed as 'continuity in care'. Arguably it permits children a sense of coherence between the past, present and future.

Coherence has import from an attachment theoretic perspective as its presence has been associated with secure internal dialogue about relationships (Atkinson, 1997; Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; George, 1996; Oppenheim & Waters, 1995; Rutter, 1995; Cassidy, 1994; Crittenden, Partridge & Claussen, 1991; Bretherton, Ridgeway & Cassidy, 1990; Slough & Greenberg, 1990; Bowlby, 1988; Cassidy & Kobak, 1988;

Cassidy, 1988; Main & Cassidy, 1988; Main, Kaplan & Cassidy, 1985). Such organisation in turn is equated with relational security.

Defensive Exclusion: A Child Protective Strategy

Bretherton (1996; 1995; 1993; 1992; 1991; 1990; 1987) has theorised, drawing on new developments in information processing theory, that narrative coherence is attained as a result of open communication between the child and attachment figure(s). Bowlby (1988; 1980; 1973) originally theorised that the communication pattern between child and attachment figure somehow transmutes into the relational pattern between the caregiving set. Consistent failures, better known as insensitivity by the attachment figure(s), in this form of communication is believed to lead the child to defensively exclude that particular set of attachment signals from awareness.

Defensive exclusion is believed to occur as it acts as a protective shield for the child against the emotional pain and internal conflict experienced in relation to their caregiver(s) consistent failure to attend to their needs. Bretherton (1996; 1995; 1993; 1992; 1991; 1990; 1987) believes defensive exclusion is enabled to continue as the child, through repeated experiences of not having its needs met, builds up an 'event schema' of this experience which becomes internally encoded at a particular level of cognitive processing. Each time the child is met with a similar event further processing of the situation is terminated, as the retrieved event schema allows them to predict that their signalled need is unlikely to be met.⁷

Bretherton (1993) further believes, consonant with Schanks (1982) information processing theory that event schema are hierarchically ordered and encoded. She purports that these represent the building blocks of an individual's representational model of relationships. Moreover she posits that in securely attached individuals these event schema are interrelated allowing them access to a range of predictions about relational experiences. However for insecurely attached individuals their cross referencing system is thought to be disrupted by defensive processing leaving them with access to several contradictory and inconsistent representational models of attachment.

⁷ Bretherton (1993) details both the memory systems needed and developmental stages involved in a child's ability to represent relational information schematically. I point the reader to this article for a detailed discussion of these processes (see also Bretherton, 1996; 1995; 1991; 1990; 1987).

Bretherton (1993) suggests this occurs as the event schema, because of defensive processing, is not integrated in to a generalised map of relationships. In turn this is thought to impede the individual's ability to process new information about relationships differently. Bowlby (1988; 1980; 1973) first hypothesised about the process of defensive exclusion and its negative impact on attachment security. More importantly he identified that representational models can be modified and updated as a result of new relational experiences. However he points to the fact that this may be more difficult in individuals where defensive processes are operant, because this form of processing operates to keep distressing material out of conscious awareness. This has been known to continue even when the conditions that originally led to their creation no longer exist (Bowlby, 1988; 1980; 1973).⁸

The relevant facts to be considered here, as they relate to the fostering context, are that while poor early attachment relationships place children at risk for ongoing difficulties in relationship formation, this risk may be attenuated by supporting children placed in care to develop and/or preserve some semblance of coherence over their lives.

Additionally, it points to the need to desist from practices that are disruptive of its development. This is supported by the recent re-emphasise of developmental psychopathologists in the attachment field who highlight the fact that events at any point in development "has implications for subsequent outcomes, both typical and atypical" (Atkinson, 1997, p. 6).

In keeping with this view research has shown that contextual factors in the wider ecology of a child's caregiving environment, inclusive of clinical interventions, can have profound effects on conditioning and/or altering a child's capacity for attachment (Seifer & Schiller, 1995; James, 1994; 1989;

⁸ It is this knowledge that informed Cicchetti, Toth and Lynchs' (1995) earlier cited opinion about chronically maltreated children being unlikely to possess the capacity for attachment reorganisation. Their view is further supported by current findings from the field of neurobiological research which shows that what gets patterned in early development by the brain is what gets learnt (Perry, Pollard, Blakely, Baker & Vigilante, 1995; Schwarz & Perry, 1994; Perry, Conroy & Al Ravitz, 1991). These authors point to the fact that young children's continued exposure to endangering situations, such as child maltreatment, leaves them at high risk of permanent, irreversible damage. They assert this on the grounds that young children's brains are at their most malleable during this time and that unlike adults, experience provides the organising framework for development, that is it leads to shaping and creating behavioural responses. For adults experience is typically the variable known to be capable of altering behaviour. From a child protective perspective this information underscores the importance, as previously stated, for taking early, cogent and definitive action in the lives of maltreated children.

Ammen, 1994; Crittenden, 1992b; Jernberg, 1989; Belsky & Isabella, 1988; and Belsky & Rovine, 1987). Thus wider contextual detriments such as removing a child on placement out of his/her local community, changing schools, discontinuing favoured extracurricular activities, barring contact with direct or extended kin, may all contribute to negatively impacting a child's sense of coherence. Conversely, in light of the above findings, it follows that any intervention aimed at augmenting a child's sense of coherence is likely to be facilitative in a child's reorganisation of attachment quality.

Family Continuity: A Paradigmatic Practice Shift

Interestingly such practices are being promoted in the international foster care arena under the new permanency-planning ambit "Family Continuity". Family continuity is described as being an extension of the permanency planning movement but no longer premise decisions for permanency on the linear decision-making model used in earlier times. The latter, which mooted one of two outcomes, namely return home or long term permanent placement in an alternate, typically non-kin based, care, alongside severance of kin ties.

The current practice instead focuses on preserving, promoting and protecting the child's relational ties and is inclusive of kinship based placements (McFadden & Whitelaw Downs, 1995). The practice of family continuity challenges the 'permanency by guardianship' tenet held by the early permanency planning movement as there is no reason for kin to necessarily take guardianship of kin children as the child's sense of belonging to the family, be it nuclear or extended, is unlikely to be negatively affected by such placement, more probably reinforced.

The fact that this practice continues to be pursued in the context of our local child welfare system, as indicated by the practice principles and protocols set out in the NZCYPFS Care and Protection Handbook, 1998, raises the question as to whose interests are best served by this practice (NZCYPFS, Care and Protection Handbook, 1998).

Rhetorically, it would appear on the face of it to be a fiscally motivated move with the benefit of the shift being incurred by the state, particularly given that a shift in guardianship rights also involves the transfer of economic responsibility for the child. Worrall (1996) rightly points out that this move not only leaves the caregiver(s) worse off economically it also inheres the expectation that they will

care for kin children, who are typically highly disturbed and traumatised, without any form of social work support. Once the business of shift in guardianship has been transacted the States legal, moral and financial responsibilities for the child terminate.

Fiscal Motivation: 'Permanency By Guardianship'

Interestingly, whilst support and services orders under section 86, 86A, 91 -100 of the Children Young Persons and Their Families Act 1989 can technically and legally continue to be in force following state relinquishment of guardianship this practice is rarely executed. Its rarity offers further support to the thesis that 'permanency by guardianship' is driven more by fiscal motivation than social concern for acting 'in the best interests of the child'. I would add here that the notion of 'permanency by guardianship' is also able to be challenged on the basis of research findings which consistently show that legal severance from primary kin is frequently experienced by children as yet a further dislocation from significant others (Yoken et al, 1995; Poulin, 1985; Bush & Goldman, 1982).

The Child's Perspective On Severance Of Family Ties

For example, Bush and Goldman (1982) found in their study of 370 state wards between the ages of nine and eighteen years that while these children and young people were relatively happy in their respective placements they simultaneously wished to retain "their ties, however tenuous, with their own families" (p.232).

Moreover, the young people were reported as experiencing a shift in legal status to their caregivers as "being taken away from parents they still felt attached to and the destruction of the very strong sense of identity they felt with their natural families" (p. 232). Further research in this area shows that 'permanency by guardianship' can have deleterious outcomes for placements as such actions, albeit as a latent outcome of this practice, can position children in a tug of loyalty between caregiver(s) and parent(s) (Thoburn, 1997; 1989; McFadden & White Law Downs, 1995; Triseliotis, 1991; Proch & Howard, 1986; Poulin, 1985).

Loyalty Conflicts: Its Effect On Placement Security

Loyalty conflicts have been implicated in placement stress and breakdowns, (Thoburn,1997; Triseliotis, Sellick & Short, 1995; Proch & Howard, 1986; Poulin, 1985). Thoburn (1997; 1989) points out that permanency decisions need to be as multifarious, as the individuals involved in the process and not limited to an inflexible set of options. She indicates that while the options may not be endless they can be manifold. She evidences her point by advancing fifteen separate routes to permanency (Thoburn, Murdock & O'Brien, 1985). Stokes and Strothman (1996) also emphasise the importance of planning for children's care needs by paying attention to the individual requirements of the particular caregiving set (see also Crittenden, 1992a). They aver that in order to formulate the most optimal placement decision for children where permanent care decisions need to be made two essential assessments are required. These involve:

1. The attachment capacity of potential caregivers for a particular child.
2. The quality of attachment and care needs of the particular child requiring placement.

Hegar (1993) similarly advocates that children's care needs are likely to be best fulfilled when practitioners maximise three central concepts relevant to the placement of children in long-term care, namely:

1. Attachment
2. Permanence
3. Kinship

She indicates that through maximisation of these concepts children's need for relational coherence and continuity can better be addressed.

Foster Care: Essential Features For Making Placement Decisions

Foster care research outlines several contextual and interpersonal facts that need to be taken into account when formulating placement decisions for children requiring long term care. Authors in this field point out that practitioners would do well to consider these in addition to any assessment process that looks to 'match' caregivers skills and knowledge with the care

needs of children requiring placement (Thoburn, 1997; Triseliotis, Sellick & Short, 1995; Prasad, 1986; 1975).⁹

1. **The age of the foster mother.** Foster care research into variables associated with the success and breakdown of placements yield equivocal results about age of the maternal caregiver. In one study it was noted that maternal caregivers of forty plus were associated with greater placement success. But in another the younger the maternal caregiver the greater the likelihood they would be more flexible in relation to their caregiving role and expectations of the same (Triseliotis, Sellick & Short, 1995; Fanshel & Shinn, 1978).
2. **Prior caregiving experience.** The more experienced the caregivers the greater the likelihood of placement success (Triseliotis, Sellick & Short, 1995; Triseliotis, 1991).
3. **High empathy of caregivers.** The higher the empathy of caregivers in relation to the children placed the greater the chance of placement success (Howes & Segal, 1993; Marcus, 1991).
4. **Age and gender of caregiver's own children.** Placement success is believed to be maximised when the child placed is not of the same gender as the caregivers own children or within five years of their age or where the caregivers children are under five years of age (Triseliotis, Sellick & Short, 1995; Prasad, 1975; Fanshel & Shinn, 1978).
5. **Preparation, Training and Ongoing Caregiver Support.** This finding is endemic to many studies. The general thesis is that these interventions lead to maximising placement outcomes (Thoburn, 1997; 1989; Thoburn, Murdock & O'Brien, 1985; McFadden, 1984; 1980).
6. **Direct work with children.** Where this has occurred it is believed to enhance placement stability by facilitating the child's processing, understanding and in part resolution of traumatic experiences associated

⁹ I would add here that these findings are derived from a multitude of studies that vary in sample size, selection process, methodologies, research goals, age of children and type of caregiving setting. This makes for difficulty of interpretation in relation to how they may be relevant to a particular caregiving set. However they are thematically represented in the literature and for these reasons I note them here.

with both the maltreating and placement experience. Attachment theory points to the importance of this work to aid the child in gaining, or developing a sense of coherence over its life experiences. Notably this is rarely addressed. Researchers have suggested that this is the case as social workers have been found to have limited skills, knowledge or time to carry out this work (McAuley, 1996; Fahlberg, 1994; 1991; Steinhauer, 1991; Rowe, Cain, Hundleby, & Keane, 1984).

7. **Inclusiveness of Biological Parents.** This is believed to enhance relationship development between child and caregiver(s), despite its oft-problematic association, as children are removed from feeling the need to defend this frequently significant affectional tie (Yoken et al, 1995; Proch & Howard, 1986; Poulin, 1985).
8. **Organisational support for the caregiving system.** This is considered fundamental to ongoing placement stability through the provision of a range of services, namely: caregiver training, debriefing and continued resourcing (Thoburn, 1997; Triseliotis, Sellick & Short, 1995).
9. **Ecologically informed assessments.** In relation to medical, legal and social histories of potential caregivers. The most current ecological intervention in this field is the implementation of 'network assessments'. This form of assessment requires social workers to connect with all parties involved in a child's life context (Worrall, 1999).
10. **Placement vulnerability.** The first two years of placement are considered to be the most vulnerable to breakdown. This is of interest as Millham et al (1986) found that social work support to placements in their study had reduced dramatically by the second half of the first year of placement.
11. **Characteristics of the children.** These factors are considered to have differential affects on placement stability dependent on the caregiver ability to manage and/or accept their manifestation. The factors referred to may include attributes such as: age, gender, abuse history, physicality, emotional or behavioural disturbance and ethnicity (Worrall, 1996; Barth, Courtney, Derrick & Albert, 1994).
12. **Previous knowledge of the child.** This may lead to increased placement stability as caregivers who have prior knowledge of the child are more

likely to have realistic expectations about the care the child requires.¹⁰ This knowledge permits the caregiver to make a more informed decision about the caregiving role. Prior knowledge of the child may arise where the caregiver has previously cared for the child through respite or short term placement, or through knowing the child and its family (Wilson-James, 1997).

13. **Caregiver Burnout.** Research has shown that long term caregiver(s) may experience burnout in about the sixth or seventh year of caregiving. This has resource implications for the child placed and the caregiving family (Triseliotis, Sellick & Short, 1995; McFadden, 1984).

In summary, these findings point to the need, as identified at the outset of this discussion, for social workers to take heed of a range of contextual and interpersonal factors when formulating decisions for placement of children in long term care. I would add here that in light of the methodological constraints identified below that social workers need to be cautious in both their interpretations of group data, its utility and applicability for specific placement relationships.¹¹

I raise this here, as one of the case studies included in this thesis, yet to be discussed, defies the notion of the five year benchmark suggested, as being important to placement success when considering the ages of caregiver children and the child to be placed.

This operand was challenged by the successful placement (now of approximately two years duration) involving a child placed at ten years of age with a caregiver's child of the same age and gender. This finding in fact supports the need for social workers to be able to assess for individual

¹⁰ Attachment research has also found that reducing the gap between parental expectations about a child and the reality of parenthood facilitates parents to hold more positive perceptions about the child (see Bretherton et al, 1989).

¹¹ Maluccio et al (1980) in fact have also spoken of the negative consequences for children's lives when social workers uncritically apply a universal set of practice principles across every situation confronted. These authors generalise even further, suggesting that this has been a downfall throughout the history of child welfare practice, leading practitioners to too readily focus on 'form' instead of 'substance'. Despite the fact that Maluccio et al (1980) made these statements almost two decades ago my own recent past practice experience in the field of child welfare would suggest these remarks are no less true. For me it raises the issue as to what the driving force behind social work practice actually is, an independent professional knowledge base that is drawn on to inform and critique practice or merely a knowledge base that is preparatory for bureaucratisation. Unfortunately, my experience in the field would suggest that the latter is truer.

differences and their meaning for specific placement relationships such as the ability to assess for attachment would allow.

For this very reason I wish to concentrate on relational factors of import to the interpersonal context of the caregiving relationship and more particularly to address the aspect for the need of high empathy in caregivers.¹² My choice in targeting this particular attribute is its proven significance to the establishment of relational security in children and moreover its impact on facilitating attachment reorganisation in children placed in care (Howes & Segal, 1993; Marcus, 1991; Steinhauer, Johnston, Hornick, Barker, Snowden, Santa-Barbara & Kane, 1989; Thoburn, Murdock & O'Brien, 1985). The importance of caregiver sensitivity is attested to approximately forty studies undertaken in relation to its effect on attachment quality as pursued by attachment researchers (Atkinson, 1997).

Despite this van IJzendoorn and Bakersman-Kranenburg (1997) have recently suggested that while the sensitivity variable does have an effect on children's relational security they aver that the effect is moderate and that the greater influencing role on relational security is in fact related to the representational model of relationships held by the child's parent(s).

I would argue that this does not deter from the importance of caregiver sensitivity in the fostering context on two grounds. Firstly the internal working model of the caregiver is unlikely to be similar to the representational model of the children's parents and secondly it is the products of this model that inform and are formed in the first instance by caregiver sensitivity¹³ (van IJzendoorn & Bakersman-Kranenburg, 1997; Bretherton, 1996; 1995; 1993; Main, 1995; Crittenden, 1995; 1994; 1993; Main & Cassidy, 1988; Main, Kaplan & Cassidy, 1985). I contend that caregiver sensitivity in the fostering context is not only influential on the development of relational security and reorganisation of

¹² I have interpreted high empathy to be an equivalent to, or correlate of, caregiver sensitivity. Caregiver sensitivity has been positioned in attachment research over the past two decades as being integral to the development of relational security in infants particularly and more latterly in children and young people (For a review of this construct and its research support see Atkinson & Zucker, 1997). Information for these age groups has been advanced as newer methods for assessing attachment have been formulated for groups beyond infancy (Bretherton, 1996; Goldberg, Muir & Kerr, 1995).

¹³ Moreover I would add here the point made by Belsky, Rosenberger & Crnic (1995) that although sensitivity has been found to have a modest effect on attachment security there are no known studies that reliably relate caregiver sensitivity to attachment insecurity. This reinforces the importance of caregiver sensitivity in relation to parenting children regardless of research finding it to be a modest effect. I would emphasise here that this is the difference between research outcome and clinical applicability (Schweigert, 1994).

attachment quality for the child placed but also in the caregiver's capacity to withstand the pressures incumbent to the testing stair.¹⁴

This new information is important for social work practice as it further points to the need for social workers involved in the work of permanency planning to be able to carry out effective assessments of the representational models operand in prospective caregivers. It is important for social workers to be able to conduct these assessments to ensure that prospective caregivers are suitable for the task. Particularly in light of the extreme difficulties a maltreated and attachment disturbed child may present. I review the characteristics associated with the attachment disturbed child next. This discussion is followed by a brief presentation of findings about the sensitivity variable in the foster care context.

The Changing Face Of Foster Care

The face of caregiving in the 90s has changed substantially in comparison to the previous decade. The significant change has been brought about by the paradigmatic shift associated with the 'family continuity' movement. This movement emphasises the importance of kin based care for children where this need arises (Thoburn, 1997; McFadden & White Law Downs, 1995; Barth et al, 1994; Fein & Maluccio, 1992). Barth et al (1994) suggest this movement has

¹⁴ The testing stair is part of a visual and conceptual schema which delineates the processes frequently found to be prevalent in adjustment and re-attachment of children placed in care (original source unknown cited in a lecture for the Family Practice paper, Massey University, Morris, 1996). The testing stair is seated as the fourth stair in a linear seven-stair schema commencing with moving in, honeymoon, withdrawal, testing, adjustment, bonding, and re-attachment. While the schema is presented in linear fashion as with any process type model the stages, particularly in relation to the testing stair and withdrawal, are likely to be circularly revisited as the child in care consistently predicts relational outcomes between itself and caregiver(s) based on their internal working model of relationships. Adjustment, or some shift toward this goal, is only likely to arise when the child, as a result of this new relationship, modifies or updates its relational expectancies in accordance with their new relational experience (Bretherton, 1996; 1993; 1985; Crittenden, 1995; 1993; Crittenden, Partridge & Claussen, 1991; Bowlby, 1988; 1980; 1973). This new information is only likely to be encoded in relation to its continuity and consistent reliability (Crittenden, Partridge & Claussen 1991). More typically in the fostering context it is at this point that the fostering relationship breaks down. It is not uncommon for caregivers at this juncture to suggest to the child that if they are unhappy in the placement they can leave, or if they continue to present with testing behaviour they can leave. These messages lead to reinforcing the relational expectancies held by the child: that they are unworthy of nurturance and that caregivers will sooner or later abuse or reject. This vicious cycle and negative outcome can be circumvented by interventions with both the child and caregiver(s) separately and jointly (McAuley, 1996; Morris, 1996; Ammen, 1994; Fahlberg, 1994; 1991; Cattanach, 1992; Webb, 1991; Jernberg, 1989). Attachment research, as earlier mentioned, has found that caregiver sensitivity has an effect on parental ability to cope with a range of diverse behaviours in children. This is relevant to the fostering context as it suggests that the more sensitive the caregiver the greater the probability of them being able to effectively respond to testing behaviours.

contributed to ensuring that only the most complex or intractable cases get referred on to state based child welfare services. They point out this has major implications for caregiver services as the children requiring such care are likely to be extremely needy and demanding on prospective caregivers.¹⁵ Keck and Kupecky (1995) support this claim in their profile of difficulties likely to be encountered by caregivers providing care for children currently presenting to the care system. The list given, details all those behaviours typical of an attachment disturbed child.

1. Superficiality in relating to others
2. Indiscriminate provision of affection to caregivers and visitors
3. Limits affection to caregivers unless it benefits them directly
4. Apparent ignoring of caregivers by gaze aversion (no eye contact)
5. Lying about the obvious
6. Stealing
7. Inappropriate demandingness and clinging behaviour
8. Low impulse control. This may lead to open hostility, aggression and violence
9. Learning Deficits
10. Linguistic difficulties
11. Poor relational skills with peers
12. Low empathy for others. This impedes development of a moral conscience.
13. Impairments or absence of cause and effect thinking. This may lead to constant repetition of troublesome behaviour as consequences to behaviour mean little
14. May be cruel to animals
15. May possess a preoccupation for fire lighting
16. May involve self with persistent chatter and nonsense questioning

¹⁵ Barth et al's (1994) observation appears equally applicable to New Zealand's child welfare context, given that the 1998 statistics for NZCYPFA, show a marked reduction in the number of Family/Whanau Agreements activated during the 1997/1998 year (1924 agreements) compared to either 1997/96 (2137 agreements) or 1996/95 (3204 agreements) (DSW Statistics Report, 1998). This agreement is considered to be one of the lower tariff interventions available to social workers for addressing concerns of child abuse and neglect. Its decline would suggest that the cases referred to NZCYPFA are of increased or increasing complexity. This finding, consistent with Barth et al's (1994) conceptualisation has implications for New Zealand's caregiver services. Namely the need to develop appropriate recruitment, selection, training and support services for prospective caregivers. In addition for the need to consider a range of specialist caregiving services to cater for the increasingly complex emotional demands of highly traumatised children and young people entering the care system.

17. May involve self with destructive behaviour in relation to self, others or things¹⁶ (Keck & Kupecky, 1995, p.40).

Additionally as a result of maltreatment children may interact in sexualised ways, suffer enuresis and/or encopresis, indulge in autoerotic behaviours such as head banging, masturbation, rocking and/or faecal smearing. Suffice to say children traumatised by maltreatment are likely to be extremely emotionally and physically demanding of their caregivers (Pearce & Pezzot-Pearce, 1994; James, 1994; 1989; Cattanach, 1992; Webb, 1991; Steinhauer, 1991; Tuohy, 1987). This level of 'demandingness' in turn requires that caregivers need to possess high levels of tolerance and sensitivity. In addition to themselves requiring high levels of support and respite breaks (Barth, Courtney, Berrick & Albert, 1994).

Steinhauer et al (1989) in their comparative study of two different forms of foster care programs found that, among a number of variables, increased sensitivity by caregivers to the needs of the children placed increased their "ability to provide 'good enough' fostering for even the most difficult of children" (p. 442-443). Increases in this variable assisted them in accurately perceiving and effectively responding to the needs signalled by the children. This finding suggests that the caregivers had the capacity for sensitive caregiving in the first place and this was further augmented through additional training in the care of highly difficult children.

This is consistent with findings in the attachment field that parents possessing greater levels of sensitivity are more able to respond to a wide range of behaviours from the less demanding to the increasingly difficult (Seifer & Schiller, 1995; Belsky & Isabella, 1988; and Belsky & Rovine, 1987). Additionally clinical attachment material shows that sensitivity can be increased by facilitating affective attunement between parent and child (Muir, 1992). This process typically involves intervention with both parties to the relationship particularly as the child becomes older (Kelly, 1998; Morris, 1996; McAuley, 1996; Fahlberg, 1994; 1991; James, 1994; Ammen, 1994; Jernberg, 1989).

¹⁶ Keck and Kupecky (1995) also identify that many of these behaviours fit the diagnostic criteria for reactive attachment disorder (see the D.S.M. IV, 1994 for description of this disorder).

THE PLACE OF SENSITIVITY IN FOSTER CARE RESEARCH

Thoburn, Murdock & O'Brien (1985)

Thoburn, Murdock & O'Brien's (1985) evaluation carried out on the 'child wants a home project' involving twenty-nine hard-to-place children (5-12 years) in Norwich England found that placement success had one common variable, caregiver 'persistence'. These researchers reported they were unable to define this 'crucial ingredient' (p. 53) and referred to it as 'chemistry'. I believe the 'chemistry' referred to was in the development of an affectional bond between caregiver and child placed. Moreover this bond was probably facilitated in the first place as a result of high rates of sensitivity among this caregiving group. The researchers themselves concluded that what was clearly important in placement success was working to get the 'best fit' between caregiver and child placed. Their conclusion supports the need for assessment in this area.

Marcus (1991)

Marcus (1991) in his study of 52 children in foster care between the ages of four and thirteen, amidst an array of findings, was also interested in determining whether the relational quality between caregivers and children placed in care was the key to enhancing socio-emotional adjustment in the child, that is attachment reorganisation. The results showed that children placed with foster parents who yielded high empathy scores in comparison to foster parents who did not, were more likely to demonstrate a propensity for relational security. Marcus (1991) concluded in relation to this finding that "foster parents sensitivity to children's feelings may have helped children to develop new attachments" (p. 374).

This research, while presenting with some definitional problems such as interpreting empathy as a correlate of sensitivity, also provides at least some provisional support for the primacy of caregiver sensitivity as a contributor to placement stability. I draw this inference on the grounds that increased rates of caregiver sensitivity is likely to be paired with higher rates of placement success.

Howes & Segal (1993)

Howes and Segal's (1993) research also contributes to the pivotal role of caregiver sensitivity in contributing to updating a child's representational model of relationships. This study involved 16 maltreated infants (10-29 months) removed from their parents because of serial episodes of maltreatment and placed in an emergency shelter. The majority of these children had already been in the alternative care of extended kin. For some this involved serial moves within the extended kin network. Attachment capacity of both children and alternative caregivers was assessed, the children by Waters and Deane (1985) Attachment Q-Set and the alternate caregivers by the Arnett Scale of Teacher Sensitivity (1989 cited in Howes & Segal, 1993). The results showed that the children were more likely to gain a higher attachment security score with the caregivers rated as most sensitive.

This finding was further supported in regard to children who had been in placement longer with the most sensitive caregivers. These children yielded the highest security scores. These findings offer the most direct support for the argument that increased rates of caregiver sensitivity are likely to enhance children's development of relational security by facilitating the reorganisation of attachment. Moreover they suggest that the more prolonged the placement the greater the propensity of attachment reorganisation in the child. This reinforces one of the major tenets of attachment theory that relational continuity is pivotal to a child's healthy socio-emotional adjustment and the sequelae this inheres, that is the capacity to learn, to form sound relationships with peers and to meet the gamut of stage salient tasks across the developmental spectrum of childhood and adolescence (Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969; 1961; 1958; 1951; this construct can be reviewed for its historicity by turning to Rutter, 1995; Karen, 1994; Holmes, 1993; Bretherton, 1992).

Taken together the findings of the studies discussed provide collective support for the significant role caregiver sensitivity plays in relation to reorganisation of attachment quality for the child in care. While there appears to be no current studies on how reorganisation of attachment quality of the child in care relates to or is implicated in placement stability, an intuitive link is suggested. One would anticipate, consistent with attachment theory, that the greater the child's adjustment in placement, the stronger the likelihood of placement stability as a direct correlate of the formation of an attachment tie between child placed and caregiver(s). This is a matter for future research.

I wish now to briefly comment upon attachment assessment processes for prospective caregiver(s). I underscore the word brief here as I have in fact comprehensively presented the attachment assessment schema used with adults in chapter four of this thesis. The predominant theoretical discussion about this schema has been located in chapter four in order to maintain the logical flow between the theoretical precepts underpinning the schema and its relevance to method construction in this thesis. I would have interrupted the logical flow in this discussion by positioning it here.

Main, Kaplan & Cassidy (1985)

Main, Kaplan and Cassidy (1985) in their now ground breaking research demonstrated that there were significant correlation's in attachment quality between parent and child. This led to the conclusion that attachment patterns indeed appeared to have intergenerational origins being transmitted through communications between parent and child (for further discussion on the intergenerational transmission of attachment quality see also Bretherton, 1996; 1995; 1993; Benoit & Parker, 1994; Zeanah & Zeanah, 1989). Moreover these findings were uncovered by a distinct series of questions asked of the adult participants in relation to their own childhood memories of being parented.

Discourse analysis was applied to the adults interview scripts which in turn yielded three discrete adult attachment classifications¹⁷ differentiated by the level of narrative coherence¹⁸ over the data scripts as a whole. These classifications, through replication studies since the founding work of Main et al (1985), have been found to be robust over time and to yield strong reliability ratings (to review these studies and the reliability ratings referred to here see van IJzendoorn & Bakermans-Kranenburg, 1997; van IJzendoorn, 1995).¹⁹ This assessment schema is known as the Adult Attachment Interview (AAI) and while it was originated for use with Adults and applied to studies involving

¹⁷ The reader is informed that the classifications referred to include the Secure or Autonomous, Dismissing and Preoccupied styles of attachment. These attachment qualities are defined in full in chapter four of this thesis in the section entitled 'Tools for Analysis'. I would add here for reasons of accuracy that these three classifications can also bear the added classification 'resolved' (R) or 'unresolved' (U) to denote participant response to current emotional difficulties and/or trauma. Typically these arise in relation to loss experiences that have yet to be integrated into the life experience of the adult concerned. Specific note about this classification is also given in chapter four of this thesis in the same section referred to above.

¹⁸ This term has been referred to and defined in brief earlier in this chapter. It is detailed further in chapter four of this thesis.

¹⁹ The reader is informed that a précis of this information has been set out in chapter four of this thesis in the section entitled 'Tools for Analysis'.

parents with their biological children this interview or an adaptation of it, has obvious merit for application to the fostering context.

This view is advanced on the basis that being able to assess for adult attachment quality, is likely to increase the social workers ability to recruit caregivers who themselves possess a secure or autonomous quality of attachment.²⁰ The latter is implicated, as already discussed in this chapter, with greater capacity for sensitive attunement to relational needs of significant others (Belsky, Rosenberger & Crnic, 1995). The need for such a relational characteristic in the care of emotionally disturbed and traumatised children is self-evident. More specifically a securely attached adult is considered to be able to acknowledge and recognise the importance of attachment relationships for themselves and others, while also being able to communicate their attachment needs in an open and direct manner. Similarly a securely attached adult is able to respond to attachment signals in others in this same manner.

It is assumed such individuals are cognisant of how to respond to attachment needs effectively such as demonstrated in their ability to be sensitive, consistent, reliable and appropriately timely, in responding to emitted attachment signals. Moreover they look to make themselves accessible and available psychologically and physically to partners involved in the attachment relationship (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; 1985). Clinical data suggests that while caregiver sensitivity is conceived to be the product of the caregivers internal working model, this attribute can be enhanced, and/or activated by training, clinical intervention, or naturalistic occurrence as a result of supportive relationships in the ecology of an individuals life context (Chambers 1998 cited in Kelly 1998; George, 1996; Belsky, Rosenberger & Crnic, 1995; Triseliotis, Sellick & Short, 1995; James, 1994; Fahlberg, 1994; 1991; Cattanach, 1992; Muir, 1992; Jernberg, 1989; Ricks, 1985; McFadden, 1984; Fraiberg, Adelson, Shapiro, 1975).

Factors of Affective Attunement between Caregiver & Child

²⁰ I acknowledge here that while this assessment schema is of clinical merit practical restraints to caregiver recruitment is likely to be the strongest decision-making variable on caregiver selection. I mean by this that the current economic climate has had the effect of reducing the numbers of prospective caregivers available for the fostering task (McFadden, 1999; Worrall, 1997; 1996). This in turn has the potential to limit best practices in regard to caregiver selection.

The processes associated with increasing caregiver sensitivity comprise:

1. Cueing caregivers to the range of attachment signals emitted by their infant or child. This is inclusive of both positive and negative signalling.
2. Assisting caregivers to see, hear, experience and consistently attend to the range of attachment signals emitted.
3. Facilitating caregivers to interpret the emitted signals and to form attributions about the signals that will encourage them to respond appropriately.
4. Expanding upon and modelling the range of possible responses a caregiver may select in response to the emitted signal.
5. Encouraging and supporting caregivers to implement the response selected.

The underlying goal of these interventions is to increase the affective attunement between caregiver(s) and child. Such consistent and attentive responding by the caregiver is believed to impact on the internal working model of the child positively assisting the child through direct contact with its caregiver(s) to experience itself as worthy of care and attention and similarly to experience their caregiver(s) positively.

These interventions are consistent with Crittenden's (1993) information processing model which was developed to explain how and where failures in the information processing capacity of caregiver(s) led to the perpetuation of insensitive responding to attachment signals of their young.²¹ This model outlines the stages at which caregiver cueing to attachment signals may be terminated. The stages attendant to this model and the blocks intimated are given in Figure 3:1. This model interlocks with Fahlberg's attachment cycles, see Figure 3:2, as it explicates further the interrupters attendant to the parental response on this cycle and its role in promoting disturbances in the attachment relationship between caregiver and offspring.

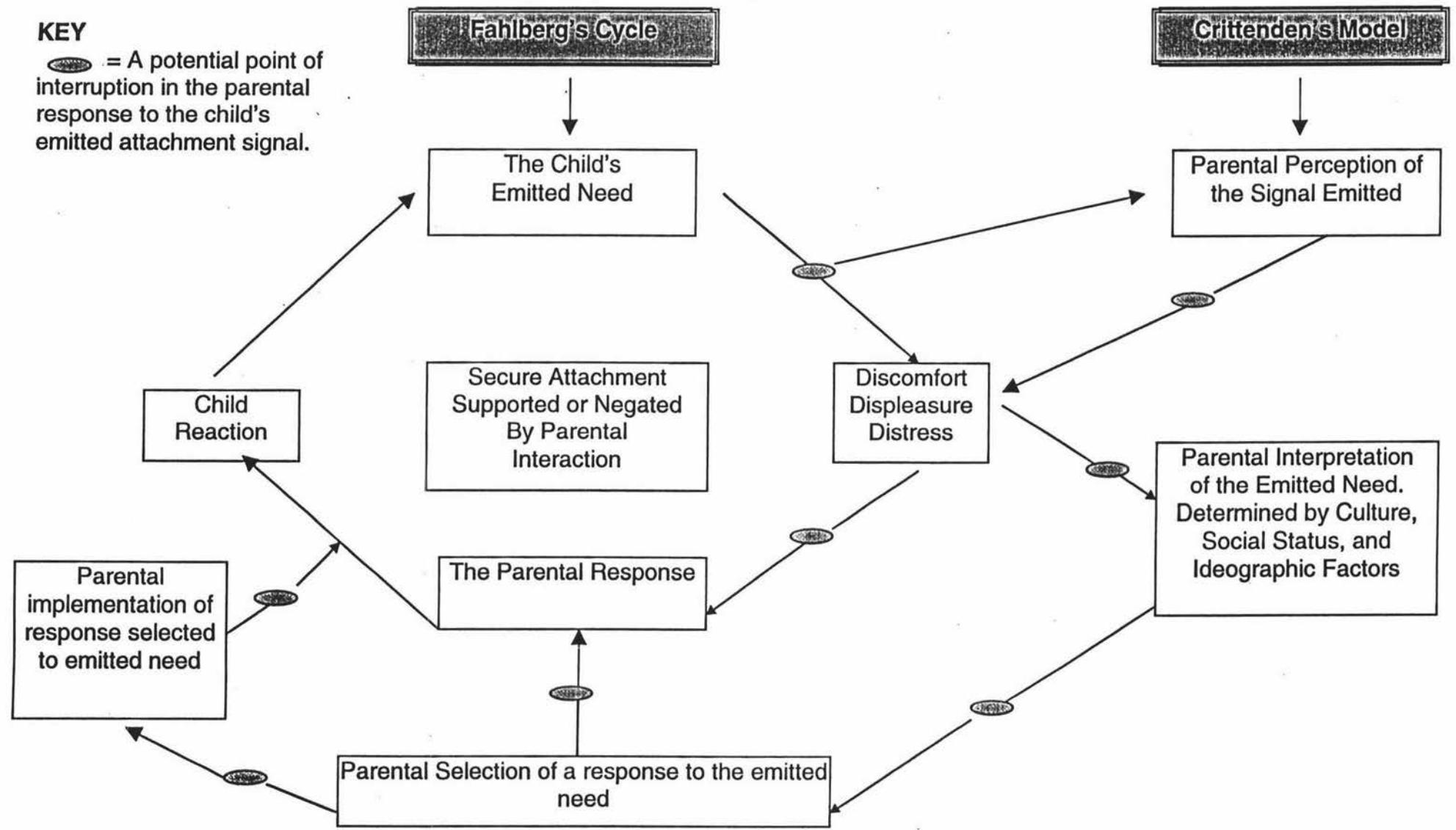
The fit between these two models is given in Figure 3:1. While these models were primarily developed in explanation of attachment relationships and processes of disturbance between parents and their biological children they have applicability to the foster care context.

²¹ The reader is informed that Crittenden's (1993) information processing model arose from her cumulative research work involving samples of maltreating and neglectful parents. These studies can be reviewed by referring to Crittenden, 1993; 1990; 1988; 1985. See also Crittenden, Partridge & Claussen, 1991 and Crittenden & Ainsworth, 1989.

Fahlberg's work attests to this utility (Fahlberg, 1994; 1991).²² More specifically Crittenden's (1993) model points to the importance of pre-placement preparation work with prospective caregivers in order to enhance their capacity for sensitive responding to what is likely to be highly disturbed patterns in signalling of attachment needs by the child placed. The preparatory work, as implicated by clinical data, would need to address each point, consistent with Crittenden's (1993) information processing model, which contributes to the parental response made in relation to the attachment need signalled. This process would involve helping caregiver(s) to decode the attachment need signalled; to help them interpret the intent of the emitted signal; to assist them in generating an array of potentially appropriate responses and finally to support them in implementing the response selected.

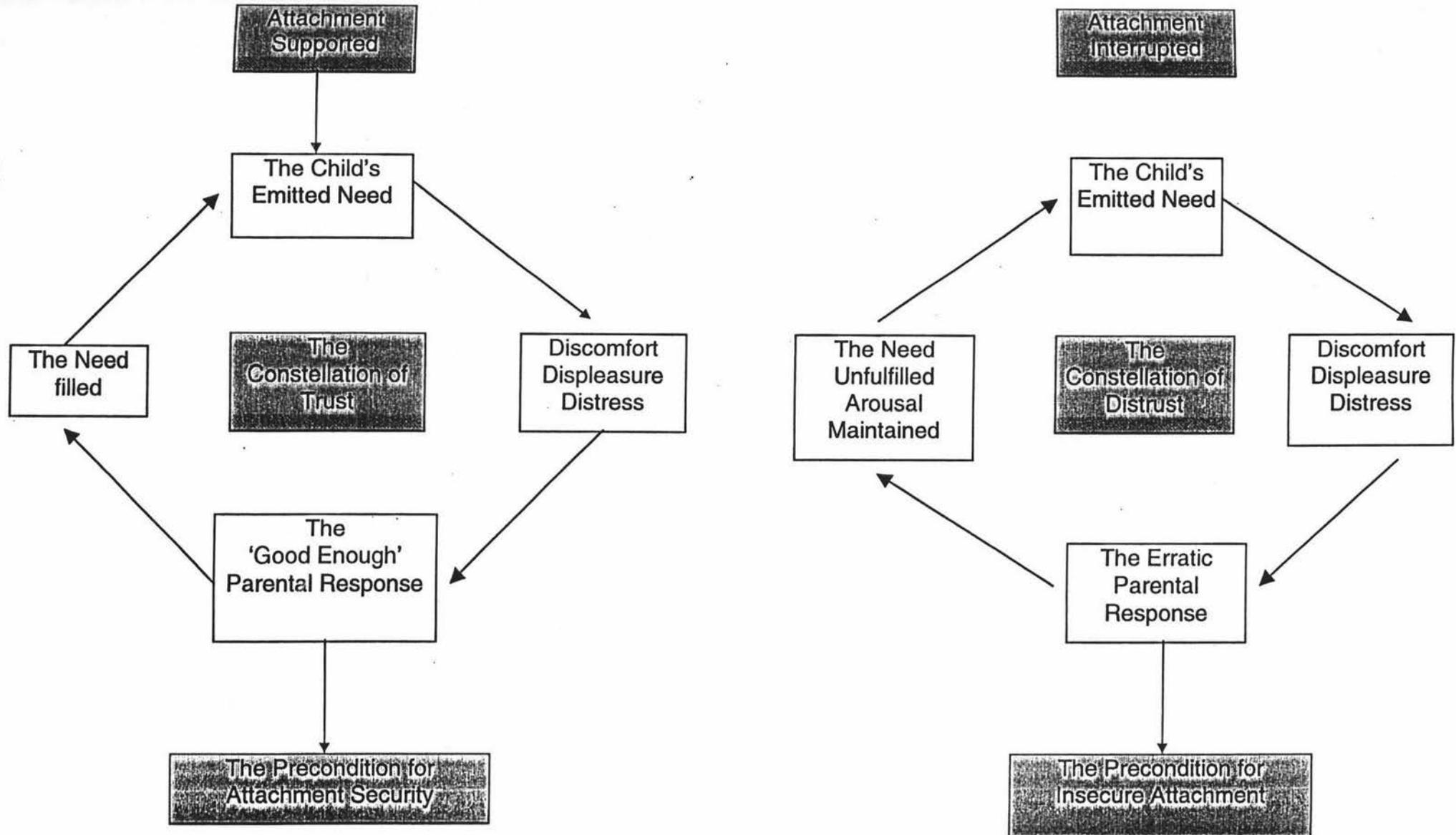
²² Fahlberg's (1994;1991) work has been mentioned earlier in this thesis. I draw on her work again prior to the conclusion of this chapter and again in chapter four of this thesis in relation to its relevance for the methods developed and used in this study.

Figure 3:1: Crittenden's Information Processing Model of Parental Responses



Source: Crittenden, 1993

Figure 3:2: Fahlberg's Arousal and Relaxation Cycles



Source: Fahlberg, 1994; 1991

Blanck and Blanck (1987) indicate that interventions such as implicit to Crittenden's (1993) work reported above, is believed to enhance and facilitate the development of caregiver sensitivity by helping caregivers define when to be supportive, intruding and/or stimulating, challenging and/or structuring in relation to the child's attachment signals (see also Jernberg, 1989).²³

The Blancks' (1987) work suggests that cueing caregivers to the attachment signals of children in their care enhances the likelihood that they will be more psychologically available to meet, match and fulfil the emitted need of the child. Figure 3:3 depicts the matching process. Likewise Figure 3:4 depicts mismatch between caregiver and child.²⁴

I aver that this specific interpersonal process between caregiver and child placed is imperative to the formation of a new attachment relationship. As satisfactory attunement between caregiver and child is considered to be affectively reinforcing for both parties to the relationship (Radke-Yarrow et al, 1985; Stern, 1985).

²³ The responses listed here have been implicated as important to the normal development of the attachment relationship between child and parent. These responses however have frequently been absent in the caregiving relationship of the attachment disturbed child or have been inconsistently and unpredictably applied. I note here that the term 'intrude' is not defined in the sense of being 'intrusive' as generally described in attachment literature. The meaning applied in this context is to draw out, to elicit attention from the child (Jernberg, 1989). This process is particularly important to interaction with the attachment disturbed child as it frequently focuses on objects and activities when confronted with having to relate to others (Oppenheim & Waters, 1995; Cassidy, 1994; Bretherton, 1993; Main, Kaplan & Cassidy, 1985). While this serves a protective function for the child it impedes its ability to process new and different relational stimuli thereby leading to circular reinforcement of old relational expectancies (Bretherton, 1996; 1995; 1993; 1991; 1990; 1987; 1985; Crittenden, 1993; 1992). To assist attachment disturbed children in processing new relational information differently they need to be available to the experience. Campos et al (1989) has shown that this can be achieved, in the first instance, by getting children to actively and appropriately attend to social cues. Such activity meets the criteria applied to the construct of intruding or stimulating given here.

²⁴ I note here that the process of 'matching' has long been equated with the placement process in the child welfare field. However its meaning appears to have largely been confined to referring to the match between caregiver skills and a child's needs (Thoburn, 1997; Triseliotis, Sellick & Short, 1995; See also the factors set out in this chapter under heading, Foster Care: Essential Features For Making Placement Decisions). This definition of matching mixes the interpersonal with contextual factors. From an attachment theoretic perspective, 'matching' is interpersonally derived and is situated upon the sensitivity construct.

Figure 3:3 Caregiver Attunement

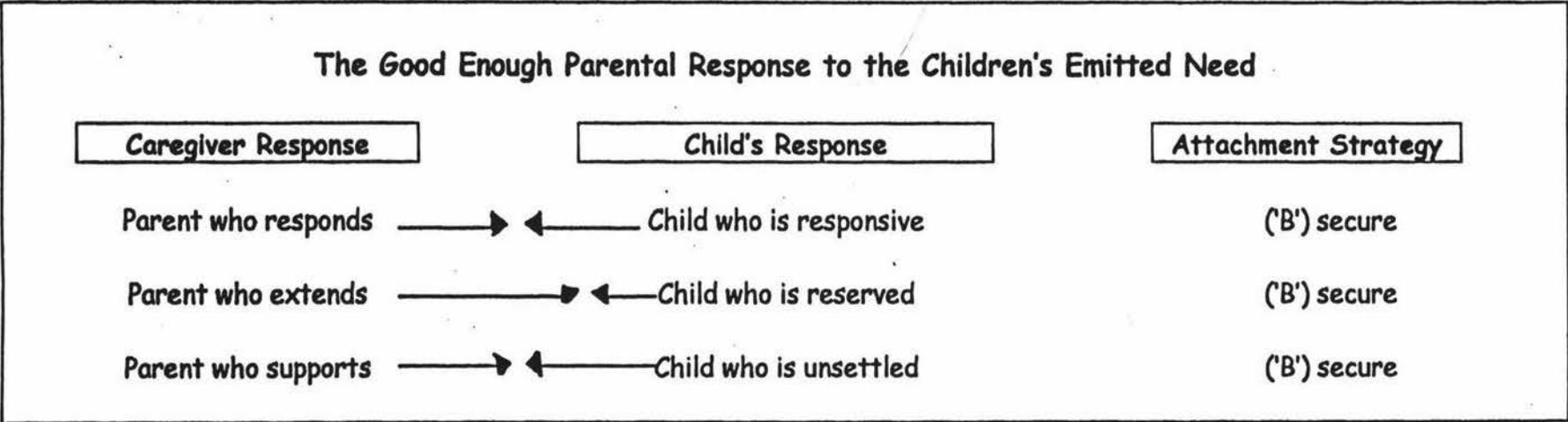
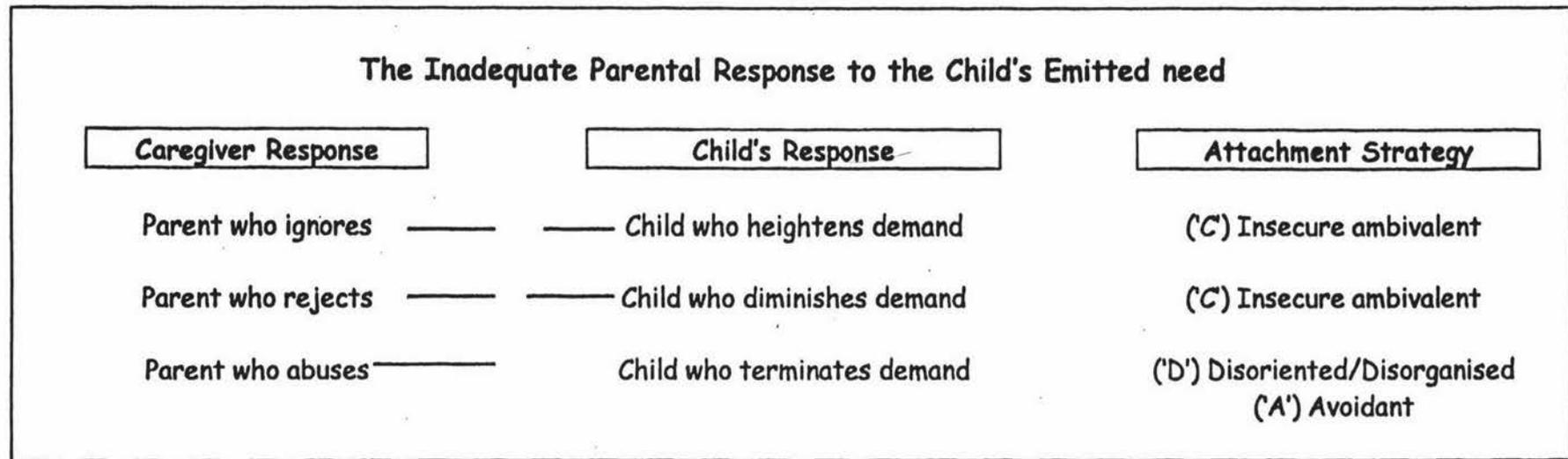


Figure 3:4 Caregiver Misattunement: Relational Rupture and Attachment disturbance



Moreover, its absence is likely to augur poorly, for relationship continuance when the caregiver is confronted with having to withstand the storms of the testing stair. I believe the testing stair is the site at which relational reorganisation is precipitated for the child in care. Placement breakdown at this point is therefore likely to reinforce the negative relational expectancies typically accompanying children placed in the care system (Howe, 1995; Fahlberg, 1994; 1991).

Bowlby (1988; 1980; 1973) originally theorised that the more habitual the relational experience, the less consciously available it becomes for re-appraisal, updating or transformation. This would suggest that the more often children placed in care are faced with placement breakdown the less available they will be for reparative relational experiences. Should this outcome be true it inheres both fiscal and developmental ramifications. Additionally it suggests that placement preparation inclusive of all its processes: caregiver recruitment, selection, assessment, training and on-going support are critical to placement success and for ensuring the caregiver(s) ability and willingness to recognise, and respond to the needs of the attachment disturbed child.

I would add here that while sensitivity has been shown to be important to attachment reorganisation in the child in care, I also believe that constellation of the positive transference between child in care and caregiver(s) plays a significant role in cementing and/or facilitating the formation of a new attachment relationship between caregiver(s) and child placed. This process has long been discussed, critiqued and evaluated in the psychoanalytic field and at times has been found wanting (Jackson & Haley, 1996; Hassan, 1993; Abend, 1993; Jung, 1946; Freud, 1915). It has recently been re-evaluated in terms of its clinical applicability to the attachment field (Szajnberg & Crittenden, 1997). Transference itself is generally defined as involving the projection of feelings, thoughts and wishes by the projector onto another as a result of the other coming to represent a person of significance from the projectors past. Additionally the transference relationship can be constellated positively or negatively dependent on the projections made by the individual.²⁵

²⁵ It is typical to discuss the role of the 'counter-transference' when speaking of the transferential relationship. My use of the term 'transferential relationship' refers to both aspects of this relationship, that is the transference and the counter-transference. I have elected to use this global referencing framework to eliminate the need to repeatedly define the role of transferor and counter-transferor in discussion. Arousal and projection of emotion vis a vis a relational other is critical to both of these intrapsychic processes (this decision is validated by the views of Bradway & McCoard, 1997).

Webb (1989) has suggested that the transference relationship is more likely to be constellated when the other is similar to the self, has been exposed to similar experiences as the self, or in the case of children, is the same age as one's own child.²⁶ I believe that where there is similarity and resolved²⁷ resonance between caregiver(s) and child placed that this may contribute to greater sensitivity in the caregiver/child relationship. In addition to facilitating a more profound emotional investment in the child placed. While I do not know of any direct research on the role of the transference relationship between caregiver and child on placement security there is a research project that hints at its relevance.

The research I refer to is that of Dando and Minty (1987). This research involved identifying factors common to placement success. One of the outcomes of this study was that greater placement success appeared to be associated with caregivers who were found to have experienced early adverse relational experiences in their own lives. Triseliotis, Sellick & Short (1995) comment about this finding, cautioning that this was an atypical set of affairs as caregiver recruitment normatively excludes selecting individuals with such experience on the grounds that former research demonstrates a link between being the victim of maltreatment to becoming the perpetrator of the same (Morton & Browne, 1998). The ramifications for the child placed as suggested by this link is self evident.

The 'Transference': Implications For Caregiving

Dando and Minty's (1987) finding is of interest both in relation to the notion of the transference relationship advanced earlier and in relation to the importance of assessing attachment capacity in prospective caregivers. Firstly I believe that the transference thesis advanced, derives support from the finding that greater placement success was evidenced among caregivers who themselves had experienced adverse early life experiences. This meets one of the criteria known to activate the transference relationship (see discussion above).

²⁶ It is also believed, in the field of foster care, that caregivers may transfer their feelings, perceptions and experiences with one foster child onto another. These experiences, consistent with the transference concept, may be either positive or negative and thereby have implications for placement security of any new placement made (Masur, 1991; Steinhauer, 1991).

²⁷ I use this term here advisedly as caregiver recruitment needs to be targeted to securely resolved adults, in terms of the adult attachment classifications (for completed definitions of these classifications see chapter four this thesis in section on 'Tools for Analysis'), in order to ensure the most stable relationship possible for the child placed.

It is possible that the relationship may have been further constellated in relation to the children placed, where the children themselves, were similar in age to the caregivers at the time of their adverse early life experiences. The importance of these similarities is that it provides the caregiver with understanding (or in the language of information processing theory, attributions) about how the child may feel, think and act as a result of the experiences to which they have been subjected. In turn this is likely to enhance their empathy toward and therefore sensitive responding to the child's expressed needs. It may also act to attune them to even the most disturbed signals of attachment.

Now in relation to the matter of caregivers with histories of early life adversity, I would argue, consonant with outcome studies involving the Adult Attachment Interview (AAI) that prospective caregivers should not be excluded solely on the basis of early life adversity but rather in relation to their current attachment capacity and level of resolvedness (resolved/unresolved) about those experiences (van IJzendoorn & Bakermans-Kranenburg, 1997; van IJzendoorn, 1995; Main, Kaplan & Cassidy, 1985). These factors, as previously discussed, possess predictive power about the type of caregiving likely to be effected in the relationship between parent and child, or in the fostering context between substitute parent and child in care.

This returns me to my starting point that to make sound placement decisions social workers need to be able to assess for attachment capacity in both prospective caregiver(s) and child placed. Attachment theory and its products, such as the Adult Attachment Interview (AAI) or some adaptation of it, appears suitable to the assessment task with prospective caregivers. Several instruments have been devised for assessing the attachment capacity of children. These are comprehensively detailed in chapter four of this thesis, along with the studies that support their use. This discussion has been situated there for reasons of logical flow between theoretical premise and method construction. To set about re-discussing this information here would be repetitious for the reader.

I believe it is sufficient to indicate at this juncture that there are no current attachment prescribed assessment tools for children in middle childhood (Bretherton, 1996; 1995; McAuley, 1996; Oppenheim & Waters, 1995).²⁸ This has led me to review assessment tools used with younger and older age groups in order to construct theoretically informed attachment measures for this task. As identified above these have been fully detailed in chapter four of this thesis.²⁹ I have so far concentrated almost exclusively on the interpersonal context of the attachment relationship between substitute caregiver and child in care.

The Importance Of An Ecological Framework

I remind the reader that while this thesis is particularly concerned to address the interpersonal context of relationship formation between prospective caregiver(s) and child placed, this relationship exists within a 'nested hierarchy of influences' that are likely to equally effect and contribute to the formation of this relationship (Crittenden, 1992b). For this purpose I briefly shift the attention of the thesis to consider the wider ecological factors likely to impact this relationship. This frame of reference specifically targets, consistent with the maltreatment context of this thesis, factors social workers need to consider when making pre-placement assessments. I draw on the transactional-ecological model of maltreatment formulated by Cicchetti and Rizley, 1981 (cited in Cicchetti & Toth, 1995a) to inform this discussion.

²⁸ There are two qualifications to be made in regards the assertion that there are **no** current assessment tools of attachment for children in middle childhood. The first qualification is 'at the time of writing this thesis'. The second is that while I am aware of Fahlberg's attachment behaviours checklist which has been used as an assessment device and includes behaviours of import over the spectre of childhood in relation to attachment sequelae (Morris, 1996; Fahlberg, 1994; 1991), this list does not look to tap the internal working model of children. The latter is relevant to the assessment task with children in middle childhood because of their greater cognitive capacity. This increase in maturity is known to be associated with greater dependence on psychological representation of attachment relationships thus rendering conclusions drawn from behaviour alone increasingly redundant (Kelly, 1998; Morton & Browne, 1998; George, 1996; Bretherton, 1996; 1995; 1993; 1991; 1990; 1987; 1985; Oppenheim & Waters, 1995; Bowlby, 1988; 1984; 1982; 1980; 1973).

²⁹ I also note here that some of the tools constructed for the field work phase of this thesis bear some similarity to the tools used by McAuley (1996) in her study of the emotional needs of children in long term foster care. I stress that this study was not available to me at the time of method construction and implementation. The fieldwork for this thesis had in fact been long completed before I had access to this study. The tools constructed for this study were therefore independently derived. However this finding confirms that the methods chosen possessed veracity.

This model aims to remind the attachment researcher that attachment quality may differ among individuals subject to maltreatment as a result of a range of resiliency factors accorded the individual through their wider ecology.

Cicchetti and Toth (1995a) suggest, drawing on the model developed by Cicchetti and Rizley (1981), that such resiliency can arise in relation to a series of factors including biological predisposition, family history, the presence or absence of social support,³⁰ and the particulars of an individual's psychological functioning. They further purport that interaction between these factors and the maltreating environment may lead to differences in attachment capacity for the children so affected. They detail a series of four risk factors believed to be instrumental in effecting such differences.

1. **Potentiating risk factors:** these are conceived to increase the likelihood of maltreatment.
2. **Compensatory factors:** these are believed to reduce the risk of maltreatment in the maltreating environment. Social support and/or interventions from external sources of the exosystem or within the extended kin network may be compensatory to perpetuation of further maltreatment.
3. **Transient factors:** these are described as fluctuating factors in the maltreating environment.
4. **Enduring factors of vulnerability:** these are conceived as being constant ongoing features of risk in the maltreating environment.

Individual differences in attachment may also be attributable to a range of protective factors operand in the maltreating environment. Cicchetti and Toth (1995a) summarise these factors into three categories.

1. **Transient Challengers:** these are considered to be short-term conditions that impact on the maltreating environment by diminishing its pervasive effect. These may include environmental and interpersonal events such as job loss, acquisition of a new job, marital breakdown or birth of a child.

³⁰ McDowell (1995) has suggested that while social support is consistently listed as a protective factor for individuals and for relationship reorganisation (see also Ricks, 1985), it is not so much the availability of social support that is so important but the ability of individuals to actively draw on the support offered. She indicates that it is this ability that activates the resiliency factor associated with the provision of social support.

2. **Enduring protective factors:** these are described as being permanent conditions which reduce the risk of maltreatment such as being a member of a family that has intact relationships, or having access to supportive relationships with others beyond the kin group.
3. **Transient buffers:** these are viewed as factors that protect a family from stress and may include resolution of a family difficulty or being part of a family which is experiencing a period of relational stability.³¹

Cicchetti and Toth (1995a) point out that it is the way these different factors coalesce in conjunction with the broader influences of the child's ecological environment that either minimises or maximises the potential for abuse. In turn this is likely to have a profound effect on the way they experience relationships with significant others and form expectancies about relationships with others beyond their kin group. They suggest that differences in successful adaptation in maltreated children may be further explained by the presence of enduring protective factors, or transient buffers both at stage salient periods of development and as a result of interventions to support or protect the child at any level of the ecological system.³²

McDowell (1995) suggests that coping strategies at the level of the ontological system, that is the person themselves, may further serve to protect an individual from what might otherwise yield the pervasive negative developmental effects associated with living in an adverse environment (see also Morton & Browne, 1998; Kelly, 1998; Lyons-Ruth, 1996; George, 1996; Bretherton, 1996; 1995; 1993; 1991; 1990; 1987; Crittenden, 1995; 1994; 1993; 1992a; 1988; 1985; Main, 1995; Cicchetti & Toth, 1995a; 1995b; Cicchetti, Toth & Lynch, 1995; Alexander, 1993; Cicchetti et al, 1991; Crittenden & Ainsworth, 1989; Aber & Allen, 1987; Egeland & Sroufe, 1985; Radke-Yarrow et al, 1985; Main & Goldwyn, 1984). She suggests that the coping strategies used by the individual will likely vary in accordance with their cognitive capacity. I would suggest that these strategies might also vary in relation to their socio-emotional and cultural experiences.

³¹ The reader is informed that the transactional-ecological model of maltreatment presented here is consistent with the current theorising in the field of maltreatment under the rubric of resiliency theory (to review this current theoretical formulation see Chappin, Wherry & Dykman, 1997).

³² The ecological system is conceived of comprising five systems ranging from the ontological, micro, meso, exo and macro (Worrall, 1996; Belsky, 1980; Bronfenbrenner, 1979). The systems operate interdependently so that effects in one area will have ramifications for other systems in the family or child's wider ecology.

The strategies McDowell (1995) suggests include:

1. Strategies of physical escape such as running, hut building and climbing.
2. Strategies of emotional escape such as associated with mediums of emotional expression like painting, drawing, playing with clay or sand. Listening to music or playing an instrument may also fit here. Additionally having access to a confidant or support person outside of the maltreating environment may also act as a source of resiliency (see also Bretherton, 1996; 1993; Cicchetti & Toth, 1995a; Ricks, 1985).³³
3. Strategies of cognitive escape may comprise day dreaming, reading or TV watching.

McDowell (1995) points out that while these strategies may increase an individual's resiliency in the face of environmental adversity the protection afforded comes at a high emotional cost. The cost she refers to is in the effect that resiliency has on the individuals later ability to form relationships. She avers that it is not unusual for these individuals to position themselves in relationships as the compulsive caregiver. This strategy works to ensure, as outlined in chapter two of this thesis, that the resilient individual is predominantly in charge of caring for others while minimising their own needs for nurturance (see also Main, 1995; Cassidy & Berlin, 1994; Crittenden, 1993; 1992a Sable, 1992; Claussen & Crittenden, 1991). As would be anticipated these individuals are likely to have difficulties showing and expressing their feelings in regards to getting their relational needs met; are likely to be distrusting of others when in relationships; need to position themselves to have control within relationships formed; may act to maintain an aloof distance within relationships or work to maintain disconnection between relationships at work, home and with friends.

These individuals, consistent with research findings from maltreating samples, are likely to suffer low self esteem (Morton & Browne, 1998; This information demonstrates that while the attachment relationship between caregiver(s) and child is formed from the continuous reciprocal interaction between relational

³³ McFadden (1999) in a seminar presentation at Massey University pointed out that a child's resiliency is substantially increased by having access to just one other support person either within or outside of their kin network .

partners it is also impacted by wider contextual influences of the child's ecological environment; see also Cicchetti, Toth & Lynch, 1995; Seifer & Schiller, 1995; Belsky & Isabella, 1988; Belsky & Rovine, 1987; and Cicchetti & Rizley, 1981).

This has import for the process of undertaking an assessment of attachment between relational partners as the wider contextual influences surrounding both prospective caregivers and child to be placed may impact the placement positively or negatively. These need to be assessed in order to account for such effects and their meaning for the placement. Attachment research has shown how environmental influences can have a bi-directional effect on relational security over the spectrum of childhood. I mean by this that early relational security does not necessarily assure later relational security. Intervening variables such as parental separation and/or divorce or transient abuse may lead to the ordinarily securely attached child becoming relationally insecure (see Cicchetti, Toth & Lynch, 1995 and also Sroufe, 1988).

SUMMARY HIGHLIGHTS OF CHAPTERS TWO & THREE

Recalling The Discussion

I remind the reader that these two chapters have been drawn together in this summary, consistent with the introduction in chapter two of this thesis, in order to highlight the link between them and their relevance in pursuit of the research questions posed by this thesis.³⁴ The work undertaken in these chapters has aimed to detail for the reader the theory and conceptual framework underpinning the thesis and its relevance to the foster care context, particularly for those children who for a host of reasons are unable to be raised in their families of origin. This led to a brief examination of the role of maltreatment and its impact on the quality of a child's attachment consequent to a review of the links between attachment theory and the practice of permanency planning in the foster care field.

The review undertaken then drew on different research studies selected for their emphasis on both permanency planning practice and attachment theoretic principles. The combined findings of these studies, in addition to the contextual

³⁴ To review the research questions advanced see chapter one and two of this thesis.

factors listed as important to informing placement decisions in the field of foster care, point to the fact that when social workers are required to implement pre-placement assessments they need to consider an array of interrelated variables in order to effect the best placement mix between prospective caregiver(s) and child requiring long term care. Social workers are likely to be assisted in this task by drawing on an ecological perspective.

Cicchetti and Rizley's (1981) transactional-ecological model of maltreatment was reviewed in this stead as it is a reminder that wider contextual influences also have a role in the formation of an individuals relational quality. I turn now to emphasising the main points to arise out of each of the chapters under discussion.

THEORETICAL PROPOSITIONS

Readdressing the Attachment Relationship

Chapters two and three of this thesis have expounded on the significance of the attachment relationship for the developing child and the detrimental outcomes that accompany its disruption (Bowlby, 1988; 1980; 1979; 1973; 1969; 1961; 1951). I remind the reader that an attachment relationship involves the development of an affectional bond between attachment partners. This is typically manifest within the parent/child relationship, and is meant to endure over time and space.³⁵

The primary goal of this relationship is to ensure species survival and to facilitate children in developing a secure sense of self as effected through consistently sensitive caregiving responses to their bids for comfort and protection. The attachment relationship, in this regard, is reciprocal being influenced and responded to by the partners involved in the relationship; albeit the contribution of the parent is greater during the child's infancy than at later stages of development (Bowlby, 1988; 1980; 1979; 1969; Ainsworth, 1991; 1989; Ainsworth, Blehar, Waters & Wall, 1978).

³⁵ While in many cultures, an individual's first experience of attachment originates within the parent/child dyad the need for relational connectedness operates over the life span and is transmuted at varying developmental age and stages (Sable, 1992; Ainsworth, 1989; Main, Kaplan & Cassidy, 1985). I mean by this that as a person matures their propensity for developing attachment relationships beyond the parent/child dyad both alters and expands to incorporate relationships with friends, lovers or spouses (Bradford & Lyddon, 1994; Dunn, 1993; Hazen & Shaver, 1990).

Caregiving & Relational Insecurity

Deficiencies in the caregiving relationship such as abusiveness, neglect, inconsistency, unpredictability, emotional or physical abandonment and/or rejection have been found to produce relational insecurity in children (Bretherton, 1996; Cicchetti & Toth, 1995a; Cicchetti, Toth & Lynch, 1995; Crittenden, 1995; 1993; Crittenden & Ainsworth, 1989).

Relational insecurity, in turn, has been associated with detriments to children's functioning across the broad band of development such as in their ability to form, maintain or pursue relationships with peers, leaving them subject to attentional deficits which are known to negatively effect academic performance and leave them more vulnerable to emotional dysregulation which may consequently lead to under or over-reacting to external stimuli. This is commonly related to being either the bully or victim and finally predisposing them to impairment in empathy toward others (Lyons-Ruth, 1996; Crittenden, 1995; James, 1994; Cassidy & Kobak, 1988; Aber & Allen, 1987).

Patterns of Attachment

Previous attachment research has shown that attachment insecurity can be expressed in several different ways namely in ambivalent, avoidant or disorganised patterns of attachment (Main & Soloman, 1990; Main & Hesse, 1990; Crittenden, 1988; Ainsworth, Blehar, Waters & Wall, 1978). Attachment research involving maltreated children shows that they are more likely to be classified as insecurely attached (Cicchetti, Toth & Lynch, 1995; Egeland, Sroufe & Erickson, 1983). Additionally they are also likely to be over-represented in the avoidant and disorganised attachment classifications (Lyons-Ruth, 1996; Cicchetti & Toth, 1995a; 1995b; Crittenden, 1992; Cicchetti et al, 1991; Mueller & Silverman, 1989; Cassidy & Kobak 1988; DeLozier, 1982).

Attachment Strategies

These particular attachment patterns have been associated with a series of corresponding behavioural strategies which function to promote the child's proximity to the attachment figure, the central aim of the attachment relationship, while at the same time ensuring the least detrimental outcome to

the child. This latter point relates to the insensitive and abusive caregiving conditions frequently implicated in the development of insecure attachment styles (Main, 1995; Crittenden, 1995; 1994; 1992a; Hinde, 1992). The strategies most frequently associated with the attachment insecurity are compulsive self-reliance, compulsive compliance and compulsive care taking. I do not intend to further describe these strategies here as they have been detailed in full in chapter two of this thesis. The ones most commonly associated with the disorganised and avoidant attachment styles are those of compulsive self-reliance and compulsive compliance (Bretherton, 1996; 1995; 1993; Main, 1995; Cassidy, 1994; Crittenden, 1994; Cassidy & Kobak, 1988; Main, Kaplan & Cassidy, 1985).

I need to add here for the purpose of conceptual clarity that attachment disorganisation has been so called because it lacks a set strategy. This effectively means that children so classified are unlikely to have a predictable response strategy in the face of attachment evoking stimuli. However, they have been found to draw on and vacillate between the latter two strategies mentioned above (Szajnberg & Crittenden, 1997; Crittenden, 1993; 1992a; 1988; Main & Soloman, 1990; Main & Hesse, 1990;).

Attachment Strategies: Implications for Foster Care

The behavioural strategies just mentioned are of import to the fostering context as they reflect children's experience and relational expectancies of caregiving. These strategies are in fact the enactment of a child's internal working model and this model, consistent with attachment theory, is the blueprint for how the child perceives, interprets and forecasts relational information (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; Crittenden, 1995; 1994; 1993; 1992a; 1990; Bowlby, 1988; 1980; 1973).

Insecurely attached children typically employ defensive processes, which are not usually under conscious control, to overtly deactivate the attachment system (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; Crittenden, 1993; 1992; 1988; Crittenden & Ainsworth, 1989; Cassidy & Kobak, 1988).³⁶

Overt deactivation of the attachment system may lead children to:

³⁶ I use the qualifier 'overtly' here as Bretherton (1991; 1990; 1987) contends that the attachment system does not become deactivated as first posited by Bowlby (1980) but continues to survey the environment for danger covertly.

1. Have and show limited trust in prospective adult caregivers (Cicchetti, Toth & Lynch, 1995; Pearce & Pezzot-Pearce, 1994).
2. Reject, rebuff or dismiss attachment overtures made by alternative caregivers (Keck & Kupecky, 1995; Steinhauer, 1991; Jernberg, 1989).
3. Behave in passive-aggressive or openly hostile ways toward alternate caregiving figures (Cattanach, 1992; Cassidy & Kobak, 1988).
4. Mask affect (Bretherton, 1995; 1993; 1991; 1990; 1987; Cassidy & Kobak, 1988).
5. Draw on idealised images of their own parents while actively denigrating the ministrations of alternate caregivers (Main, 1995; Cassidy, 1994; Steinhauer, 1991; Cassidy, 1988; Bowlby, 1988; 1980; 1979; 1973).

These behaviours, while being understandable in light of the caregiving context typically experienced by abused children, do little to cement positive relationships between substitute caregivers and children placed in their care. This arises not solely from child related difficulties, but also in relation to caregiver and organisational factors. Caregivers recruited for foster care are often variably trained, experienced and knowledgeable about the special needs of caring for highly traumatised children (Thoburn, 1997; Smith, 1997; Worrall, 1996; Keck & Kupecky, 1995; James, 1994; 1992; Terpstra, 1987; Prasad, 1986; 1975). More typically they undertake the task out of a desire to 'help' children and young people needing such care (Thoburn, 1997). While most may weather the storms of a perceived adjustment period many are often unprepared for encountering and working through the defences of the maltreated and attachment disturbed child. Lack of preparation invariably leads to placement breakdown (Keck & Kupecky, 1995; Cicchetti & Toth, 1995a; 1995b; Prasad, 1986; 1975). Current attachment theory emphasises the importance of care continuity for children and its protective shield against development of future psychopathology (Goldberg, 1997; See also Atkinson & Zucker per se, 1997; Waters, Posada, Crowell & Lay, 1993). From this perspective, placement breakdown has the potential to be seriously damaging for the children it effects (Karen, 1994; Bowlby, 1951).

The Need to Assess for Attachment

Attachment literature has shown that sensitive caregiving is essential to positive developmental outcomes for children and both the development of relational security (Cicchetti & Toth, 1995a; Ainsworth & Marvin, 1995; Ainsworth, Blehar, Waters & Wall, 1978). Foster care research has made

similar findings showing that caregiver sensitivity is positively related to the development of relational security in fostered children (Cicchetti, Toth & Lynch, 1995; Shealy, 1995; Howes & Segal, 1993; Marcus, 1991).

These findings point to the importance of having assessment tools that can aid in elucidating the attachment quality of caregivers and children in order to effect the most optimal placement choice between prospective attachment partners. This process may enhance the goal of placement stability and developing tools for such an assessment is the subject of chapter four of this thesis. Prior to turning to this discussion I wish to complete this summary by way of the following conclusion.

Developmental Impairment: The Travesty Of Poor Practice In Permanency Planning

Taken together the theoretical framework, research findings and literature review resolutely point to the deleterious outcomes for children in care when their needs for relational security are systemically ignored and/or parentally violated, as is attendant to the context of maltreatment. Childhood comes but once in a lifetime, insults to development during this period can have serious and significant enduring effects. Social workers are frequently the first professionals involved in the life of children who have been subject to maltreatment. In order to serve these children effectively we must draw on information that will assist us in this task.

I aver that being able to make informed and comprehensive pre-placement assessments of attachment quality in prospective caregiver(s) and children to be placed will lend to augmenting placement security. I believe there is a link between placement security and relational reorganisation.

Attachment theory shows that reorganisation of attachment quality in the direction of relational security serves children well. In this stead as a group, social workers have a professional duty and moral obligation to do everything in their power to secure the future of children requiring long term alternate care. I affirm that if the only way we can achieve this is through the process of political action then we must unite as a collective professional body to expedite this goal. On this call for action I conclude this chapter and move now to chapter four, which sets out the methods constructed for this thesis.

CHAPTER FOUR

METHODOLOGY

“Social research is a complex and pluralistic process, diverse in purpose and methods” (Sarantakos, 1995, p.30).

Introduction

This chapter details for the reader both the methodology and methods developed for this study. The chapter itself comprises six substantive areas of discussion: Case Study Method; Ethics; Voices of the Participants; Sample Selection; Research Activities and finally Tools for Analysis of the Adapted Adult Attachment Interview (AAI) and Children’s Narrative. The material presented in each section aims to inform the reader what was done in the course of this study, why it was done, how it was done and the reason for doing it. Additionally the material presented will also, where applicable, address the problems encountered in the fieldwork process. Before providing a brief description of what was undertaken in the research I wish to inform the reader that this chapter is unusually protracted.

A Note on Chapter Length

This arises because of the complex set of research processes involved in reviewing the contributions of the three parties attendant to the formation of an alternate attachment relationship for a child in care, that is, social worker, caregiver(s) and child. This contributes to the need to develop methods that account for the differing roles involved in this relationship. I have linked the methods developed to attachment theory in order to explain and demonstrate their veracity for this study. However this necessary interweaving of theory and method takes time to delineate and for these reasons has added to this chapter’s length. Whilst I had considered separating this discussion I elected

not to on the grounds that this would have disrupted the link between method and theory. This connection was necessary to demonstrating the methods veracity and theoretic embeddedness.

The Research Process

In brief the research explored what the attachment experiences of the maltreated preadolescent child taken into long term care are and how these affected the quality of the attachment relationship formed with prospective caregiver(s). In addition I sought to explore how social workers and their organisation (NZCYPFA) facilitated or impeded the development of this relationship. This investigation was advanced by implementation of twenty-six, semi-structured interviews with four participant groups. The participants included a key informant group representing four different professional disciplines (child psychiatrist, child psychologist, social work specialist and child psychotherapist), three social workers, five caregivers and three previously maltreated preadolescent children in long term care.

The chapter commences with a succinct positioning of attachment theory in relation to its influence on method development. Theoretical discussion thereafter is continuously referred to over the course of the chapter in order to demonstrate its link to the methods developed for this research. For example I have constructed a set of separation and reunion pictures as a concurrent measure of attachment to aid in assessment of the child participants attachment quality.¹ To simply describe their use in an atheoretical manner would limit the readers understanding of their significance. The theoretical import of these pictures are given in the research activities section of this chapter. It is sufficient to say here that their relevance relates to the fact that attachment relationships can change over time.

¹ This method is described in full in the research activities section. I am simply citing them here to exemplify the reason for interweaving theory and method.

This requires the researcher to use both a concurrent measure for assessing attachment as well as gathering a developmental history of the child, in order to understand the similarities or differences shown in the current attachment relationship (Triseliotis, Sellick & Short, 1995; Waters, Posada Crowell & Lay, 1993; Bowlby, 1988; 1980; 1973). I turn now to concisely articulate the attachment theoretic influence on the methods constructed for this research. This comment is then consecutively followed by the key discursive areas mentioned at the outset of the introduction to this chapter.²

The Influence Of Attachment Theory On Method Development

Clinicians, guided by attachment theory have suggested that the key to promoting affective attunement between attachment partners is through facilitating the positive transference between the prospective partners (Szajnberg & Crittenden, 1997; Fahlberg, 1994; 1991; James, 1994; Holmes, 1993; Muir, 1992; Jernberg, 1989; Webb, 1989).³

This can only be established through comprehensive assessment of the intending partners and their attachment histories. The tools used in this study were developed to ascertain the attachment quality and histories of the child and caregiver participants in order to test the above clinical assumption. The social work participants were interviewed in relation to their knowledge of attachment theory and its place in their practice with children requiring long term care. The tools themselves were developed in line with attachment theoretic propositions and in deference to methods used in previous attachment research. The section devoted to research activities gives a full account of the methods used, their rationale and justification for selection. I move now to describe the research design used in this thesis.

² To comprehensively review the theoretical precepts underpinning this thesis return to chapter two of this thesis and/or the chapter summary given at the conclusion of chapter three of this thesis.

³ The term 'affective attunement' refers to the process whereby attachment partners are able to recognise, interpret and be effectively responsive, in role appropriate ways, to the emission of attachment signals (Bretherton, 1987; Stern, 1985).

CASE WORK METHOD

The research undertaken in this study falls within the rubric of the interpretive paradigm as it seeks to understand and derive meaning about social relationships. In this case, the particular social relationship of interest is the formation of an attachment relationship between the maltreated preadolescent child in care and their caregiver(s). This paradigm by its nature is embedded within a qualitative methodology (Sarantakos, 1995). Additionally, the appropriateness of selecting a qualitative methodology for this study is reinforced by the nature of the propositions made and their relationship to a theoretical tradition which arise from the interpretive paradigm (Bowlby, 1988).

Appropriateness of a Case Study Strategy

I have selected and adhered to Yin's (1994) case study strategy as the qualitative research design most suited to addressing the question posed. The case study method has long been associated with addressing exploratory questions based on seeking to understand what is required to be known about a particular condition or set of conditions. This of course is central to the two research questions posed by this research, namely:

1. What is the attachment experience of the maltreated preadolescent child taken into long term care and how does this affect the quality of the attachment relationship with their substitute caregiver(s)?
2. How do social workers and their organisation (The New Zealand Children and Young Persons Agency, NZCYPFA) facilitate or impede the development of this relationship?

Furthermore, the case study design allows for reflexivity by permitting the researcher flexibility in being able to be responsive toward and shift with the flow of discussion engendered between researcher and research participants (Mauthner & Doucet, 1998; Yin, 1994; Finch, 1984; Oakley, 1981). Yin (1994)

states that the type of question asked is but one of three conditions necessary to judge the appropriate selection of the case study strategy for a particular study the remaining two being:

1. The degree to which the researcher has control over actual behavioural events in the field. Should the researcher have limited control over behavioural events selection of a case study strategy is indicated.
2. The degree of contemporary versus historical focus suggested by the research question. Should the focus be primarily contemporary this too is indicative of appropriate selection of the case study strategy.

I contend that this study by its nature and focus meets both criteria. In relation to the first of these two criteria the relational process of attachment limits the control a researcher can exert over participants given that experimental methods are not ethically appropriate in the area of human relationships (Schweigert, 1994). In relation to the second point the development of a relationship between new attachment partners meets the criteria for being a contemporary phenomenon.

I acknowledge that this could be argued against on the grounds that each partner to the new relationship brings with them historical relational influences, in accordance with their internal working model, that will effect the way the current relationship is perceived and subsequently interpreted. Attachment theory however also details that an individual's internal working model can be refined, updated, modified and transformed as a result of new relationship experiences (Szajnberg & Crittenden, 1997; Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; Cicchetti, Toth & Lynch, 1995; Bowlby, 1988; 1980; 1973). I aver that this process affirms the new relationship as contemporaneous in nature.

The Case Study Process

Yin provides a repository of information on the 'how to' of the case study method' and avers that while the strength of the case study method is its person related focus, its downfall has been the oft all too 'sloppy' application of the method (Yin, 1994, p.9). He avers that the researcher can ensure sound application of the method by adhering to several important features before entering the field:

1. Making clear the research question to be addressed.
2. Delineating the study's theoretically informed propositions.
3. Defining the units of analysis.
4. Linking the propositions to the collected data.
5. Defining the criteria for interpreting the findings.

The first two points have been addressed at the outset of this chapter. Points three and five are respectively addressed in the sections on sampling selection and 'Tools for analysis' discussed later in this chapter. Point four is addressed in detail in chapters five and six of this thesis. Yin (1994) also suggests that the researcher can strengthen the case study method by preparing a research protocol defining what will be done, with whom, by when and for what reason. He avers that this systematises the research approach and works to enhance the study's reliability and validity. I discuss reliability and validity further in the section on research activities. I show how these qualities have been accounted for in this section, and how they have directed the method application of the method used. My comments here are confined to discussion of construct validity as this form of validity, as detailed in a moment, is the primary form of validity of import to the case study method.

Yin (1994) asserts that construct validity is the key form of validity to be met by an exploratory based case study. He instructs that the researcher can attend to this criteria by accessing multiple sources of evidence, producing a chain of evidence from which conclusions can be drawn and creating a case study data base by compiling the set of documents used to guide or facilitate the work

itself. Yin (1994) suggests that the criteria for construct validity can be met in the first instance by accessing a range of data sources. He details six types that are typically drawn on in the case study method:

1. A range of documents pertinent to the study area
2. Archival material
3. Interviewing
4. Direct observation
5. Participant observation
6. Physical artifacts such as diaries, photographs and such like.

A Range of Documents

This study has drawn on each of the areas outlined above. Firstly the literature review both pointed to and was facilitative of the development of a range of documents namely the studies interview guide sheets. These were used to guide the social worker, caregiver and child participant interviews. These guide sheets can be seen by turning to Appendices 2, 3, 4, 6 and 7. Chapter nine of the NZCYPFS organisational manual for care services was also drawn as permitted by NZCYPFA. This document was accessed in order to ascertain the principles underscoring social work practice with children requiring long term care (NZCYPFS Care and Protection Handbook, 1998).

Archival Material

The archival data source accessed was agency files of both the child and caregiver participants. These files were examined for information pertaining to the attachment histories of these participants. The children's files can be considered archival as each of their files were activated within the first two years of their birth.

Interviewing

Interviewing was mentioned in relation to the first data source, but I add here that the first interviews for this study were undertaken with a group of key informants. Their details are given in full in the section on sample selection. This interview was also conducted with an interview guide sheet drawn from the literature review. The guide sheet for this interview can be seen by turning to Appendix 2.

Direct Observation

The serial nature of the children and caregiver interviews provided the opportunity to consecutively observe the nature of the relationship between both. This was limited for one set of participants because of interviewing arrangements, described in the section on sampling selection. Brief periods of observation were still able to be made during the introductory visiting period.

Participant Observation

In regard to participant observation, I was actively involved with the children over the course of interviews which permitted me direct experience of their manner in relating to others. Likewise they directly experienced my capacity for building relationships and setting the tone for the interview context.

Physical Artifacts

A series of physical artifacts was manifest prior to and over the course of the interviews undertaken and included a data caption sheet, homework diaries, drawings, photographs, interview transcripts and such like. The artifacts included in this thesis comprise those that do not violate participant anonymity or confidentiality. These have been situated in the research activities section of this chapter.

Yin (1994) asserts that the use of multiple data sources aids the process of triangulation which in turn allows the researcher to identify where data points converge. Data point convergence in turn permits the researcher to identify what is common across the data sets and what this means for the research (Patton, 1990; Denzin, 1989). This study, as just discussed, has drawn on several data sources and methods thus allowing for both data and method triangulation.

The production of data from these sources naturalistically, leads to the development of a chain of evidence and growth of a case study database. These outcomes serve to fulfil the criteria of construct validity as detailed above. The results of this process are given in chapters five and six of this thesis. Before I set out the 'Tools for analysis' applied to this research design I wish to enumerate the research activities, consistent with the discussion here, undertaken with the participants in this study. The reader is reminded that there were four groups of participants involved in the research, a key informant group, three social workers, five caregivers and three preadolescent children in long term care placements. The relational schema is provided below to remind the reader of the connections between the participant sets and to eliminate confusion about these connections where they are mentioned in the discussion that follows .

RELATIONAL REFERENCING SCHEMA

The relational referencing schema⁴ was developed to assist the reader in being able to draw connections between the data sets, that is social worker, caregiver, and child. While the schema was developed to assist in clarifying the relational connections between the data sets it has also been developed to protect the participants confidentiality and anonymity. For these reasons gender has been changed in some places. The schema operates by according

⁴ Whilst the relational referencing schema has already been introduced in Chapter One of this thesis, I have been requested by NZCYPFA's Ethics Committee to insert it twice in this Chapter and also in Chapter Five of this thesis at the point I begin discussing the case studies included in this thesis. The rationale for this request is to ensure sufficient emphasis is given to the names used and to underscore that they are pseudonyms.

each set of participants: social worker, caregiver, and child a pseudonym by alphabetical grouping as shown below. From this point forth the participants, when discussed in text, will be referred to by their data set name.

Data set "A"

Comprises Andrea (social worker), Angie (child) and Anna (caregiver).

Data set "B"

Comprises Bruce (social worker), Byron (child), Bernadette (caregiver:1), Briar (caregiver:2), Bart (sibling: key informant).

Data set "C"

Comprises Christie (social worker), Cane (child) and Carne (caregiver:1), Cassie (caregiver:2).

I turn now to describing the analytic process attendant to the case study method.

Tools Used With The Key Informants

1. A semi-structured group interview was undertaken with these participants which targeted the specialist attachment knowledge held by these individuals (see Appendix 2 to review interview guide sheet). The information obtained from this group also informed the methods constructed for use with the other participants involved in this study.

Tools Used With The Caregivers

1. The caregivers participated in three semi-structured interviews. This involved the use of three different interview guide sheets (see Appendix 4 to review each of the guide sheets used). The first focused on general experience of fostering, the second on relational information about the child and caregiver relationship and the third was an adaptation of the Adult

Attachment Interview (AAI) (Main, Kaplan & Cassidy, 1985). This interview targeted information about the caregiver(s) own experiences of being parented. This relational history is believed to be highly instructive about the attachment quality of the caregiver (George, 1996; Bretherton, 1996; Main, 1995; Crittenden, 1993; 1992a; Crittenden, Partridge & Claussen, 1991; Main, Kaplan & Cassidy, 1985). This has import for the fostering context as this relational quality is likely to be highly influential on the type of care able to be furnished the child placed. This issue is comprehensively discussed in the last section of this chapter.

2. During the course of the second caregiver interview an attachment quality flashcard was used to assist caregivers in conceptualising about and describing their experiences of the relational capacity of the child in their care (see Appendix 8 to review this card).

The card was formulated from relational qualities described in literature as being reflective of specific patterns of attachment, that is, those qualities associated with the attachment classification system, Type 'A', 'B', 'C' and 'D' (Goldberg, Muir & Kerr, 1995; Howe, 1995; Main & Soloman, 1990; Crittenden, 1988; Ainsworth, Blehar, Waters & Wall, 1978).

Tools Used With The Child Participants

1. The child participants were each involved in four to five interviews of varying duration. Several tools were used with them. This is consistent with instructions for assessing attachment, given in attachment literature (see Main, 1995) and consistent with the research protocol for data triangulation (Patton, 1990; Denzin, 1989). The tools are enumerated below and are fully discussed in the research activities section of this chapter.

1. Squiggle game
2. Feeling faces and prompt cards
3. Family drawing & semi-structured interview
4. Genogram & Ecomap

5. Sand Tray Work
6. Doll Play - where appropriate.
7. Separation & reunion pictures
8. Administration and completion of the Cooper-Smith Self-Esteem Inventory
9. Homework Diary

Tools Used With The Social Work Participants

1. The social work participants were involved in one single, semi-structured interview at the conclusion of the fieldwork with both the child and caregiver participants. The interview guide sheet developed for this interview is given in Appendix 3.

It covered four areas of enquiry, general social work information, client specific information, permanency planning information and attachment theoretic understanding.

2. The attachment quality flash card developed for the caregiver interviews was also used with the social workers for the same reasons cited in the caregivers section.

File Research

File research was carried out on both the children's personal files and the caregiver's foster care files. This was undertaken to ascertain the type of social work assessments performed in relation to the permanency planning task and to obtain the developmental history, where available, for the child participants involved in the study. The principle information obtained related to the child's maltreatment and attachment history. This information was collected by way of a simple data caption sheet (see Appendix 9 to review this sheet). This concludes the list of the tools used in this research, I now turn to the methods of recording used in this thesis.

Methods of Recording

Two principle methods of recording were intended for use in this research. The first of these was by audio-taping and the second videotaping. The latter, as referred to in chapter one of this thesis, was for use with the children for the purposes of tracking their anticipated multiple shifts among the material used during the interviews. The audio-tape continued to be used with all participant sets throughout the data collection phase.

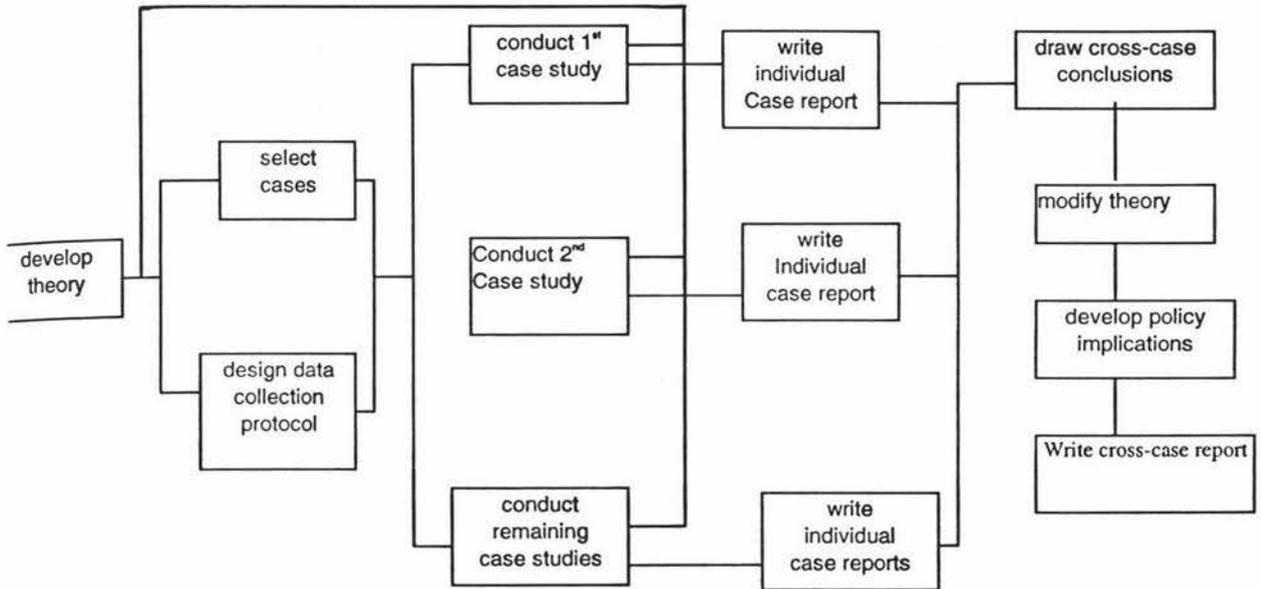
Conversely, use of the video was terminated following the first session with each child. In Cane's case because he requested that it be turned off and for Angie and Byron because of recurrent technical difficulties with the camera. I turn now to describing the analytic process attendant to the case study method.⁵

Case Study Design: The Process of Analysis

Yin's (1994) diagrammatic conceptualisation of the phases attendant to the case study method is given in Figure 4:1 (see below). This schema while providing an overview of the stages involved in the case study design does not provide an operationalised framework for analysing the material produced by the study itself. Yin (1994) identifies that this is, in fact, one of the weakest and least well defined areas in the case study strategy. He suggests that this arises because the case study only produces single data points thereby limiting the potential for contrast within cases and across cases, yet these strategies are the essence of analysis.

⁵ All of the interviews conducted for this study were subject to full transcription. The transcribers were required to complete a declaration of confidentiality (see Appendix 10).

Figure 4:1 Case Study Method



Source: Yin (1994,p.49).

Mauthner and Doucet (1998) in fact suggest that weakness in the analytic process is not simply confined to the case study design but to all qualitative methods in the social sciences. I was particularly interested to read their account given the difficulty I myself had encountered in this process until being assisted with the development of the framework given in Figure 4:2 below (Worrall, 1999, personal communication). The difficulty I refer to is the actual process of operationalising the analysis of the case studies.

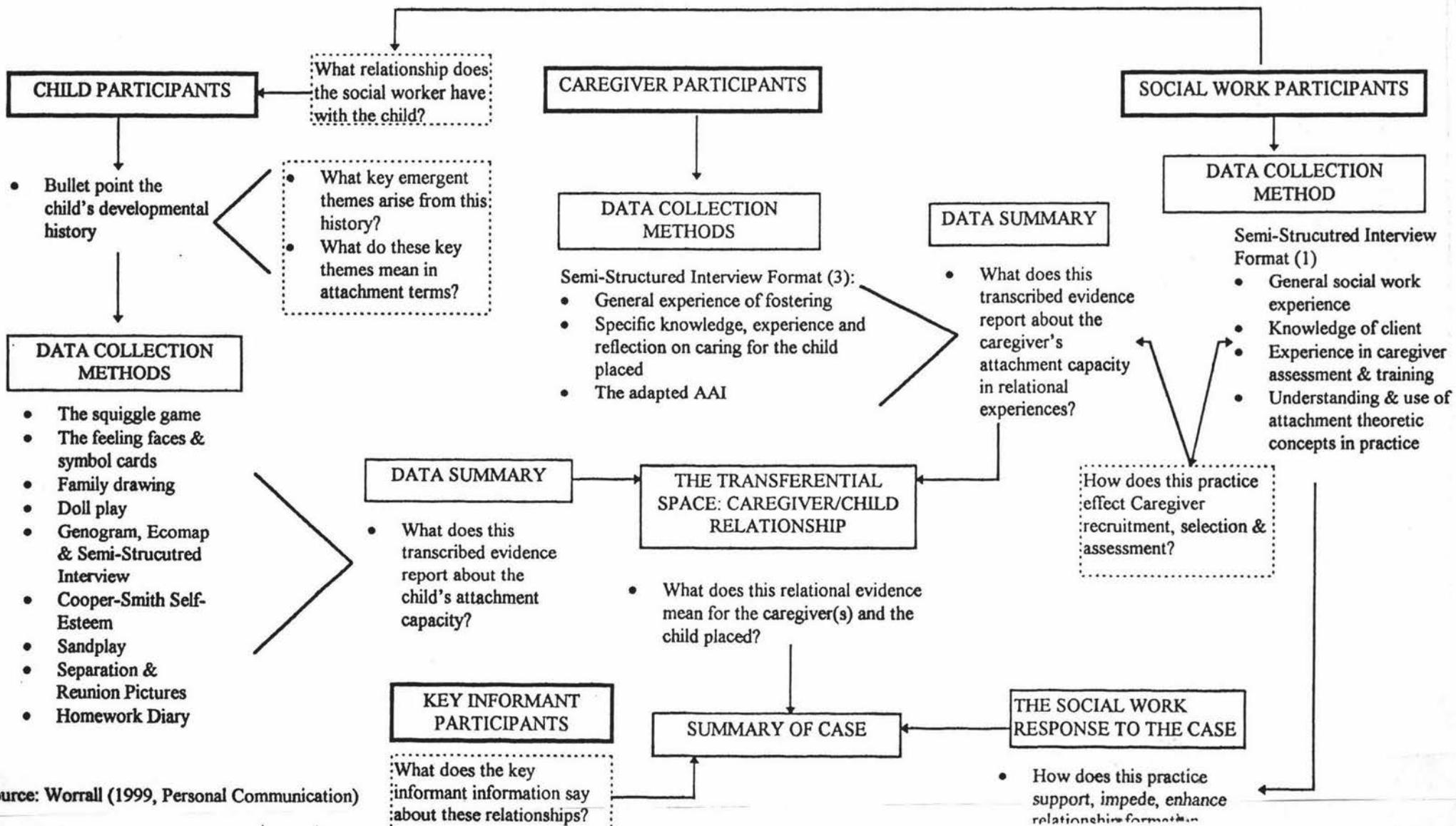
Mauthner and Doucet (1998) suggest that while qualitative research sets out clearly the 'how to' of other areas involved in the research process there is little apparent guidance on how to actually operationalise the analytic process. Fortunately the framework developed for this study assisted me in being able to operationalise this process. The results of the analysis are given in chapters five and six of this thesis.

When to Generalise and What about

The final issue to be discussed in this section is of generalisability. Yin (1994) points out that there are limits to the type and nature of generalisations that can be made from findings arising out of the case study method.

He identifies that the standard criteria for external validity are not met by the case study design because of the small numbers typically sampled and the non-representativeness of the sample. For these reasons generalisations of findings from such studies cannot be extrapolated to the greater population of interest to these studies (see also Schweigert, 1994). Analytic generalisation, however can be made. This process involves the generalisation of information emanating from the case study to previously developed theory. The ability to generalise in this manner is enhanced on the basis that two or more cases are included in the study and can be shown to support the same theory. Yin (1994) avers that this form of generalisation can be further buttressed by what he refers to as the level two inference.

FIGURE 4:2 THE CASE STUDIES: AN ANALYTIC SCHEMA



Source: Worrall (1999, Personal Communication)

This involves two or more studies supporting the same theory but not an equally plausible rival theory. I have aimed for analytic generalisation in this study by incorporating three cases in this research design. Their selection and the process attendant to that is described in the section on sample selection. While I would like to be able to achieve the level two inference referred to by Yin (1994), I do not believe this is possible in this study as there are no other studies similar to this, from which replication can be claimed. This study is soundly theoretically embedded in attachment theory and therefore meets the criteria for analytic generalisation. It has the potential to be buttressed by the level two inference outlined by Yin (1994) in the event that future researchers choose to replicate the design undertaken in this study. I turn now to the subject of ethics and their centrality to this study.

ETHICAL ISSUES

Human Participants: A Sensitive Topic

This study involved navigation through a complex series of ethical dilemmas as a result of electing to undertake research on what is regarded in the field as a sensitive topic (Oakley, 1981). The ascribed sensitivity increases manifold when the topic to be researched involves human participants and gathers momentum when the participants also include children, as was the case for this project. Children are perceived as being in a state of 'developing' by contrast with the developed adult. In this regard children are seen as being less competent and mature and therefore less able to be in a position of considering, reflecting on, or giving informed consent for involvement in a research project. It is for these reasons that their inclusion amplifies the ethical issues encountered (Peart & Holdaway, 1998; Smith, 1997; Kinard, 1996; 1985).

The primary research goal to be satisfied when human participants are involved in the research process is assurance that the research will do no harm

to the intended respondents. In this stead the ethics proposal for this research was presented to two Ethics Committees the first being the Academic Ethics Committee of the University and the second being the Ethics Committee of CYPFA from whence the sample for this study was accessed.

Ethics Approval: A Timely Process

This process was both lengthy and time consuming with final ethical approval arriving approximately eleven months after the first request to the Academic Ethics Committee and confirmation of NZCYPFA'S approval for the research to be undertaken. Further delays were encountered in relation to the sample selection procedure. This procedure was first discussed with NZCYPFA in November of 1997 and was not subsequently drawn until August of 1998. The time delays speak not only to bureaucratic process, but in the case of ethical approval, of the need to satisfy additional ethical criteria inclusive of:

- a) Proof of my ability to interview children.
- b) Recruitment of a research broker.
- c) Clarification about the rationale and reason for involving child participants in the study.

The first of these criteria was fulfilled by discussion with the NZCYPFA Ethics Committee research liaison officer alongside presentation of my Curriculum Vitae. While I recognise that the research task is quite disparate from the task of being a social work practitioner I remained perplexed at the requirement of proof of my ability to interview children given that interviewing children was the crux of the fieldwork task in care and protection social work. It is in fact, a key selection criteria for appointment to the organisation. I reflectively wondered whether the clarification sought related to organisational knowledge or perceptions about the type or state of social work practice undertaken within the agency or whether it reflected a greater belief that social workers had little contact with children.

The Role Of The Broker

The reader will recall from chapter one of this thesis that the brokerage role was required in this study to reduce any attendant role conflict and duress that potential participants may experience as a result of my former position as a part time employee of NZCYPFA. It also facilitated anonymity in that I was only provided written information about willing participants. I re-emphasise here that the rationale underpinning the brokerage role was its ability to facilitate participants opting into the research in contrast to feeling obliged to acquiesce because of my described employment status. The broker mediated all initial contacts with intending participants. This involved

1. Dispensing the information sheets.
2. Fielding questions of clarification between myself and participants, about the study, prior to their decision to participate.
3. Facilitating, where necessary, contact with the children's additional Guardian for consent purposes.
4. Facilitating introduction between myself and social workers.
5. Accessing, gathering and furnishing me with files of the children and Caregiver participants for the purposes of researching the attachment information sort by this study.

The brokerage role was concluded following the last task described above.

Including Children: Dilemma After Dilemma

I now turn to outlining the rationale for including child participants in the study and the dilemmas arising from this decision. My decision to include child participants in this study was guided by two major influences. Firstly attachment literature suggests that by the time a child is three or four years of age they are capable of sharing a goal-directed relationship with their attachment partner(s).

This means that they are able to understand something of another person's perspective and recognise that they do not omni-potently control the other (Dunn, 1993; Bowlby, 1988; 1980; 1973; Bretherton, 1984; Marvin, 1977). The assumption can be made, and is literature supported, that with increasing age the child's relational capacity becomes more and more the product of the child (Bretherton, 1996; 1993; 1991; 1990; Biringen, 1994; Bowlby, 1988; 1980; 1973). Therefore, to understand and draw sound inferences about the child's experience of relationships, communication with children themselves appears mandatory.

The second influence arises from the hermeneutic research tradition on which attachment theory is predicated. This tradition purports, consonant with feminist research principles, that the only way to understand an individual's experience is to listen to what they have to say about it 'in and on their own terms' (Mauthner & Doucet, 1998; Worell & Remer, 1992; Finch, 1984; Gilligan, 1982; Oakley, 1981). While these views emanated from research concerns relating to women, I contend these same principles are equally applicable to hearing the voice of children as they too have frequently been relegated to the position of being passive objects of research and thereby having their actual lived experiences ignored, in this case, of being raised in care (Alldred, 1998).

Kinard (1996; 1985) has suggested that the only way to know about the needs and problems confronting children is to carry out research that involves them. She asserts that this is essential to keeping policy and practice abreast of issues that may contribute to child abuse prevention and treatment. Moreover, legal justifications can be made for including children in research such as those supported by two specific articles of the United Nations Convention on the Rights of the Child, 1989.

Article 12 indicates that children have the right to due consideration of their views on all matters affecting them and Article 24 indicates that to exclude children from ethically sound research may be in breach of their legal rights (Peart & Holdaway, 1998; Smith, 1997).

Interestingly the New Zealand Children, Young Persons and Their Families Act 1989 does not appear to have a specific section, aside from rights of guardianship, setting out prescriptions for children's participation in research.⁶ Given this age of consumer driven evaluation one might expect to find some legal guidance about this matter in light of the fact that children and young people are the consumers, forced or otherwise, of a child protection service.

Justification Made: Ethical Issues Encountered

While there appears to be sound justification for involving children in this research it does not discount the ethical issues attendant to their inclusion. I turn to these issues now.

The primary issues discussed here are:

1. Obtaining Informed Consent
2. Seeking Consent of the Guardian
3. Attending to Distress
4. Vicarious Traumatization

Obtaining Informed Consent

One of the major debates in this literature was whether children possessed the cognitive maturity to be able to provide informed consent (Allred, 1998; Peart & Holdaway, 1998; Kinard, 1996; 1985). The children included in this research ranged from 9 to 11 years of age. Interestingly Weithorn and Campbell (1982) found that adolescents were as competent as adults in being able to provide informed consent but found 9 year olds less competent in their ability than either adolescents or adults.

⁶ CYPFA Ethics Committee has pointed out that the 1989 Act makes two references to research under the Act, S.38(2)(b) and S.438(2)(c). Whilst these sections do not preclude children from research, I would argue that they do not actively promote their inclusion either.

Smith (1997) avers that age should not be the sole arbiter in deciding to include or exclude children from participating in events that may affect them. She suggests that children have different competencies at different ages. She did not elaborate on what these competencies may be, except to say that children of younger ages could be assisted to understand requests made of them by having the situation explained to them carefully.

The information and consent sheets used for the children in this study were designed with this view in mind (see Appendix 11 to review these sheets). Additionally, Peart and Holdaway (1998) have suggested that where researchers have doubts about a child's ability to provide informed consent, this could be accounted for by ensuring that children know and understand that they are free to withdraw from participating in the process at any time. They aver that this is a sound procedure for checking reliability in the children's understanding about what they are consenting to as children are naturalistically used to responding in the negative, that is: knowing what they do not want or like.

While these are standard clauses in a consent form I found their suggestion of particular merit for the age of the children included in this study as the preadolescent is still typically concrete in their thinking and therefore more likely to understand and react to instructions involving affirmative or negative responses. This view derived support from one of the child (Cane) respondents included in this study. The example given below demonstrates the capacity for such responding. Cane was 11 years of age and requested that the video be turned off. He had previously been informed by way of the child's information and consent sheet that he had the right to have the video switched off at anytime (see Appendix 11).⁷ This conversation was in the context of the child talking about his placement history.

⁷ The reader will recall from chapter one of this thesis, and earlier this chapter, that the video became redundant as a recording mechanism for two reasons. The first related to Cane's discomfort with its use and the second to recurrent technical difficulties with the camera.

- c: "I don't like talking about it on video and that".
s: "You don't want to talk about it on video?"
c: "no"
s: "Righty oh, and the tape as well?"
c: "oh the tape's OK but not the video camera".

Weithorn and Campbell (1982) suggest that maltreated children may display their dissent to participating in the research process through behaviour as opposed to articulating it in words such as being passive or distracting. They advocate for these reasons that the researcher should pay close attention to how a child interacts during the research activity. I would suggest that a range of factors need be considered before interpreting a particular set of behaviours as being suggestive of a child's dissent to participating in the research process.

Factors such as age, cognitive capacity, interest, individual resiliency, mediums used in the research, level of fatigue, length of time away from the maltreating context, being with a strange person in an unfamiliar place, current sense of safety, events prior to and post the research session and level of confidence in the agreement of confidentiality may all influence how a child reacts during the research process. In fact each of these factors influenced the level and type of response made by the children in this study over the course of the fieldwork undertaken with them.

The outcomes of Rice and McFadden's (1988) forum for foster children provides a good example of how children's behaviour may be affected differently as a result of media used. This forum catered for foster children from the ages of 5 -14. The findings made were that children in the 5 through 11 age group demonstrated difficulties in expressing themselves. These difficulties were put down to socio-emotional factors of fear, worry and concern in relation to the information shared being reported back to their foster parents and the concomitant effects this may have on their placements.

These factors may indeed be true, but on the other hand the medium for expression in Rice and McFadden's (1988) research was largely verbal and

verbalisation has been found to be problematic for maltreated children in this age group (James, 1989).

Different findings may have emerged if an alternative medium for expression had been used with this group. Thus, behaviours may have a different meaning according to the context they are interpreted within and produced by (Alldred, 1998). Likewise, a child's passivity and distraction, from an attachment theoretic perspective, in the face of an unknown researcher, may tell you more about a child's attempt to disarm anxiety in the face of a stranger than it does about a child demonstrating dissent to participating in a research activity.

Obtaining Consent of the Guardian

Parental consent is usually required when children are involved in a research project because of their status of being a legal minor. This posed some difficulties for this project. Kinard (1985) has pointed out that undertaking research with children who have been traumatised by abuse is a factor that further enhances the ethical dilemmas confronted when electing child participants as part of the study. She avers that matters may become more complex as the researcher may be faced, with having to seek consent for the child's participation in the research from a parent, who might be adversarially positioned against the child protection agency charged with caring for their child(ren) because of their maltreatment status. It was for this reason that I elected to recruit children who were in the sole guardianship of CYPFA. This decision did not however circumvent the difficulties outlined by Kinard (1985) for the reasons given below. Although I give a full discussion of sampling and its difficulties further on, I also draw on this information here as it impinges on the matter of sole guardianship and the difficulties associated with obtaining guardian consent. Part of the sample selection criteria, yet to be discussed, for this project was inclusion of children in sole guardianship of the State.

The sample pool when drawn, however, predominantly comprised children carrying an additional guardianship status.⁸ This status means that parents maintain their guardianship rights, in conjunction with CYPFA. For the purposes of this study I was therefore ethically bound to seek parental consent. This added another layer to an already complex task given that the process for a child's inclusion involved the pre-consent of four other parties the organisation, social worker, caregiver and child. I was assisted in the task of obtaining parental consent by the study's broker.

The Role Of The Broker: Its Place In Obtaining Parental Consent

The reader will recall from chapter one of this thesis and earlier in this chapter that the brokerage role was engaged to reduce any role conflict attendant to my former position as a part time employee of NZCYPFA. I remind the reader of this relationship here, as it was integral to gaining parental support. I return now to affirm Kinard's (1985) view that gaining parental consent adds to the complexity of the research process. This was true for this study in relation to both the additional time required to complete the task and to difficulties in making contact with the parents concerned. The barriers to contact included the itinerant lifestyle of one of the parents and for another the ability to communicate by mail only. This in itself was problematic as although this parent was an avid reader the only correspondence typically received by mail was bills. The social worker informed me that these tended to get ignored and by association it was likely that the correspondence about this study would also be ignored.

⁸ Section 110 of the Children, Young Person and Their Families Act 1989 permits the court to make guardianship orders in favour of people or organisations designated as being able to provide care for a child or young person requiring such care. This includes of course the Director-General of CYPFA. Section 110(a) permits the making of a sole guardianship order while S.110(b) effects the making of a guardianship order to another party in addition to the appointment of the first guardian. The children in this study most frequently carried an additional guardianship status. The appointed guardians were both the Director-General of CYPFA and the children's parent(s).

Parental Consent Obtained

In this instance the social worker's perception proved correct. This situation was resolved by the social worker on a planned home visit, unrelated to the research, checking with the parent as to whether they had received recent correspondence from CYPFA. This enquiry subsequently led to parental consent for the child's inclusion in the research as mediated through the broker. Parental consent was required for a second child included in the study also because of the additional guardianship status. This consent was not easily acquired as the parent concerned was itinerant. However despite the difficulty involved the parent was located by the social worker, who under instruction from the broker, provided information about the research to the parent. I subsequently spoke to the parent as requested by the parent and on clarifying the questions posed of me I audio-taped the consent advanced.

While obtaining parental consent for the children's inclusion in the study was not straight forward I did not encounter the adversarial parent suggested by Kinard (1985) which may indicate that these parents were happy with or resigned to the care decisions made on behalf of their children.

Alternately, it may suggest that these parents were never adversarially disposed or that the crisis experienced had long since attenuated and some form of resolution to the placement crisis had been reached. Should any one of these explanations be true this may have implications for sample bias.

Attending to Distress

Kinard (1985) asserts that in keeping with the principle of doing no harm researchers need to have a plan of what they will do if the child becomes distressed during the research process. She suggests that this plan includes four elements:

1. Discontinuation of the research activity.
2. Implementation of debriefing.
3. Development of a protocol for abuse disclosure.
4. Development of a protocol for disclosing emotional problems presented in the research context.

I have addressed all four of the aspects detailed above in varying parts of this chapter. The methods developed and used with the children were designed to maximise their ability to be in control of their level of participation in each session. While the interviews were not intended to trigger distress I recognised that the issues of discussion may have occasioned such a response. I planned for this eventuality by deciding to discontinue the session or discontinue exploration of the area that triggered the emotional response. I also used a timer device in the sessions that was controlled by the child. This device was used for two reasons. Firstly to afford the children a sense of control over the process and to gain a sense of time about the session length. Secondly the children were told at the outset of the sessions that they could halt the timer if they needed to take a break from the work we were doing.

Additionally, I had pre-organised contact with the caregivers external to the sessions undertaken with the children for the purposes of ensuring that the children were not demonstrating emotional distress in relation to the work undertaken with them. This contact and the parameters around it are detailed later in this section. I also provided the caregivers with a list of counselling options in their local area, for themselves and children, should they have been required. They were not needed. Moreover the child focused research activities were designed to reduce the possibility of distress arising. The method section of this chapter delineates further how this issue was addressed and also outlines the debriefing process attendant to it. I would add here that the other strategy I employed to reduce the chance of a child being distressed by the research process, was to assess for their emotional and placement stability prior to entering the field.

I did this by requesting (via the study's broker) each social worker responsible for the child sampled to fill out the checklist for the social worker's perception of suitability for the child's inclusion in this study (see Appendix 17 to view a sample copy of this sheet). Their comments were used to decide whether or not the child should be included in the research. The factors effecting this decision included, the child's current state of functioning, the presence or absence of distress, level of adjustment exhibited in school, presence or absence of proceedings before the Family Court in relation to the child's care status and/or maltreatment experience and finally the presence or absence of placement difficulties. In cases where children were cited as experiencing more than one of the listed factors I sought to clarify the efficacy of their inclusion with both the case social worker via the agency broker and with my thesis supervisors.

In relation to the strategy described above I also undertook a similar process with the caregivers of the child, following their consent to participate in the study, to canvass their views on the current emotional functioning of the child in their care. I undertook this discussion with a behaviour checklist (see Appendix 12 to view a sample copy of this sheet). The caregiver responses to this discussion were the last check to confirm the child's suitability for inclusion in the study. I had also arranged with the caregivers during the preliminary visit that if the children should enact behaviours on the list given and they believed these to be related to my contact, that they would inform me of this at our prearranged check in times. The prearranged check in times involved a weekly call to the caregiver over the duration of the fieldwork. These calls traversed confirmation of the next scheduled visit and the behaviour of the child over the week. The purpose of these calls were threefold:

1. To ensure the ongoing ethical fitness of the study.
2. To ensure the child was not being unduly emotionally distressed by the research activity.
3. To ensure the child was not unexpectedly confronted by other major life events during the course of the research work. Previous practice experience has shown me that children in care are frequently subject to

manifold unanticipated changes in their lives. I was anxious to account for such occurrences in relation to the potential ramifications for the child and to the meaning, if any, such an event may have on the collected data.

Protocol For Abuse Disclosure

The child was clearly and concretely told that should any material arise relating to abuse, new or previously untold, during the course of our work together that this would need to be reported to his/her social worker, and if it did not implicate the caregiver, with the caregivers. This protocol was documented both in the information and consent forms of all parties to this research (see Appendices 1, 11, 16, 17 & 18 to review forms). Likewise, should the caregiver have detailed abuse issues involving the child that were previously unknown, these too were subject to the same reporting process just outlined.

This protocol was activated once in the duration of the study as a result of one of the children reporting harsh physical treatment by a former caregiver not previously disclosed. The level of malicious intent to which the child had been subject was further revealed by documentation recorded in the hand of the caregivers concerned. This documentation had not previously been cited by the social worker responsible for the case because of the location of the record.⁹ Following brief discussion the matter was forwarded to managerial staff. The situation if left unaddressed posed an ongoing risk to the child of concern, given the child's belief that these people would be involved in future caregiving arrangements.

Ascendant Emotional Issues

I had sought the assistance of two consultants specialising in work with emotionally disturbed children to address and discuss any difficulties that may

⁹ The caregivers for the child concerned diarised their own notes about the child's behaviour. These were subsequently shared between caregivers. I was given these notes by the child's caregivers to research as they contained caregiver observations of parent/child interactions. It was while reading these notes that the identity of the caregiver, referred to by the child, was disclosed.

emerge over the course of the fieldwork undertaken with the child participants. Their involvement had been approved through the ethics proposal. This service was reorganised prior to my entering the field following the decision of one of the consultants to withdraw from this role. As it turned out this service was not required.

Vicarious Traumatization

Vicarious Traumatization is a phenomenon thought to affect practitioners in the human service field because of their exposure to the trauma narratives of the people with whom they work (Kinard, 1996; 1994; Williams, 1993). Kinard (1996) advocates that researchers in the field of maltreatment are no less immune to suffering this effect.

She states that researchers must be cognisant of the likelihood that they may experience this phenomenon as a result of the research task, particularly when reviewing the trauma experiences recorded in the files of their intending research participants. She advocates that it is incumbent on the researcher to create strategies to deal with this eventuality. I add here that during both the sample selection and the fieldwork phase of this research that I was in regular contact with both my thesis supervisors for these reasons. This contact provided the opportunity to debrief the strong emotions stirred up by reading about the personal and systemic atrocities that had assailed the young lives of the children in this study. I also confined file reading to prescribed periods as a strategy to reduce the emotional intensity commonly experienced in this task (Kinard, 1996; 1994; 1985). I turn now to positioning the voices of the participants in this study.

VOICES OF THE PARTICIPANTS

Situating The Voices

While Yin (1994) provides ample direction to the practical actualities of implementing the case study strategy he does not pay a great deal of attention to representing the voices of participants in the research process nor to the importance of doing so. The positioning of participants voices in the research process has received attention from a wide range of methodological traditions: feminists, ethnologists and life historians to name a few (Alldred, 1998; Mauthner & Doucet, 1998; Worell & Remer, 1992; Denzin, 1989; Oakley, 1981). I name these traditions here to demonstrate that situating the participants voices in research arises from a well defined research tradition and as such is validating of my intention to draw on this same process in this study.

I have endeavoured to maintain the centrality of participants voices in this project by directly representing them through transcribed excerpts of the research interviews. My intention in doing this is to position the participants as active agents in the research process in contrast to relegating them to the position of passive objects achieved by simply manipulating the data solely for its scientific value (Alldred, 1998; Holstein & Gubrium, 1995; Patton, 1990; Denzin, 1989; Oakley, 1981).

I acknowledge that there are limits to the ability to actually represent participants experience 'in and on their own terms' because of the constructivist nature of qualitative research. The primary limitation is that the voices of the research participants are inevitably heard through the voice of the researcher because this is the way that information from participants becomes transformed and transmitted at the level of documentation. These processes are mediated by several factors inclusive of the researcher's personal, experiential and theoretical backgrounds.

These in turn influence how the researcher perceives the information gained and affects the choices made about what will or will not be represented. Similarly these same operands effect what avenues of enquiry are or are not followed up during the interview process (Mauthner & Dolcet, 1998; Oakley, 1981). In sum, the voice of the researcher, as indicated above, is omni-present to all stages of the research task. I have attempted to account for the way I have transformed the participants stories, and therefore their voices, by detailing the analytic lens used to systematically review their interview data and the concomitant themes that emerged from this work.¹⁰ These schemata are set out in the last section of this chapter. I return here to comment briefly on the other reason for my interest in focusing on the position of the participants voice in this research. This particular interest was fuelled by recognition in literature that children's voices are rarely heard in the public domain. More typically they are the silent participants of large scale positivistically driven research. While this research is an important contributor to the storehouse of information about children's needs and requirements over the span of childhood it is usually about them as opposed to from them (Allred, 1998; Smith, 1997; Hassell, 1994; Marcus, 1991; Rice & McFadden, 1988).

The case study design attendant to this research provides the opportunity to hear the voices of three children's' experience of the care system. This is significant as maltreated children are infrequently afforded public space to comment upon services which they are the recipients of but generally have little input into (Smith, 1997). This contrasts starkly with the current day emphasis on consumer driven evaluation for services rendered.

More importantly, from an attachment theoretic perspective, Bowlby (1988; 1984) asserted that too often in cases of harsh parental treatment, children are subjected to having their experiences spurned or denied. He described this phenomenon as children "knowing what they are not supposed to know and feeling what they are not supposed to feel" (P.99). He believed that this

¹⁰ I would add here that I have attempted to work to the concept of transparency throughout this thesis by delineating in its introduction the subjective, theoretical and experiential factors that have been operand in this project.

practice arose from parents and at times workers in the field choosing to ignore, reconceptualise or subjugate children's actual accounts of their lived experience to an explanation more tolerable to the adults concerned (Bowlby, 1984; Mason, 1984).

These distortions, in Bowlby's (1988) view, become the nexus of clinical work for an attachment oriented clinician. Central to this work is the dialogic relationship established between therapist and child (Bretherton, 1996; 1993; George, 1996). Pinnacle to this process, is the relational story internalised by the child and its meaning for current relationships (Bretherton, 1996; 1993; 1992; 1991; 1990; 1987; Holmes, 1993; Crittenden, 1993; Cassidy, 1994; Crittenden & Ainsworth, 1989; Bowlby, 1988; 1980; 1973; 1969).

The essential component to understanding the relational expectancies formed, tacit to Bowlby's description above, is through listening to the 'voice' of the child. The therapeutic goal of this process is the facilitation and enhancement of a child's sense of coherence over life experiences (Oppenheim & Waters, 1995; Holmes, 1993; Main, 1991; Cassidy & Kobak, 1988). Changes in the level of emotional coherence have previously been implicated in the reorganisation of an individual's capacity for attachment (Bretherton, 1993; Holmes, 1993; Main, Kaplan & Cassidy, 1985).

While the qualities given here do not directly relate to the research process I believe they have implications for it and in this stead, I have drawn on these conceptualisations to inform and justify the centrality of the child's voice in this activity.

This justification is premised on the notion that for social workers to initiate a reasoned assessment of attachment in the maltreated preadolescent child they first need to have some mechanism from which to draw inferences about the child's attachment quality.

I propose, in line with the material presented here, that the child's voice - whether through symbolic representation or verbal means (Bretherton, 1986;

1984)¹¹ provides the medium from which to commence this process. The methods developed for the child participants in this study, as discussed later in this chapter, have revolved around the primacy of the child's voice. I turn now to the process of sample selection.

SAMPLE SELECTION

As mentioned at the outset of this chapter qualitative methodology was the paradigm most suited to the exploratory nature of the research question posed for this study. Both the question asked and the paradigm chosen were instructive of the most appropriate research strategy for this project - the case study method. The design itself has implications for the sample selection process.

The feature central to my decision to elect the sampling technique of purposeful randomisation was the known limits to external validity associated with the case study strategy (Yin, 1994; Patton, 1990).¹² Patton (1990) confirms that the credibility of the case study method is strengthened by the process of purposeful randomisation which involves two steps:

1. Drawing up an initial pool of potential participants on the basis of explicitly articulated pre-established criteria.
2. Followed by random selection of participants as drawn from the sample pooled in relation to the criteria given.

Attachment theoretic principles and ethical requirements informed the criteria developed for selection of the sample (see Appendix 13). This criteria was forwarded to CYPFA'S information technology section and they in turn drew an

¹¹ Bretherton's (1986; 1984) work cited here provides a comprehensive overview of the developmental age and stage associated with a child's ability represent life events symbolically.

¹² The reader is reminded, in line with discussion earlier in this chapter, that the case study is confined to making analytic generalisations from the collected data. Two to three cases are required for appropriate application of this process (Yin, 1994).

initial sample pool of twenty six cases over three different geographical locations in line with the criteria given. Limits to computer based information meant that a manual file review was required to confirm that the sample drawn met the pre-established criteria. I was afforded assistance in this task through administrative officers being managerially sanctioned to pull the files required. This activity commenced what was to become an eight stage process of potential subject mortality. The eight stages comprised:

1. Preparation for file review
2. File review
3. Social work review of suitability for child's inclusion into the study
4. Caregiver review of suitability for child's inclusion into the study
5. Consent from social worker to participate in this study
6. Consent from caregiver to participate in this study
7. Consent from child to participate in this study
8. Consent from additional guardians for their child to participate in this study

The mortality effects from stage one to eight included:

- Loss of nominated cases due to participant transfer from the geographical location designated for this study.
- Errors in birth dates thereby placing potential participants beyond the age parameter established for this study.
- Potential participants carrying a legal status other than sole guardianship (see note about this status above).
- Potential participants being discharged from care.
- Potential participants being involved in current court based actions.
- Potential participants experiencing instability in their current placements.
- One in a set of participants electing to decline involvement in the research thereby deleting the participant set.

These mortality effects led to the sample selected being purposefully drawn across the pool of participants sampled. Moreover variation was sought from

the Academic Ethics Committee to ratify, where necessary, approaches to the child's parent to gain consent for the child's participation in the study because of their additional guardianship status for the child. The broker appointed to assist in this study facilitated contact with the parents in such cases.

Characteristics of the Sample

There were three sets of participants involved in the actual case study design: social worker, caregiver and child. But there was a fourth participant group, the key informants who, as mentioned earlier, were interviewed prior to the work undertaken with the participants named above. I will discuss the sample characteristics of each participant group separately starting with the key informant group.

Key Informant Characteristics

The key informant group interview was chosen in order to access specialist knowledge in the attachment field. The key informants comprised four different professional groups known to possess specialist knowledge relating to children's socio-emotional functioning and comprised: a Child Psychiatrist, a Doctor in Child Psychology specialising in work with attachment disordered children, a Clinical Social Worker specialising in work with attachment disturbed children and a Child Psychotherapist.

The interview itself was intended to be one group session of approximately two hours in length. Unfortunately one of the group were unable to make the scheduled interview time. This required a variation in method leading to an additional single interview of approximately one and a half hours. This, in fact ended up being a fortuitous turn of events as it allowed me to refine and revisit the questions asked and information sought. This is in line with Patton's (1990) view of keeping the data alive (Patton, 1990).

My intention in undertaking this interview was to ensure that I had adequately covered the attachment literature and that the key informants might assist me in identifying gaps in this coverage. I also looked to them for ideas about method formulation and data caption, consistent with an attachment theoretic schema. The information gained from these interviews had a sensitising influence on preparation of the interview guide sheets and in relation to material needed to work with the children. One of the suggestions regarding the material required, was to have a range of media from which children could choose to select. I followed this suggestion and the photographs featured in the research activities section of this chapter shows a selection of the media made available for working with the children.

Social Work Characteristics

Three social workers were involved in this study and they possessed varying lengths of experience within CYPFA. Two had less than five years service and the other in excess of this time.

The study required each social worker to participate in a single two hour semi-structured interview. These were scheduled at the conclusion of both the child and caregiver interviews. This scheduling was purposeful, as I wished to control for any contamination effect that may have eventuated if the social workers had been interviewed first, that is, the social workers discussing the nature of the interview with the caregivers and providing me with information about the child prior to our meeting before I had met them (Schweigert, 1994).¹³

Social work selection was determined by the lead selection strategy devised for recruiting the child participants (see earlier discussion on the purposeful selection strategy in relation to the child participants). Despite the fact that the

¹³ I would add at this junction that I did not think this likely, in light of the workloads carried by social workers. However this is a considered research strategy to reduce extraneous influence on the topic under study and in this regard, I was following a research informed protocol (Schweigert, 1994).

social workers were selected on the basis of the children's selection they were free to decline participation at any time.

I had sought social work involvement in order to ascertain:

1. What they knew about attachment theory and attachment needs of children requiring long term care.
2. What their experience of such practice was within their agency.
3. How this experience affected their practice.
4. How the agency enabled or impeded this work.

The findings to emanate from this data set are raised in chapter five and six of this thesis but are predominantly discussed in chapter six. The reader can view the guide sheet for this interview by turning to Appendix 3.

Social Work Qualifications

Each of the social work participants held tertiary qualifications. Two held the Bachelor of Social Work degree while the third held a Diploma unrelated to social work.

Caseloads

The caseloads varied for each participant ranging from twenty-five to in excess of thirty at any one time.

Work Role

Two of the social workers operated in a team dedicated to addressing the needs of children in care as opposed to being involved in risk assessment. These participants, at the time of interview, had been in their respective teams for not more than a year. The third social work participant had a varied role

within the agency but had dedicated social work responsibility for one of the children included in the sample.

Caregiver Characteristics

Three sets of NZCYPFA approved caregivers, comprising five individuals, were interviewed in the course of this study on three to four separate occasions for a duration of 1.5 to 2 hours over a period of eight weeks. These participants were selected into the study by the same strategy used for the social work participants (see section above). Additionally one of the children's oldest brothers was invited to participate in this project as a key informant.¹⁴ This invitation was extended following the caregivers indicating his brother's wish to participate in the study. His inclusion in the study was premised on his knowledge of his youngest brother's early life history which, unlike that of the other children in this study, was not fully documented on file, because he had not entered the care system until he was of early school age. The caregivers declared that the older sibling knew about the multiple placements among family and friends that his younger brother had been subject to whilst still in their mother's care and they believed this information would be relevant to the research topic.

Relationship Referencing Schema

Before I move to describing the characteristics of the child participants I wish to remind the reader of the relational referencing schema developed for clarifying connections between the study's participants (see also chapter one this thesis and earlier this chapter). The schema accords each set of participants: social worker, caregiver and child a pseudonym by alphabetical grouping as shown below.

¹⁴ This sibling was fully informed of the study's purpose by way of the Key Informant Information Sheet see Appendix 16. He agreed to participate in terms of this information and completed the consent form provided. The reader can view a sample of the information sheet and consent form in Appendix 16.

Data set "A"

Comprises Andrea (social worker), Angie (child) and Anna (caregiver).

Data set "B"

Comprises Bruce (social worker), Byron (child), Bernadette (caregiver: 1), Briar (caregiver: 2), Bart (sibling: key informant).

Data set "C"

Comprises Christie (social worker), Cane (child) and Carne (caregiver: 1), Cassie (caregiver: 2)

Characteristics of the Children

Three children participated in this case study design: two were male, Byron and Cane, and one female, Angie. The process of their selection was given at the outset of this section. I met with the children individually on four to five separate occasions over a period of eight weeks.

The variation in the number of interviews with each child was dictated by several factors including the child's concentration span, fatigue at the time of interview,¹⁵ the ability to establish effective rapport with the child, the child's capacity to tolerate discussing emotionally charged experiences and competing demands on the child's time.¹⁶ Two of the children were seen in their respective homes while Cane was seen external to his home environment as a matter of convenience for both himself and his caregivers.

The children's bullet point case histories given in chapter five of this thesis furnishes the reader with details about the child's entry into the care system, family constellation, maltreatment and placement history. I turn now to present the methods developed for this study, their purpose and rationale.

¹⁵ Fatigue commonly presented when interviews, by necessity, followed the end of the school day.

¹⁶ The competing events included other appointments made for the child or participation in extracurricular activities.

RESEARCH ACTIVITIES

Interviewing: The Primary Method

The primary method of data collection used for each participant set in this study has been through application of a series of semi-structured research interviews. The nature of the interviews undertaken varied in relation to the participants involved. The interview content was conditioned by attachment theory and information emanating from the key informant interviews (see Appendix 2 to review a sample copy of the interview guide sheet employed in the key informant interview). These sources of information were drawn on to assist in the development of the interview guide sheets particularly those used with both the social work and caregiver participants (see Appendices 3 & 4).¹⁷ The guide sheets, consonant with Patton's (1990) instruction, were used to augment the study's reliability by ensuring consistency in the material covered over the interview sets. This has particular relevance for the case study design because of its propensity to yield only single data points. In this regard the guide sheets contributed not only to enhancing reliability but also to data triangulation (Yin, 1994; Patton, 1990; Denzin, 1989). Data triangulation in turn permits sense to be made of the information gathered, by detailing where the data points converge and diverge, thereby highlighting the commonalties and differences. In this case, of experiences between social workers and caregivers as it related to the task of facilitating the formation of a new relationship between the maltreated preadolescent child in long term care and their caregiver (Yin, 1994).

The social work interview were targeted at attachment practice knowledge, knowledge and experience of the organisational mandate for providing services to children requiring long term care and their own practice experience in

¹⁷ I over prepared the interview guide sheets diverging from the typical area based prompts suggested by Patton (1990). I divided the interview by area alongside inclusion of a specific set of questions. My decision to do this was to ensure depth of coverage during the interview. So from time to time the questions were asked in a structured fashion but predominantly the interviews were conducted in the conversational style more typically reminiscent of the use of an interview guide sheet (Patton, 1990).

supporting or enhancing the attachment relationship between the child and caregiver involved in this study (see Appendix 3).

The caregiver interviews also looked to ascertain their experience of caring for a maltreated preadolescent child. Additionally, it looked to examine how their own attachment quality impacted the caregiving relationship (see Appendix 4).¹⁸ These interviews also looked to review the dimensions of support and assessment undertaken by social workers in preparation for the development of this relationship. The information yielded from these interviews is predominantly given in chapters five and six of this thesis. However it is referred to briefly in this chapter.

File Review

Prior to turning to these activities I wish to address the role of the file review in this research. Both the child and caregiver files were reviewed in their capacity as an archival and secondary data source (Yin, 1994; Denzin, 1989). More specifically they were reviewed to ascertain the attachment and maltreatment histories of the child participants. This information is recorded in the bullet point histories given for the children in chapter five of this thesis. I also looked to cross reference the information gained from the children about their histories with file information. This was done to check for discrepancies between what was recorded and what the children conveyed.

This check is supported by attachment theoretic assumptions which suggests that discrepancies may be instructive of defensive processing in children. Defensive processing in turn can be instructive about a child's relational capacity (Cassidy, 1994; 1988; Cassidy & Kobak, 1988). Two major difficulties accompanied the file review. Firstly the type of information recorded varied widely over the children's files. Cane's file provided copious information relating

¹⁸ The reader will note that one of these guide sheets is an adapted form of the Adult Attachment Interview (AAI). This interview is well known in the attachment field and operates to obtain retrospective memories of an adults childhood experiences of attachment. The efficacy of this tool is discussed more fully in the section on tools for analysis given at the conclusion of this chapter.

to the two foci of interest but Angie and Byron's files were far more scantily recorded. Neither had the depth of qualitative detail present in Cane's file.

The absence of depth, in turn, has affected the level of analysis able to be undertaken with these cases and this is reflected in chapter five of this thesis. The second difficulty encountered related to Byron and Angie being younger members of a sibling group all of whom had been taken into care. This has implications for the file record as the family history of these children appeared to be situated, as suggested by references in the file themselves, in the files of their older siblings. I was not able to access the latter understandably.

The caregiver files were accessed for different reasons namely to identify the type of caregiver assessment and caregiver training that had been made available to them. Once again this information varied across files. In one file I discovered that the foster parents while being recruited in a manner consistent with CYPFA fostering policy they were never police checked (this is inconsistent with CYPFA care services policy) yet they had provided care for numbers of children over several years. This error was picked up by a social work supervisor almost a decade after its occurrence.

The assessment procedures were highly inconsistent as indicated by the example above. In one case the assessment occurred several weeks after the child had been placed, in another there was no specific assessment, in relation to the prospective individual attachment partners to the new relationship. While in yet another the assessment undertaken was exceptionally thorough and the placement made has been subsequently well supported over time.¹⁹

More interestingly two of the caregivers interviewed informed me that they did not think they had ever been assessed. Their perceptions support my earlier

¹⁹ I would add here that the quality of ongoing support is also subject to inconsistency. This is well exemplified, and is referenced in chapter five of this thesis, by one of the social workers who identified that he had only seen the child included in this study on one occasion in a year. This contravenes the care services policy for children in care which sets out a minimum visiting schedule for children so placed (NZCYPFA Care and Protection Handbook, 1998).

contention that the assessment process, at best, is inconsistent. I also noted that where social workers did comment about the relational capacities of caregivers these were not embedded in any particular interpretative framework, that is, no comment was made about the potential suitability of these caregivers for particular developmental ages, behavioural presentation or the like. The inconsistency presented by this file review suggests that permanency planning is not afforded the attention literature identifies it requires (Taylor, 1997; Smith, 1997; Thoburn, 1997; Worrall, 1996; Triseliotis, 1993; Terpstra, 1987).

Children's Play: Tools for Interviewing

The attachment field has only recently begun to utilise narrative strategies to tap the representational models of relationships held by children beyond early childhood (Oppenheim & Waters, 1995). These strategies have yet to be applied to children in the preadolescent age group (Goldberg, Muir & Kuir, 1995).

To date the primary methods for assessing a child's quality of attachment in younger age groups have included: the strange paradigm, doll play strategies, sentence completion tasks, separation picture tests²⁰ and employment of the attachment Q set questionnaires, to name but a few (Klagsbrun, & Bowlby, 1976 cited in Oppenheim & Waters, 1995; Bretherton, Ridgeway & Cassidy, 1990; Main, Kaplan & Cassidy, 1985; Waters & Deane, 1985; Hansburg, 1972 cited in De Lozier, 1982; Ainsworth, Blehar, Waters & Wall, 1978).

These measurements of attachment have typically been used in research settings but are increasingly being applied to the clinical context. The rider on such application is the directive to draw information from as many primary data sources as possible in respect of the child's relational capacity to ensure the relevance of the assessment made (Ainsworth & Marvin, 1995; Main, 1995).

²⁰ The reader is informed this particular activity has been differentially applied to adolescents, adults and children below middle childhood (Main, Kaplan & Cassidy, 1985; Klagsbrun & Bowlby, 1976 cited in Oppenheim & Waters, 1995; Hansburg, 1972 cited in DeLozier, 1982).

While these measures have proved fruitful with younger children their pre-eminent focus on sensorimotor representations makes them less suitable for assessment of the preadolescent child, given the associated shift in cognitive functioning at this age (Piaget, 1954). This advancement in cognitive relations, from pre-operational to concrete thought, affords the maturing child greater ability to draw on psychological representations of the attachment relationship, as opposed to the consistent need associated with children at younger ages of seeking physical proximity to the attachment figure (Kelly, 1998; Oppenheim & Waters, 1995).

There is therefore a dearth of methods for assessing attachment in the middle school age group (9-12). In addition, the change in mental processing associated with this developmental stage posed a challenge for this study. This showed the need to develop a range of methods to address the gap in assessment that was simultaneously stage appropriate.

The methods for the child participants yet to be presented have been informed by the types of assessment procedures previously undertaken in the attachment field. The methods developed were guided by the following tenets:

1. A range of media need to be used in order to account for the individual interests and capabilities of the children interviewed. (Ryan & Wilson, 1996; Cattanach, 1992; Webb, 1991; MacIntyre & Donovan, 1990).
2. A range of methods need to be drawn on, in order to facilitate data triangulation (Patton, 1990).
3. The methods developed, need to account for the greater capacity for internal processing associated with this age group (Oppenheim & Waters, 1995; Bretherton, 1993).
4. The activities provided need to defend against being too infantile or overtaxing of the child's competencies.

5. The media provided, need to allow for attachment representations beyond the immediacy of the family of origin, or substitute caregiving family, as it is known that children in this age group increasingly disperse their attachment ties to partners beyond this group. Such as friends, teachers and individuals associated with different interest groups or extended kin (Dunn, 1993).

Principles of Attachment: Their Effect on Methods

Before moving to detail the tools developed for the child participants I wish to appraise the reader of the attachment principles that have influenced their formulation:

- a) Maltreated children have been found to be over represented in the insecure attachment classifications (Goldberg, 1997; Szajnberg & Crittenden, 1997; Cicchetti & Toth, 1995a; Crittenden, 1992a; Cicchetti et al, 1991; Zeanah & Zeanah, 1989; Egeland, Sroufe & Erickson, 1983; DeLozier, 1982). More particularly, it has been found that they predominate in the avoidant/dismissive and disorganised classifications (Lyons-Ruth, 1996; Mueller & Silverman, 1989; Cassidy & Kobak, 1988).

Furthermore, research in this area shows that children who possess these attachment styles are more prone to enacting minimising, dismissive, ignoring or avoiding behaviours when confronted by attachment eliciting circumstances (Cassidy, 1994). These findings have implications for the current study as it is likely, given the children's maltreatment history, that children in this sample may also fall into the above attachment classifications. This has import for the research methods for the study particularly in light of Cassidy's caution (Cassidy, 1994; Cassidy & Kobak, 1988).

Cassidy cautions researchers to give consideration to how they might deal with the children's masking of negative affect. She indicates that this issue requires much thought when researching older age children as they possess an increased cognitive capacity, mentioned earlier, which permits

them to become adept at defending against anxiety provoking stimuli (Cassidy, 1994; Cassidy & Kobak, 1988).

She points out that she has addressed this issue by electing projective techniques, in conjunction with question probes to facilitate the child's production of a personal narrative, in relation to the attachment issue under study (see also Bretherton, 1996; 1993; Main, 1995; Bretherton, Ridgeway & Cassidy, 1990; Main, Kaplan & Cassidy, 1985).

Essential to this process is the child being afforded control over what they say by way of the protective space of the voice of the third person (Ryan & Wilson, 1996; Bettelheim, 1976).

Play therapy has long held the view that projective techniques permit the child to express their worries and concerns about trauma experiences through the voice of the third person (Ryan & Wilson, 1996; Pearce & Pezzot-Pearce, 1994; Cattanach, 1992; Tuohy, 1997). Therapeutically, this potential space is believed to protect the child from overwhelming anxiety, by providing them with a safe space to process their trauma experiences (see Winnicott, 1971, for an extended discussion of the concept of potential space; see also Chescheir, 1985). I acknowledge that the research relationship is not a therapeutic relationship but I have assumed that the projective process operates in the same manner in this setting and therefore has efficacy for the research process.

- b) Attachment theoreticians instruct researchers interested in studying the attachment of older children to concentrate on developing instruments that tap the internal working model.

They confirm that while it may be appropriate to draw inferences about a young child's attachment style through behavioural observation, that this method is less reliable when applied to the older child (Kelly, 1998; George, 1996; Cicchetti & Toth, 1995a; Oppenheim & Waters, 1995; Main, 1995; Rutter, 1995; Cassidy, 1994; Lynch & Cicchetti, 1991). The emphasis on

creating measures to tap the internal working model of older children arises because of their increased cognitive complexity, compared to that of their younger age counterparts (Crittenden, 1993; Piaget, 1954).

This complexity, as earlier referenced in discussion on the attachment classifications of maltreated children, can include splitting affect from behaviour. This ability provides the child with the opportunity to behave in ways that are inconsistent with how they may actually feel (Bretherton, 1996; 1993; 1991; 1990; Cassidy, 1994; Crittenden, 1994; 1993; 1990). This finding in turn supports the need for researchers to employ additional measures for assessing attachment quality in the older child because reliance on behavioural observations alone may lead to false conclusions in regard to the child's capacity for attachment.

- c) Main (1995) directs that for the purposes of making a robust assessment multiple measures of attachment need to be utilised. Bretherton (1995), Oppenheim and Waters (1995) concur with Main's view and point to the weaknesses associated with self report measures and observation alone. They further state that the assessment tool also needs to comprise measurement over the three domains comprising affect, cognition and behaviour.

Bowlby (1988; 1984; 1980; 1979; 1973; 1969; 1961; 1951) also instructs that the assessment process needs to be tagged to situations known to activate the attachment behavioural system. He advances six conditions believed to activate this system and these include: separations from significant others, illness, fear, being subject to harm, experiencing fatigue, being placed under stress.

The key feature common to each of these conditions is that it increases an individual's vulnerability and need for support from significant others. Typically, individuals faced with this need enact secure base behaviour which involves seeking security from their attachment partner or substitute for the purposes of assuaging their distress. Once soothed the individual is

freed to attend to the ongoing events in their greater external environment (Ainsworth & Marvin, 1995; Bretherton, 1992; Bowlby, 1988; Ainsworth, 1991; 1989; 1982; Ainsworth, Blehar, Waters & Wall, 1978).

- d) Previous attachment research identifies that new and developing measures of assessment in age groups beyond infancy and pre-school have generally been scaffolded to earlier measures of attachment as derived from the strange situation (Bretherton, 1996; 1995; Oppenheim & Waters, 1995; Goldberg, 1995; Karen, 1994; Cassidy, 1994; Cassidy & Kobak, 1988; Main, Kaplan & Cassidy, 1985). This process is undertaken to enhance both the reliability and validity of the new measure. Unfortunately this procedure is not available to the current study, as the strange situation was developed as a research instrument, typically applied to children from the age of twelve to eighteen months. It is highly unlikely that the sample selected for this study would have previously been assessed by this measure.

Summary of Principles

The preceding points suggest that when developing new methods for assessing attachment beyond the pre-school years researchers need to note that:-

1. Individuals operating from an avoidant/dismissive or disorganised attachment orientation are likely to defend against attachment activating events. New methods of assessment therefore need to account for this predisposition to defensive exclusion.
2. Attachment assessments of older children which are less reliant on behavioural observation as the principal means for drawing inferences about children's quality of attachment. Methods developed for this age group need to concentrate on tapping the child's representational model of relationships in order to account for the increased cognitive complexity of

this age group and also to account for the impact of past relational experiences on current relational expectancies.

3. Multiple methods of assessment need to be used, to ensure both the robustness of assessment and availability of multiple data points for triangulation in the research process. Additionally, concurrent measures of attachment are implicated in order to draw sound conclusions, about the responses made and their meaning for the attachment quality expressed.
4. To include the three behavioural domains of affect, cognition and behaviour into any new method developed for assessing attachment beyond early childhood. These domains in turn need to be tagged to events known to elicit attachment behaviour, such as those referred to earlier namely, separations from significant others, experiences of stress, illness, harm, fatigue and fear.

These principles have been used to govern the development of the research tools for this project in addition to a review of instruments used in previous attachment research. The four most common methods previously employed in attachment research include:

1. **Projective techniques.** These have incorporated the use of doll play, puppet play, drawing, sand play, story telling, separation/reunion pictures and the use of family photographs (Main, 1995; Bretherton, Ridgeway & Cassidy, 1990; Slough & Greenberg, 1990; Cassidy, 1988; Main, Kaplan & Cassidy, 1985; Hansburg, 1972 cited in Delozier, 1982). The power of this method, is its ability to focus on the unique and highly personalised aspects of an individual's experience. This method benefits the child on two levels. Firstly, it affords the child the protective space of the third voice and secondly, it gives the child the opportunity to represent their inner world from their lived experience (McFadden, 1991). The disadvantage commonly associated with this method is its lack of comparative ability.

2. **Psychometric testing.** These are pen and paper tests that provide normed populations and standardised procedures which allow for comparison between and across individuals. This method is constrained to providing information of specificity, but its weakness is in its inability to generate in depth, personalised accounts of lived experience.
3. **Naturalistic observation.** This method has predominated in the attachment field, as the method of choice with young children and was the core element in creation of the strange paradigm (Ainsworth, Blehar, Waters & Wall, 1978). Researchers in this field continue to underscore the importance of observation between child and caregiver but indicate that the utility of observation alone becomes increasingly redundant as the child matures (Oppenheim & Waters, 1995).
4. **Interviews (semi-structured/structured).** The decision to use the interview method in attachment research increases with the rising age of the subject. Children, in attachment research, are not interviewed in the traditional question/answer format usual to adults. Rather their views are typically elicited through the use of specifically tailored narratives, dilemmas and/or pictures. Projective mediums as set out above are frequently used in conjunction with these narrative presentations in order to cater for the child's developmental capabilities (Saywitz & Snyder, 1996).

The interview most written about in attachment literature is the Adult Attachment interview (AAI) (Main, Kaplan & Cassidy, 1985). This instrument aims to assess adult attachment style, by exploring attachment issues recalled from childhood. The interview consists of fifteen standardised questions and probes directly targeted to elicit attachment phenomenon. The reliability of the AAI was tested by being scaffolded to the strange paradigm. This was achieved by evaluating the attachment classifications derived from the AAI for the adult respondents against the earlier strange situation classifications for the six year old children of these participants.

Main, Kaplan and Cassidy (1985) reasoned that given the theoretic stability of attachment across the life span, one would expect to find a corresponding match in attachment styles between parents and their children. The author's hypothesis was confirmed showing that adults adjudged as secure/ autonomous were more likely to have children who were securely attached, that avoidantly attached children, typically had parents who were dismissive in attachment style and that insecure-ambivalent children were more likely to have parents that were preoccupied in attachment style.

Bretherton et al (1989) have developed an interview schedule to assess parental attachment in the parent-child relationship. This interview is known as the Parent Attachment Interview (PAI) and was adapted from the AAI. The interview includes content areas relating to parental fantasies and expectancies about their child prior to and post birth in addition to similarities and differences in the style of care between themselves as parents and their own parents. I turn now to detailing the research tools developed and used with the children in this study.

Tools Developed for the Child Participants

The methods presented below have been formulated in relation to both the principles and previous methods used in attachment research. The methods for the child participants are drawn from the areas below:

1. Projective techniques
2. Psychometric evaluation
3. Naturalistic observation
4. Semi-structured interview

Projective Techniques & the Semi-Structured Interview

I have elected to present these methods together because as indicated earlier they are frequently used co-jointly. The first projective activity used with the children was that of the squiggle game (Winnicott, 1971; see also Appendix 5).

The Squiggle Game

The squiggle game is essentially a rapport building game aimed at warming children up to developing a working relationship. The game is non-competitive, involves turn-taking and drawing a line on paper followed by deployment of the imagination (see Appendix 5). The game has the potential to be an end in itself or a bridge to the voice of the third person. The game was sequenced for use in the first interview with the child participants, because I looked to draw only on the games rapport building qualities, while at the same time I was aware that child therapists have previously pointed to the fact that children, may draw on the symbolic nature of projective phenomenon at any time and not unusually during the initial interview (Grubb, 1994). The children in this research, as shown in chapter five of this thesis, differed in accessing the game's capacity for symbolic representation.

Concept & Emotional Literacy Check

Children who have been maltreated frequently experience delays across the developmental spectrum. These delays may effect a child's capacity to think, understand, play with others, read, speak and so forth. I accessed information about each child's developmental capacity, from both their social worker and caregiver, in order to ascertain if there were any major limitations that may have impinged on the child's ability to participate in the planned research activities. The social work and caregiver reports confirmed that the children selected for this study were cognitively functioning within the developmental range of their similar age cohorts.

These opinions had been made in reference to social work and caregiver perception, or experience of the child, in addition to references about each child's reading age.

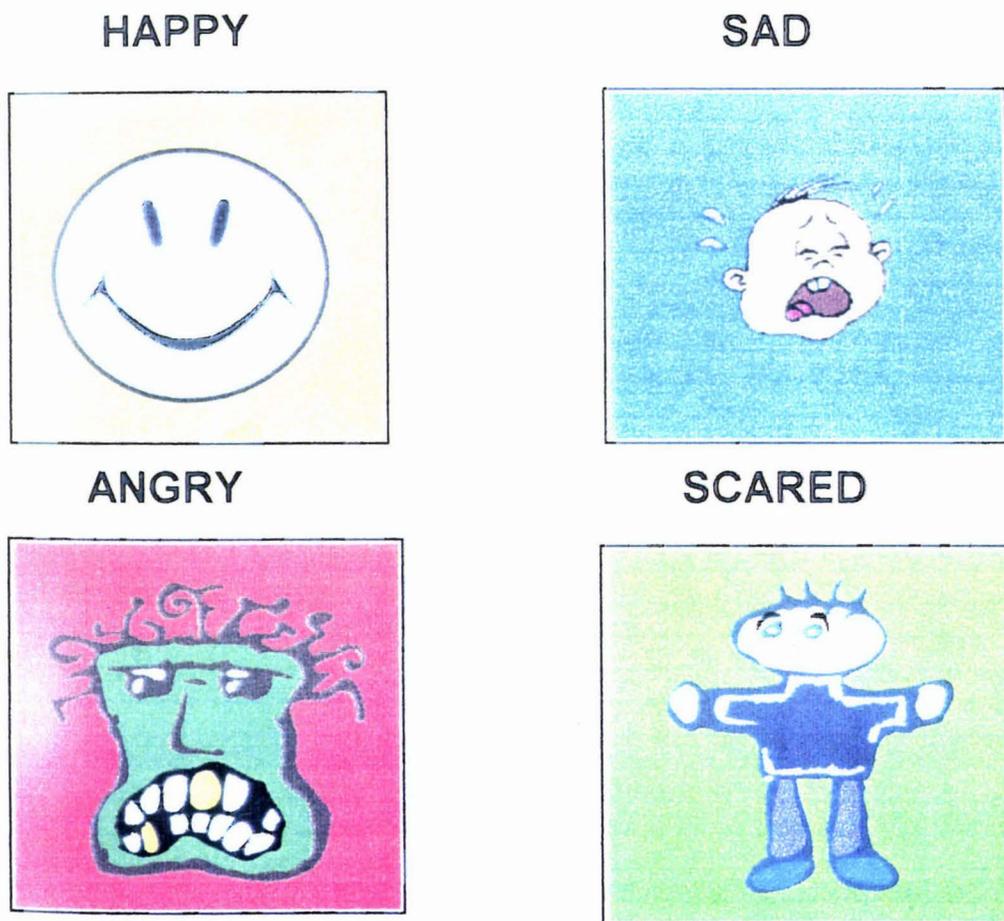
Both the social work and caregiver set for each child included in this study, cited the fact that their charges functioned within or beyond the developmental norm for reading in their age group, but exhibited notable difficulties in the area of socio-emotional development and more particularly in their ability to form peer relationships.

This area of functioning is the critical stage salient task for this age group. Attachment and maltreatment literature has identified that poor functioning in this area have been shown to be predictive of later developmental difficulties (Elicker, Englund & Sroufe, 1992; Mueller & Silverman, 1989). Furthermore this information has import for the current study's emphasis on assessing attachment quality, as insecure attachment has previously been linked to paucity in development of peer relationships in preadolescence (Elicker, Englund & Sroufe, 1992). I add here that the boys included in this study were the ones observed to have the most problems in this area by both their social workers and caregivers. This finding was instructive of the need to assess each child's understanding of the four primary emotions (sad, mad, glad, scared) on which, most of our ongoing discussions would revolve to ensure a shared understanding of the communications made. The process for this assessment is given below (see also Appendix 6).

Use of Feeling Faces

The emotional literacy check focused on four feeling faces: Happy, Sad, Scared and Angry. These faces were selected from a range of emotions because they are believed to be the primary emotions elicited in relation to attachment arousing phenomenon (Bowlby, 1988; 1984; 1980; 1979; 1973; 1969). The feeling faces were developed for this task. The reader can view the faces in Figure 4:3 below. The children were asked to name the feeling faces and once named were asked to describe a time when they experienced the stated emotion.²¹

Figure 4:3 The Feeling Faces



²¹ I also created a mask card to use with the children, alongside the feeling faces, in order to account for the possible presence or absence of defensive processing. The card was developed in accordance with Cassidy's (1994: see also Cassidy & Kobak, 1988) caution, (to review this discussion see earlier this chapter). Neither Cane nor Byron actively used this card. For these reasons I talk about it more fully in Angie's case study as she showed particular interest in its symbolism. The card itself is also presented there, see Figure (see also the title page of this thesis).

They were then asked to describe this feeling experience in relation to three open ended question probes. These probes were developed in relation to the three critical domains of behaviour²² earlier discussed as being integral to attachment research and are as follows: -

1. What do their bodies do when they have that feeling?
2. What do their heads think when they have that feeling?
3. What do their hearts feel when they have that feeling?

The following Figure shows the Body Prompt Card developed to assist with the above questioning in order to draw on the affective, cognitive and behavioural domains found to be central to a sound assessment of a child's attachment quality. The prompts included head think, heart feel, body do. See Figure 4:4 below.

Figure 4:4 The Body Prompt Card



²² The three domains of behaviour, as referenced earlier, comprise affect, cognition and behaviour. I have translated these criteria into concrete symbols of heart for feeling, head for thinking and body for doing. I have used concrete symbolisation as preadolescents typically operate from the cognitive stage of concrete operation which is known for its concrete depiction of experience (Piaget, 1954).

Check For Defensive Phenomenon

The children were asked if they could recall an experience where most people would feel happy, sad, scared or angry but they did not feel like that. This line of questioning was undertaken to ascertain the child's use of or reliance on defensive strategies in the face of emotionally laden situations. Attachment literature shows that defensive phenomenon is strongly related to attachment insecurity (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; Crittenden, 1995; 1994; 1993; 1990; Crittenden, Partridge & Claussen, 1991; Cassidy & Kobak, 1988; Bowlby, 1988; 1980; 1973).

Question Rationale

The questions presented have two purposes. Firstly, they check the child's emotional literacy, in relation to the four key emotions central to attachment research and ensure that the child and I share a similar understanding of the nominated emotions. Secondly, they highlight the way the child relays information about these emotions. This process is critical to attachment research as children's narratives are typically assessed in relation to their level of emotional coherence (Oppenheim & Waters, 1995; Bretherton, 1993).

The qualities associated with this construct are given at the end of this chapter in the section on tools for analysis of the adapted AAI. I had anticipated that the children's responses, on accessing autobiographical memory in relation to the experience recalled, may have been communicated in an incoherent, emotionally closed and incomplete manner, in line with the qualities known to be representative of defensive exclusion (Bretherton, 1993; Main, Kaplan & Cassidy, 1985; Bowlby, 1980; 1973). Chapter five of this thesis shows that the children's responses exhibited unexpected characteristics of emotional coherence. I add here that while the feeling faces were first presented at the initial interview I represented them at the second interview, both as a reliability

check and to guard against any potential contamination of anxiety attendant to the first interview. The results were the same on second presentation. In addition they demonstrated that the children had sound recall abilities, given there was typically a week between meetings.

Use of Feeling Symbols

I devised three feeling symbols, in addition to the faces already discussed, to assist the children in detailing emotional closeness or distance in relationships of significance (see Figure 4:5, below).

Figure 4:5 The Feeling Symbol Card

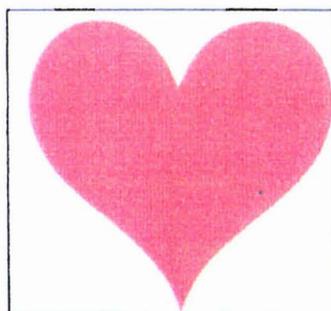
CLOSE



HATE



LOVE



The feelings covered were: closeness, loving and hate. These were symbolically represented in the form of stickers and included: hands for closeness, heart for loving, skull and crossbones for hate.²³

I had elected to use these symbolic representations because of their ability to depict concretely the more intangible emotional content of interest here. I also included these artifacts as a prospective measure of attachment by asking the children to undertake a homework task over the duration of the fieldwork. This required them to maintain an independent attachment events diary. They were asked to record specific attachment related phenomenon in the book given.

Additionally they were provided with a set of these stickers to help them express their sense of emotional closeness, or distance to the attachment experience and partners referenced (see Appendix 14 to review a sample copy of the events recorded and the stickers used). I had hoped that the events recorded would elucidate upon the children's current quality of attachment in relation to their new (relatively) attachment partners. I return here to explain how the projective techniques and semi-structured interviews for the child participants were connected to attachment theory. These methods were informed by the psychometric self report relatedness scale, designed for preadolescents between the ages of 7 and 13. The scale itself was developed by Wellborn and Connell (1987 cited in Cicchetti, Toth & Lynch, 1995). The measure itself purports to assess the preadolescents sense of emotional closeness to varying attachment partners. The scale, however was not developed as a direct measure of attachment but clearly has some utility for tapping a child's sense of connections to others (see also Lynch & Cicchetti, 1991).

²³ I was confident that the boys in the age group studied would have likely appreciated the skull and cross bone symbolisation. I was not sure however that this symbol would have been similarly liked by female participants. For this reason I offered a choice of sticker for this symbol. It turned out not to be required as Angie was quite happy to use the skull and cross bone sticker.

The dimensions critical to the scale are measures of emotional closeness and distance. These measures mirror those associated with secure base behaviour in younger children, in addition to taking into account the increased cognitive complexity of the older child. Dr Keck (key informant) identified that it is important to get a measure of the child's sense of emotional connection to their attachment partners. He believed this measure possessed clinical relevance, as it may be instructive of the therapeutic work required to be undertaken with a child particularly if the responses consistently pointed to a pattern of emotional distance in relation to current caregivers.

He further suggested that if such a pattern was isolated it would point to the need for interventions, that focused on increasing the child's sense of emotional closeness to the current attachment figures. I qualitatively adapted the measures of emotional and psychological proximity attendant to the relatedness scale, by developing question probes that aimed at unearthing the child's perception of attachment partners, both in terms of their family of origin and caregiving family. This work was undertaken with both the visual assistance of a family genogram constructed during the interview session and in relation to the family drawings completed by the children during the interview session (see Appendix 7 to view the question probes). I had anticipated that the children's perceptions of current attachment relationships may have been affected by temporal factors such as conflict between self and attachment partner. I believed these factors could be accounted for, by contrasting the information about emotional closeness and psychological proximity, for the family of origin with the same information given for the placement family. I thought that by contrasting this information, this may have led to identifying the children's reliance on defensive phenomenon, such as would be suggestive in tugs of loyalty between family of origin and placement family, parental idealisation and other aspects pertinent to the attachment relationship. Chapter five of this thesis yields the results of this process. I turn now to explain the process by which these methods were introduced to the children.

Commencing the Work

I introduced the symbols to the children by way of a brief narrative about their intended use: Remember I told you at the beginning of our meeting that I was interested in knowing about your experience of the different families you have lived in? I thought that as we work together, these pictures might help in telling me about your experiences in the different families you have lived in. The hands will tell about times you have felt close to people. The heart will tell about times when you have been loved or felt loving toward people. The skull and cross bones will tell me about times you have felt hateful or have thought that people hated you.

I need to be sure you and I share a similar understanding of what closeness, loving and hate mean. So I want you to think back to the different families you have been in and tell me about a time when you have felt close to, loved by and hated by people that are important to you (see Appendix 6 to review the placement of this discussion in the first interview).

I developed a memory prompt card to assist the children in recalling the experiences requested. See Figure 4:6, below, to review this card. The symbols used included: person, location and event. I developed this card in line with current research, on the use of narrative elaboration techniques used to assist children in memory recall. Basically this research has found that children's memory recall is aided by the use of prompts. Reportedly the prompts increase the amount, depth and accuracy of what a child is able to recall while simultaneously decreasing interviewer contamination which is frequently associated with the use of leading questions (Saywitz & Snyder, 1996).

Figure 4:6 Memory Prompt Card



I believed that this interviewing segment may lead to arousing the children's anxiety, given the interview focus. For this reason I drew on the emotional release properties of the sandtray. This activity is a known tool to discharge emotional distress. The sandtray has previously been used in attachment research as an integrative activity and I draw on this activity for this similar reason.²⁴ The following section concentrates on sandplay as a method.

Sandplay

I have elected to use sandplay as a method because of its integrative function, in addition to its known non-directive and unintrusive quality (Bradway & McCoard, 1997; Mitchell & Friedman, 1994; Grubb, 1994; Kalff, 1980). Moreover its use of symbols provides the child with a concrete medium fitting

²⁴ I have interpreted the use of the integrative activity as being the provision of a medium which possesses restorative powers that soothe the child, permitting him or her a safe space to enact and contain anxieties.

for the developmental stage of the selected sample. Furthermore, its introduction at this point in the interview, is both timely and appropriate as it capitalises on the psychic energy likely to have been released by the previous activity which may have acted to stimulate the child's attachment memory system.

Sandplay has its origins in Margaret Lowenfelds One World Game (for extended discussion of this game see Kalff, 1980 for an extended discussion of this adaptation and Weinrib, 1983). Essentially, sand play involves the use of playing with miniature symbols of varying descriptions in the sand. Sandplay is a projective tool commonly used in therapy with both children and adults for the purposes of emotional expression (Pearson & Nolan, 1995). The expressive nature of sandplay is believed to parallel the Jungian process of active imagination. The similarity between these processes is in their creative ability to symbolically represent and produce images from both the conscious and the internal world.

Sandplay, unlike the process of active imagination, offers its subjects concrete symbols with which they can create a host of different worlds in miniature (Grubbs, 1994; Stewart, 1990; Dundas, 1978). Stewart (1990) states that the sandplay process offers the therapist a "unique and privileged position" as it allows the worker to be participant observer to the symbolic representations made by the child (p.22). The role of the worker during the course of sandplay is to "witness in an empathic and accepting manner, whatever the client expresses" (Grubb, 1994, p.194). Sandplay, as mentioned earlier, has a soothing function for its participants as its domain is in complete control of the player. It is not unusual, in clinical use of sandplay, for the observing therapist to say little during the entire period of the sandplay production. Conversely it is accepted that if an action or representation is unclear to the therapist, clarifying questions may be asked (Pearson & Nolan, 1995; Grubb, 1994; Kalff, 1980). I believe that it was these very qualities that made sandplay a valuable tool for this research, as it enabled the child participants to represent their internal construction of attachment phenomenon unimpeded by adult command and to

have a safe place to discharge emotional distress at the completion of each interview session.

I anticipated that the children's first sandtrays were likely to produce images instructive of the child's internal perceptions about their attachment relationships primarily because the earlier activities may have stimulated their attachment systems. The sandtray was the most favoured activity of Byron and Angie. Their productions were photographed and can be seen in Figure 4:7. The content of these productions are discussed in chapter five of this thesis. Cane, the most emotionally disturbed child in this sample declined to use this medium. His refusal is detailed in chapter five of this thesis. Traditionally sandplay involves the use of a host of symbols across a number of different categories and elements (Pearson & Nolan, 1995).

I used this method in an adapted manner for the research process and for this reason limited the number of symbols used. Limiting is not unusual in work with children, particularly when they are first introduced to the method, as children are frequently overawed at the range of choice offered them. Experienced therapists have indicated that this response can lead either to chaos or withdrawal on the child's part (Pearson & Nolan, 1995).

Sandplay Equipment: The Sand Tray

Literature varies in prescriptions about the appropriate size of the sandtray (Mitchell & Friedman, 1994). Traditionally, the dimensions regarded as being appropriate have ranged from 27-30 inches by 17 -20 inches in length and anything from 2-4 inches in height (Bradway & McCoard, 1997; Bradway et al, 1990). Some authors cry improper use if the sandtray does not match the dimensions given by Kaff (1980)²⁵ while others indicate that the critical issue is not the dimensions but the usability of the box for adult and child clients (Bradway & McCoard, 1997). The latter authors contend that the sandtray

possesses good utility if it can be covered by the stretch of an arm and viewed in its entirety by the glance of an eye. Furthermore the bottom of the box is required to be blue. The blue bottom, in Jungian terms, denotes emergence from the depths of the unconscious and also mirrors the colour of the sea and sky (Bradway & McCoard, 1997). The dimensions of the sandtray used in this study measures 29.5 x 19.5 inches in length and 4 inches deep and meets the additional prescriptions outlined above. See Figure 4:8.

²⁵ The reader may care to note that the dimensions quoted in the English translation of Kalff's book are in fact incorrect. Reportedly the translators did not account for the difference between inches and centimetres (Mitchell & Friedman, 1994).

Figure 4:7 Angie & Byron's Sandtrays



Angie's Sandtray (1)



Byron's Sandtray (1)



Angie's Sandtray (2)¹



Byron's Sandtray (2)



Angie's Sandtray (3)



Byron's Sandtray (3)



Byron's Sandtray (4)

¹ Angie's second sandtray has been obscured by shading. This occurred during the process of taking the photograph.

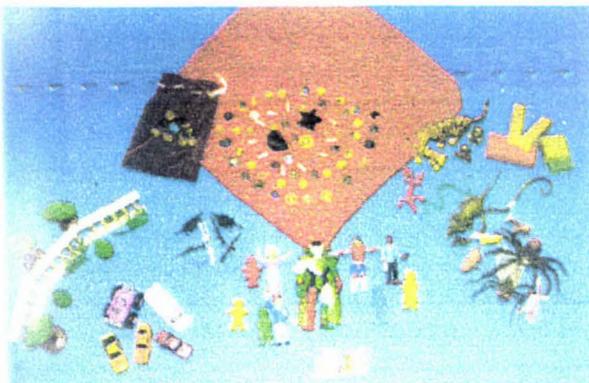
Symbols

The reader can view the symbols included for the sandtray work in the Figure 4:9 below. The choice of symbols was guided by the Jungian ascribed fighting age related stage of the children (Bradway & McCoard, 1997; Kalff, 1980; Neumann, 1970). Additionally I added a number of Figures representative of the mother-child unity. These Figures are purported to be representative of a child's primary attachment experience and their placement maybe informative of the status of this relationship (Weinrib, 1983; Kalff, 1980; Neumann, 1970).

I also took into account symbolism, frequently drawn on in therapeutic work with maltreated children. For this reason I included objects denoted as powerful, scary, precious and objects that could be construed as good or bad (Geldard & Geldard, 1997; Ryan & Wilson, 1996; Pearce & Pezzot-Pearce, 1994; Cattanach, 1992; Webb, 1991; Steinhauer, 1991; MacIntyre & Donovan, 1990). As mentioned earlier the children's sand trays were photographed and treated, in keeping with Yins (1994) sources of data collection, as an artifact.

Family Genogram Work

As mentioned earlier I constructed a genogram with the children during interviews subsequent to the first one in preparation for exploring their sense of emotional closeness and distance from attachment partners. This was embarked on by asking them to draw me a picture of their family. This request was purposefully open ended in order to observe which family the child elected to draw. I believed their choice would be representative of the attachment partners most prominent in the children's mind. Furthermore, I believed their choice may have been indicative of their current attachment organisation. Chapter five of this thesis details the results of this work.

Figure 4:8 Sandtray**Figure 4:9 Sandtray Symbols**

Once the children had represented the family of choice I worked with their picture in accordance with the question probes in Appendix 7 to ascertain the child's view of family life and who they predominantly felt close to or distant from. The memory prompt card, feeling faces and attendant question probes were also used in this activity as was the ecomap. The Eco-Map was used with the children in conjunction with a series of question probes, about attachment experiences within and external to their families of origin (to view the question probes turn to Appendix 7). I chose this instrument for two reasons. Firstly, it permitted direct verbal interchange about specific and sensitive information while facilitating a non - intrusive interaction between myself and child.

This was achieved because the activity requires the map to be the central focus of the participants, in contrast to the traditional interview which requires constant eye contact between participants. The latter is frequently experienced as highly intrusive by the attachment disturbed child (Keck & Kupecky, 1995; Howe, 1995; Fahlberg, 1994; 1991). The mapping process also served this age group well by providing a concrete visual schema to organise the information given.²⁶ Moreover, the task also was of the value as it elicited collaboration between participants, thereby reducing the distance frequently typified by the adult: child relationship (for further discussion on the value of utilising the Eco-Map see Hartman, 1978). I had on hand a range of other media for use with the children to assist in projective play in response to the semi-structured interview conducted. These are presented in Figure 4:10.

²⁶ The reader is reminded that preadolescence (9 - 12 years) was the age group of interest to this study. I had anticipated, at the outset of this study, that the children likely to be sampled may have fallen at the younger end of the preadolescent continuum and had prepared the methods used with this in mind. I mean by this that I had sought to select and develop tools which would account for this age groups known concrete operational cognitive functioning. I believed that the more concrete the medium the more likely the children would understand its purpose and comprehend its value.

Figure 4:10 Yet more things for projective play

Psychometric Measure

I elected to use the Coopersmith Self-Esteem Inventory school form, with each of the child participants (Coopersmith, 1967). This decision was informed by the use of similar scales in previous attachment research and the attendant belief that a relationship exists between low self esteem and insecure attachment (Cicchetti, Toth & Lynch, 1995; Sroufe, 1988). I had thought that because this measure was both normed and standardised it would allow for some limited cross case comparison.

The nature of the scale, which comprised four subscales: General Self Subscale, Social Self-Peers Subscale, Home Parent Subscale, School-Academic Subscale permitted the tester to identify the settings where the children experienced the greatest sense of self efficacy.

The subscale results would have been of interest, particularly in relation to the Home Parent Subscale as this may have shed light on the way the children experienced their caregiving relationship. Unfortunately, while the testing was carried out resource constraints precluded me from being able to analyse the results and for this reason I have not been able to include this data in this thesis.

Naturalistic Observation

Naturalistic observation is the cornerstone from which attachment theory was developed (Karen, 1994; Bretherton, 1992; Ainsworth, Blehar, Waters & Wall, 1978). I incorporated the tenets of this method in my work with the children by observing both the children's interactions, with myself as stranger and their interaction with their substitute attachment figure(s). I was circumspect about interpreting the observations made as attachment research has shown that older children, because of their greater cognitive capacity, have the ability to act in ways inconsistent with how they may actually feel.

The child's ability to cognitively mediate in this manner therefore affects what can be reliably interpreted about the nature of the interaction observed (Kelly, 1998; Cassidy, 1994; Cassidy & Kobak, 1988). I was interested to see how discriminate or indiscriminate the children were in relating to me, given my stranger status. Lack of discriminancy is related to poor/insecure attachment quality (Fahlberg, 1994; 1991).

Equally, I was interested to observe the interaction between child and caregiver(s) as good mesh, match, pace and gaze (eye contact) during interaction between attachment partners has been linked to positive/secure relational quality (Radke-Yarrow, Cummings, Kuczynski & Chapman, 1985; Stern, 1985). My use of observational data in this study is circumscribed because of its considered limited utility as an attachment measure for children in the age group under study. Additionally, the location and interview times established for this study between myself and caregiver(s), largely precluded the opportunity to observe interaction between the caregiver(s) and child participants. Despite this, I noted a common theme in the children's responses during my introductory visit. These responses related to the way they used their caregiver as a secure base on being introduced to me for the first time.

I noted that each child complied with their caregiver's request to come and meet me. During the process I noted that the children typically stood by, or just behind, their caregivers, spoke only after I had made an initial overture to them, looked to their caregiver before responding, and on responding matched my communication by tone, pace and comparable quantity of information. On conclusion of this dialogue I noted each child to check back with their respective caregiver(s) by way of eye contact, as if seeking confirmation and assurance about their performance in this task. The children's above responses are indicative of developmentally appropriate secure base behaviour and lacked the over-disclosure and indiscriminate friendliness typical of attachment disturbed children (Ainsworth, 1991, 1989; Ainsworth, Blehar, Waters & Wall, 1978).

Whilst interpretation of observational data is typically undertaken following serial observations between attachment partners, there were limits to this process in this study for the reasons outlined above. However, the interpretation made here is grounded in attachment theoretic propositions and these delineate the differences between secure base and indiscriminate behaviour in relation to 'stranger presence' (Bowlby, 1988, 1980, 1973; see also chapter two of this thesis). The noted discriminative ability shown by these children, in relation to my presence as a stranger, suggests that their attachment quality is atypical of that found amongst maltreated children (see chapter two of this thesis to review the discussion on attachment qualities found in this population). Chapters five and six of this thesis expands on the above discussion. Observational data is drawn on, where it is available, to elaborate upon the children's attachment quality in these chapters. I turn now to describing the development of the separation pictures used in this research.

Separation Picture Method

The separation and reunion pictures were developed for this study as a concurrent measure of attachment. The picture set itself has little clinical utility but does have sound research utility (Klagsburn & Bowlby, 1976 cited in Oppenheim & Waters, 1995; Hansburg, 1972 cited in Delozier, 1982). The question probes are given in Appendix 15 and the picture set can be seen by turning to Figure 4:11. This method was selected because of its considered ability to tap the internal working model of individuals beyond early childhood (Hansburg, 1972 cited in Delozier, 1982). This was an important factor in this research as older children are known to operate at levels of greater cognitive sophistication than their younger age counterparts thus pointing to the need for developing a measure that was able to account for increased cognitive complexity (Piaget, 1954).

Attachment research shows that sound inferences can be drawn about a young child's attachment style by observing the nature of interaction between attachment figure and child particularly during times of separation and reunion (Cicchetti, Toth & Lynch, 1995; Bowlby, 1988; 1980; 1979; 1973; Bretherton,

1992; 1991; 1990; Bretherton, Ridgeway & Cassidy, 1990; Crittenden 1990, 1988; 1985; Ainsworth, Blehar Waters & Wall, 1978). It is believed that such inferences can be soundly drawn because the attachment characteristic considered to be of salience to young children is their need for consistent physical proximity to their attachment figure(s) (Ainsworth, 1989; Bowlby, 1988; 1980; 1979; 1973; 1961; 1951; Ainsworth, Blehar, Waters & Wall, 1978).

Growth and development over the course of childhood is also associated with changes in the salience of attachment characteristics in different age groups. For instance psychological proximity to the attachment figure is recorded as being the salient feature of attachment in older children (Kelly, 1998; Bretherton, 1996; 1993; George, 1996; Main, 1995; Crittenden, 1994; 1992a; Lynch & Cicchetti, 1991). This speaks of this groups more sophisticated ability to cognitively process attachment stimuli and further confirms the relevance of a method that can tap such cognitive processing.

Previous Research With Separation Pictures & Narratives

Hansburg (1972, cited in Delozier, 1982) first devised the use of separation pictures in attachment research and employed them with an adolescent population and then with an adult population. This method is commonly referred to as the Separation Anxiety Test (SAT). He believed that the separation themes displayed in the pictures would serve to tap an individual's internal working model and thereby provide information about the participants relational expectancies. Bowlby demonstrated interest in the research utility of this tool because of its demonstrated capacity to activate the attachment system of older people and sought to revise the tool for a younger age group (Klagsburn & Bowlby, 1976 cited in Oppenheim & Waters, 1995).

Since this time a number of other researchers in the attachment field have revised this instrument for use with younger age groups. The objective has been the same each time, namely to ascertain the relational expectancies of the individuals tested (Bretherton, Ridgeway & Cassidy, 1990; Slough & Greenberg, 1990; Cassidy, 1988; Main, Kaplan & Cassidy, 1985).

Limitation of the Method

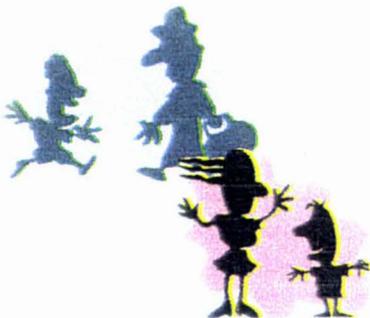
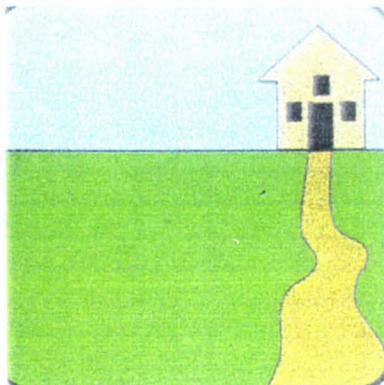
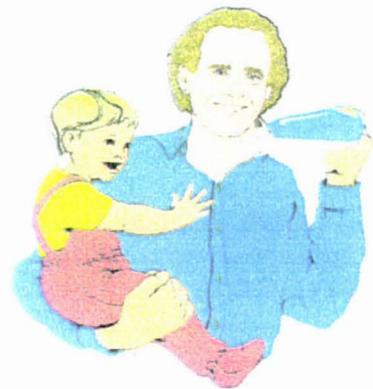
The separation pictures developed for use in previous research have been subject to rules of standardisation. Moreover they have been developed solely as a research tool and therefore are of limited utility to a clinical assessment of attachment (Kelly, 1998; Main, 1995). Their value however is in their function as a concurrent measure of attachment. I have elected to use this method because of this function and intend to review the results from this tool in comparison with information gained from the research interviews.

The Role of Attachment Constructs in Formulating this Method

Three attachment constructs have been drawn on in the development of this method, namely:

1. The Attachment Behavioural System
2. The Internal Working Model
3. Fahlberg's Cycles of Attachment (see Figure 3:2, chapter three of this thesis)

Figure 4:11 Separation & Reunion Picture Set



The Attachment Behavioural System

Bowlby's (1988; 1984; 1982; 1980; 1979; 1973; 1969; 1961; 1951) theorising has both detailed and demonstrated the significant impact that parental separation has on a child's emotional development. He isolated two factors which he believed were informative of the quality of the child's affective tie to its parent(s). The first factor, related to the child's reaction to separation from the parent and the second factor, related to the child's response on reunion with the parent.²⁷

Relevance to Instrument Selection

The theme of the pictures and narratives to be presented to the children in this study are directly concerned with both factors of separation and reunion. These factors have been chosen because of their known capacity to activate an individual's attachment system. The attachment system is commonly referred to as the internal working model (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; 1985; Bowlby, 1988; 1980; 1973). The reader will recall that this construct was fully elaborated on in chapter two of this thesis. The children in this study are preadolescent and therefore possess a broad range of increasingly sophisticated cognitive skills. Earlier discussion has identified that the most appropriate method, where this developmental aptitude exists, is one that accesses the individuals cognitive processes. The internal working model is the seat of this interest (Oppenheim & Waters, 1995).

Fahlberg's Attachment Cycles

Fahlberg's (1994; 1991) arousal and relaxation cycles conceptually concretise the interpersonal nature of the attachment relationship between child and attachment figure. They do this by providing a conceptual device, which

²⁷ The reader is reminded that the attachment theoretic assessment strategy first devised to discriminate such differences, that is, infants response to parental separation and reunion was the 'strange paradigm' (Ainsworth & Wittig, 1969; Ainsworth, Blehar, Waters & Wall, 1978). Previous discussion about this instrument can be reviewed by returning to chapter two of this thesis.

focuses clinical attention on the interactional sequences between child and parent. The arousal cycle represents that child's expressed attachment need with the attendant expectation that some response will be forthcoming. The relaxation cycle on the other hand represents satiation of the attachment need through the ministrations of the caregiving figure. The child subject to adverse caregiving environments, the corollary of insecure attachment styles, is considered to be consistently located within the cycle of arousal. The parental responses associated with this cycle are typically ones that are either inconsistent, unpredictable, rejecting or abusive.

Relevance To Instrument Selection

Fahlberg's (1994;1991) cycles are valuable in their capacity as an assessment device while at the same time providing an analytical and interpretative framework for observing interactional sequences between child and attachment figure(s). They remind the user that the attachment relationship is an interactional relationship formed by both parties to the relationship. It therefore follows that the demonstrated expectancies in one partner also reflect the likely history of responses in the other. It is this latter ability to capture and reflect the dynamic quality of the attachment relationship that makes them particularly relevant for this study. Fahlberg's (1994;1991) conceptual schema was drawn on to assist in the formulation of the question probes and narratives designed for this method. The question probes looked to tap the child's relational expectancies. This was achieved by developing questions that required the child to align itself with the central character depicted in the separation pictures.

The children's perception of parental responses were then drawn on by asking a series of open ended questions relating to parental action and responses in relation to the central character pictured. The projective nature of the responses given was checked for by asking the children through first person question probes what they would have expected to happen. The notion of 'expectancy' is assumed to directly tap the internal working model as 'relational expectancies' are considered by attachment theorists to be reflective of an

individual's attachment history (Bretherton, 1996, 1995; 1994; 1993; 1992; 1991; 1990; 1987; Bowlby, 1988; 1980; 1979; 1973; 1969; Karen, 1994; James, 1994; Main, Kaplan & Cassidy, 1985; Ainsworth, Blehar, Waters & Wall, 1978).

Activation of the Attachment System

The reason for selecting the separation picture method as raised earlier in this discussion is its considered potential to tap the internal working model of older children. It is important to note here, that the internal working model can only be tapped in the face of attachment activating stimuli. Chapter two of this thesis detailed several stimuli known to activate the attachment system. These include: fear, illness, fatigue, being confronted by harm and separation from primary attachment figure(s) (Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969). Previous research has shown that separation and reunion themes have been instrumental in tapping the internal working model of children beyond infancy. I have assumed, in light of this finding, that the children in this study may respond similarly. Should this be true, their responses are likely to be reflective of their current organisation of attachment.

Rules for Use of the Separation Picture Method

This method as already indicated has been adapted from previous research in order that it is directly relevant to the target population of this study. Irrespective of the process of adaptation there are several rules of use that have been held constant over the development of this instrument for this study and these are detailed next:

- 1. Facilitating Gender Identification:** Gender identification has been shown in previous research to increase the participants sense of likeness to the subject matter of interest to the research (Oppenheim & Waters, 1995; Slough & Greenberg, 1990). I have assumed that this in turn may strengthen the reliability of the children's responses to the narratives paired

with picture set as the process of identification is aimed at increasing the children's sense of connection to the subject matter under study and therefore is more likely to be representative of how the child experiences the world. This feature has been accounted for in the development of this method, by applying non-specific gender names to the characters depicted in the picture set and through using gender appropriate pronouns in the story narratives, in accordance with the gender of the children interviewed.

2. **Use of Threshold Notion of Emotional Intensity:** This method, as used in previous research, has balanced the narrative scripts accompanying the pictures on a continuum of increasing emotional intensity. The first level is ascribed the status of mild emotional intensity and the second severe emotional intensity. This notion is not atypical in attachment research and the rationale given for its use is the need to ensure activation of the attachment system. The threshold notion of emotional intensity was first evidenced in attachment research in laboratory use of the strange paradigm.

This notion has been applied to attachment research as it is believed that a reasonable amount of stress is required to activate the attachment system of participants involved in the research process. In the strange paradigm the infant subjects are exposed to three potentiating stressors. These include: infant separation from mother, infant being left alone in the research room and infant being left in the company of a stranger (Ainsworth, Blehar, Waters & Wall, 1978). Likewise in the separation picture method attachment stressors are typically induced over a series of six pictures. Mild stressors are usually presented in the first pictures of the series.

The stressors are graduated herein, with the stressor of greatest magnitude being presented in the last picture set of the series (Oppenheim & Waters, 1995; Bretherton, 1993; Bretherton, Ridgeway & Cassidy, 1990; Slough & Greenberg, 1990; Cassidy, 1988; Main, Kaplan & Cassidy, 1985). This same rule has been applied to the separation pictures developed for this study.

However the picture set comprises nine pictures in contrast to the usual six. This is explained further later in this section.

First & Third Person Question Probes: An Ethical Dilemma

The separation pictures developed for this study were created in line with similar tools in previous research. Oppenheim and Waters (1995) have reviewed past use of this particular tool and found that research respondents gave different responses to the pictured attachment crisis when responding to first and third person question probes for the same picture. This finding questions why this occurs and what response is most likely to be representative of the person's actual attachment experience. Moreover it instructs that when this method is used both first and third person question probes need to be utilised. The latter point is problematic for this study as the original intention, in relation to accessing children's participation, was to elicit narrative responses in the third person because of the protective shield considered to be afforded by third party responses in the face of potentially high emotion laden events (Ryan & Wilson, 1996; Gardner, 1977; Bettelheim, 1976; Winnicott, 1971, 1965).

This rationale was predicated on the ground of doing no harm consistent with the research code of ethics. The resolution to this dilemma is presented in the following discussion. The search for resolution was essential because without it both the face and construct validity of this study would have been compromised.²⁸

²⁸ Face validity would have been compromised as the instrument, may not have measured what it looked as if it should have measured (Schweigert, 1994). Likewise the construct validity of the method would have been subject to compromise, if it failed to account for the changes suggested by the new research findings detailed by Oppenheim & Waters (1995). Construct validity outlines the importance of accessing the domain of behaviour known to be theoretically consistent, in this case, with activating the attachment system and thereby tapping an individuals internal working model of relationships. Oppenheim and Waters (1995) finding suggests that third person question probes may draw on something else. Hence the challenge to resolve this dilemma.

Cassidy (1994; Cassidy & Kobak, 1988) has found that children possessing insecure attachment styles and more particularly those with dismissive or avoidant styles of attachment appear to defend against attachment arousing stimuli. This would suggest that the more unrelated the attachment stimuli are for the children concerned the less likely they would be to defend against it. Conversely the more resonant the stimuli are with children's own experience the greater the likelihood that a defensive response may be made in relation to the attachment scenario presented.

This in turn may lead to different first and third person responses to the question probes about the event. If this view is correct, one would anticipate that first person responses would be more representative of the child's actual attachment experience than those given in the third person. Herein lies the ethical dilemma: would the child participants be exposed to undue trauma as a result of first person questioning? If this is not done will the research activity be irrelevant if it fails to ask questions in the first person?

Holstein and Gubrium (1995) advocate that an individual has the right to be considered narratively competent irrespective of age, population or life experience. This view is upheld by other researchers who have included children in research (Peart & Holdaway, 1998; Smith, 1997; Kinard, 1996; 1994; 1985; Marcus, 1991; Rice & McFadden, 1988).

Additionally, attachment researchers have pointed out that research involving children consistently looks to honour the research mantra of 'do no harm' but aver that minimal risk is part and parcel of the research process, such as involving children in activities that would not be unusual for them to encounter in their daily lives (Cicchetti, Toth & Lynch, 1995).²⁹

²⁹ I have interpreted the events referred to as meaning those attendant to families where children are exposed to optimal caregiving practices. This differentiation is made here as children from maltreating families are typically exposed to high risks in their day to day lives in contrast to the notion of minimal risk discussed here.

The views expressed here, taken together with the issues traversed in the ethics section of this chapter, suggests that the study's ethical fitness would not be challenged by using first person question probes.

Cassidy's (1994;1988) findings speak to the issue of undue trauma, by identifying that insecurely attached children, appear to rely on intrapsychic defence strategies to deactivate processing attachment stimuli when they are confronted by attachment experiences that are personally salient for them (Bretherton, 1996; 1995; 1993; 1991; 1990; Crittenden, 1994; 1993; 1992a; Crittenden, Partridge & Claussen 1991; Crittenden & Ainsworth, 1989).³⁰ It is logical to assume following this line of reasoning that this natural invocation to defend against personally traumatising attachment material permits children to emotionally distance themselves from the more painful feelings that have come to be paired with attachment provoking situations.

This outcome suggests that children, are therefore unlikely to be further traumatised by confronting first person question probes relating to attachment phenomenon, whether it be related or unrelated to their own experiences. While this finding is advantageous to the research process it is not for the relational capacity of the children concerned as defensive processing has consistently been shown to impede and interrupt achievement of relational security.³¹

³⁰ The process of defensive exclusion has received considerable attention from attachment theorists. For a more complete discussion of this phenomenon see: Bowlby, 1973; 1979;1980; 1984; 1988; Szajnberg & Crittenden, 1997; Crittenden, 1995; 1994; 1993; 1992a; 1990; Crittenden & Ainsworth, 1989; Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; Cassidy & Kobak, 1988; Cassidy, 1994; 1988; Main, Kaplan & Cassidy, 1985; see also chapter two of this thesis.

³¹ The reader is directed to Figure 3:2 in chapter three of this thesis to review Fahlberg's Attachment Cycles. These cycles depict the difference between the attachment experience thought to be associated with the securely attached child compared to the insecurely attached child. The Arousal Cycle represents the process of attachment interruption considered to be inherent to the attachment experiences of the insecurely attached child. I make the observation that the nexus for therapeutic intervention with the child is heralded by consistent use of defensive exclusion in the attachment relationship. Failure to intervene where these behaviours are repeatedly experienced in the caregiving relationship is likely to lead to placement breakdown. This observation is underpinned by the concept of mismatch as outlined by Kelly, 1998; Keck & Kupecky, 1995; Fahlberg, 1994; 1991; James, 1994; Crittenden, 1992a; Blanck & Blanck, 1987; Crittenden, Partridge & Claussen, 1991; Jernberg, 1989.

Kinard (1996; 1994; 1985) instructs that researchers need to have a pre-arranged management plan for attending to any distress invoked by the research process. This was of import for this particular method, even in the face of above discussion, as previous research has shown that this tool has the capacity to directly activate the attachment system. In this stead I carefully monitored both the narrative and behavioural presentation of the children when using this method. I had intended to terminate the activity if the children displayed signs of distress during its implementation. I had also sequenced this activity as one of the last undertaken in the interview sessions for two reasons. Firstly, I needed time and experience in familiarising myself with the manner and style of the children's interaction. I believed this would better assist me in being able to accurately pick up and interpret any distress cues given by them. Secondly, it was vital to meet the criteria of placing activities of greater emotional intensity at the end of a process, such as was attendant to the development of this method.

I had looked to attend to the children's distress by a number of means within the sessions undertaken and these were applied to all methods used with this group of participants and included: providing them with a raft of creative media for expressing distress, directing them if appropriate, to use the projective space afforded by the sandtray, ensuring their sense of control over the activities engaged in was protected by giving them control over the activity time keeper, re-emphasising over the course of our meetings the rules that we were working by. These included those listed in the children's consent form. Additionally I both listened to and acted upon their verbalisations about wanting or not wanting to be involved with a particular activity. The results from this method are given in chapter five of this thesis.

This section is concluded by descriptions of the picture set. It may help to read the descriptions given in conjunction with viewing the pictures and question probes themselves (see Appendix 4:11 and Figure 15).

Separation Picture & Narrative Development

The picture and narrative set developed for this method have been tailored specifically to the target population of this study and aimed to directly examine the children's attachment response to the transfer of their care from their families of origin to the care of State selected caregivers.

I have endeavoured to operationalise this objective by developing nine separation and reunion scenes that steadily build on a continuum of emotional intensity over the series of pictures presented. I have aimed to increase the child's sense of gender identification with the images presented, by using names that could be interpreted as belonging to either a male or female. Additionally the script pronouns were changed in accordance with the child's gender.

Picture 1 & 2

The first picture set represents the chosen attachment theme of separation and reunion by drawing on the image of a lamb and ewe. The initial decision to select these characters was the likelihood of them being highly familiar to New Zealand children. I believed that this in turn would strengthen the reliability of responses made in regard to the picture because a familiar scene would control for any potential atypical response to the image presented.

This picture set is also presented in mixed media intersecting real scenery with animated character. The rationale for this choice is twofold: firstly, in line with Cassidy's (1994) caution, it is assumed that a non-human image will reduce the child's sense of emotional identification with the picture and therefore decrease the likelihood of the child using defensive strategies to inhibit processing the attachment information. This assumption is to be tested through the use of first person question probes developed in concert with the narrative attached to this picture set.

These probes ask the child to counterpoise themselves from the third to first person position as Sammy³² the lamb and seeks their response to “If you were Sammy (the lamb) what would you.....”. I anticipate, in the light of Cassidy (1994), Oppenheim and Waters (1995) findings, mentioned earlier, that the child’s responses may alter in quality, content and/or ability to articulate a response because of a difference in the degree to which their attachment system may be activated. This is in line with the request made of them to switch from the position of third to first person (see also Cassidy & Kobak, 1988).

The second point, to be made in relation to the use of mixed media raised above, is that it ensures constancy of animation over the series of pictures developed for this method. The principle of constancy has been applied in order to ensure a degree of reliability over the picture set. Additionally, the assumption has been made that animation is frequently associated with humour and may therefore provide the capacity of some external emotional distance to the pictures, as they and their narratives increase in emotional intensity.

Finally, in respect of the first picture set, the choice to use realistic scenery was an attempt to aid the brain in processing the image on two levels. I assumed in line with the rationale just given that the level of animation may reduce emotional proximity to the subject matter because of its distorting ability while the level representative of reality may dupe the brain into attending to the authenticity of separation and reunion experiences.

³² The reader is directed to the explanation given earlier in this chapter for the use of third and first person question probes in conjunction with the separation narratives. In brief, counter posing one with the other is thought to highlight the presence or absence of a child’s reliance on defensive processing. The latter is a known correlate of the insecure attachment classifications (see chapter two of this thesis) and may therefore be suggestive of the child’s attachment quality.

Picture 3 , 4 & 5: Father Exchange

The second picture set, also animated, represents the separation and reunion theme by a lone crying baby and caregiving response by mothering figure. An exchange picture of a father as caregiver has been attached to this picture set for the purposes of increasing a child's sense of identification with the caregiving figure where it is known that a male caregiver was the stated attachment figure for the child during the first three years of life.

Picture 6, 7, 8 & 9

The third picture set involves four scenes that directly focus on state intervention into the life of a family with the subsequent outcome resulting in a child being placed in care. Three of the four pictures in this set draw on full scene animation.

The rationale for this selection, as already detailed, is the assumed potential of the animated image to distort reality and thereby provide emotional distance from a potentially highly emotionally laden experience for the child. The second picture in this set aims to evoke a sense of complete separation by presenting an image that is bare of characters. The third picture of this set draws on reality by providing realistic silhouetted figures of an adult and child exiting the property. The last picture in this set is full animation of a reunion image between adult and child. The picture set can be viewed by turning to Figure 4:11.

Development Summary: The Separation & Reunion Picture Set

This method as discussed was chosen for this study because of its considered ability to tap the internal working model of individuals beyond early childhood. The pictures used have been designed with the intention of eliciting the children's attachment response, to two themes well documented in attachment

literature as activating the attachment system. These themes are the experience of separation and reunion between dependant and attachment figure. Moreover, the method has also been developed with a number of methodological considerations in mind comprising issues of reliability, validity, ethics and findings from previous research.

Reliability has been embedded in the method, through the repetitive use of the separation-reunion theme over the picture set. Additionally, it has been accounted for in holding animation consistent over the picture set. Validity has been addressed by ensuring that the picture set looks as if it measures what it was intended to measure. In turn the picture set has been created in relation to attachment theoretic constructs of relevance to this study. Numerous ethical issues and their resolution have been reported in the body of this discussion. The primary issue at stake was balancing the research ethic of 'do no harm' against the competing right for the children to be given the opportunity to express themselves directly. This dilemma arose as research findings revealed differences in responses between first and third person replies to attachment eliciting narratives (Oppenheim & Waters, 1995).

The separation pictures have been used as a concurrent measure of attachment in this study but it is assumed that the responses given are likely to be reflective of the children's current organisation of attachment. This qualitative assessment will be affirmed or negated by triangulating similar measures arising from other data collected from this participant group, in addition to that collected from both the social work and caregiver set.

I turn now to the last subsection of this chapter which details the tools for analysis of the Adapted AAI and Children's Narrative. The first part of this subsection outlines the process of narrative and analysis applied to the children's interview data. The last part of this subsection details a similar process for the caregivers responses to the adapted AAI.

TOOLS FOR ANALYSIS: THE ADAPTED AAI & CHILDREN'S NARRATIVE

Interrogating The Data

I relied on five central questions to assist in analysing the children's data. The questions included:

1. What were the predominant emotional themes presented in the children's narratives and were these continuous over the course of interviews conducted?
2. How were these themes supported or disconfirmed by the content given within the narrative?
3. What attachment classification was suggested by the overall tone of the narratives given and what meanings were inhered for the placements made?
4. What counter-transferential responses had I experienced in relation to the children interviewed during the fieldwork process?³³
5. What would it mean if the children's narratives contradicted the earlier listed research assumptions?

³³ The concept of counter-transference has been a beleaguered term in social work practice over the last few decades because of its philosophical origins and the largely negative meaning many social workers have ascribed to this process (see Mishne, 1982). Bowlby (1988) however points to the fact that clinical work is undertaken in the context of a relationship and that any relationship, by its very nature, means that each participant has an active and reactive experience to and within that relationship. This, in Bowlby's (1988) view, is critical material for understanding the self in relation to others and hypothesising about the others possible experience of relationships. Schowalter (1986) confirms that even within psycho-dynamic traditions counter-transference has received bad press. He argues in concert with Bowlby's (1988) thinking that counter-transference is an essential element to any relationship and that it continues to exist even when it is ignored. He defines it as being "a transference reaction on the part of the therapist to something within the therapeutic situation" (p.41). My application of this construct, while embodying the same meaning, was drawn on to make sense of my emotional response to the child participants during the research process (for further discussion of this concept see also Bernstein, 1992; Webb, 1989; Segal, 1977).

Defining Narrative Coherence: The Child's Data

I have elected to focus on each child's narrative as a means of understanding the quality of the attachment relationship. This strategy has been complemented by convergent data gathered from both the caregiver and social work interviews. I have also drawn on my own experience of working with the children, where appropriate, and the counter-transferential aspects of this relationship to elucidate upon the quality of their attachment as suggested by their narratives. The discussion that follows delineates the approach common to analysis of children's narratives in previous attachment research and lists the principles attendant to this process. These in turn have been applied to analysis of the data gathered from the child participants associated with this research.

Children's narratives have been used in previous attachment research with children beyond infancy to assist in obtaining information about the quality of attachment present in the children studied. This strategy has particular utility for older children as it accounts for the greater complexity in cognitive functioning as a result of maturation (Kelly, 1998; Oppenheim & Waters, 1995; Bretherton, 1996; 1995; 1993; 1992; 1990; Cassidy, 1994; Main, 1991; Cassidy & Kobak, 1988; Main, Kaplan & Cassidy, 1985). The central analytic strategy used to determine the quality of attachment possessed is through evaluating the narrative for the presence or absence of coherence as prompted by the attachment theme embedded in the research (George, 1996; Bretherton, 1995; 1993; Main, 1995; 1991; Oppenheim & Waters, 1995; Bretherton, Ridgeway & Cassidy, 1990; Main, Kaplan & Cassidy, 1985).

Analysis of coherence is also the dominant strategy employed for determining the quality of attachment in the narratives of adults (van IJzendoorn & Bakersman-Kranenburg, 1997; Main, Kaplan & Cassidy, 1985). This strategy is discussed later in this section, but there are common features to assessing for narrative coherence in the scripts of both children and adults. The commonalities include the characteristics of quality, quantity, tone and

manner.³⁴ Conversely the difference in developmental status between adults and children leads to differences in the way the narrative gets expressed.

The central elements involved in previous attachment research involving analysis of children's narratives include:

1. The presence or absence of a positive emotional tone in relation to attachment themes and experiences.
2. The presence or absence of spontaneity of expression in relation to attachment themes and experiences.
3. The presence or absence of openness and directness of expression in relation to attachment themes and experiences.
4. The presence or absence of narrative elaboration in response to attachment themes and experiences.
5. The presence or absence in the child's ability to construct a positive resolution to difficulties presented by attachment eliciting events (Bretherton, 1996; 1995; 1993; 1992; 1990; Oppenheim & Waters, 1995; Cassidy, 1994; Main, 1991; Oppenheim, 1990; Bretherton, Ridgeway & Cassidy, 1990; Cassidy & Kobak, 1988; Main, Kaplan & Cassidy, 1985).

Main, Kaplan and Cassidy (1985) suggest that defensive processing, the hallmark of insecure attachment classifications, can be identified in children's narratives through the language used.

³⁴ See later, this section, to review the construct of coherence used for analysing data arising from the adult interviews.

These researchers employed discourse analysis to assist in determining differences between the narrative responses of secure and insecure children emergent from the attachment themes presented (for a full discussion of the research itself see Main, Kaplan & Cassidy, 1985). This analytic strategy demonstrated that insecurely classified children experienced difficulties communicating about attachment eliciting themes. Moreover they found that some responses possessed greater discriminative power than others for characterising children as being insecurely attached. These responses included such phrases as: I don't know, silence, resisting answering questions asked, avoiding questions, changing the subject and requiring the researcher to either probe or prompt to gain a response or to ascertain that the response made constituted the completed answer.

The children's responses to the interviewer were of note as they tended to be passive in nature and therefore suggestive of restricted affect.³⁵ The children were also found to be non-elaborative in their responses to the attachment theme presented. Furthermore they were found to be more interested in focusing on activities or objects over relational connections.

Finally, they were found to possess limited or no ability to consider alternative resolutions to normative attachment crisis.³⁶ The most attachment disturbed children in this sample, when presented with the attachment crisis, responded in a manner that had no relevance to the topic and was subsequently described as being "bizarre". These findings are consistent with the construct of defensive processing³⁷ which has been shown to be associated with restricted affect and distortion in processing attachment related information (Bretherton, 1996; 1995; 1994; 1993; 1992; 1991; 1990; 1987; Cicchetti & Toth, 1995a; Cicchetti, Toth & Lynch, 1995; Bowlby, 1988; 1980; 1973; Koback

³⁵ This observation is noteworthy as restricted affect is associated with the presence of defensive processing. Circularly, defensive processing is associated with insecure attachment classifications.

³⁶ Normative attachment crisis in this context refers to the child's inability to use the attachment figure(s) as a secure-base, that is to distort this function consistent with the insecure attachment classifications.

³⁷ See also chapter two of this thesis for an extended discussion of this construct.

& Cassidy, 1988; Crittenden, 1994; 1993; 1992a; 1990; Cassidy, 1994; Steinhauer, 1991; Crittenden & Ainsworth, 1989).

In summary, Main, Kaplan and Cassidy (1985) suggest that repetition of a particular theme throughout the narrative given, in addition to the emotional tone of the script, increases the reliability for interpreting the quality of a child's attachment accurately. These authors indicate that they inferred the presence of emotional openness in a child's narrative, when the child reacted to and described the attachment eliciting material in emotionally congruent ways. For example a child witnessing a parent figure enacting the secure base function, that is meeting the child's need for safety and security, would be expected to experience this positively and to describe it in similar terms. Moreover they would be expected to be able to elaborate on their emotional reaction and to explain the reasons for their feelings in a developmentally appropriate manner.

Additionally children operating from a position of emotional openness would be expected to explore the reasons for any changes in parental functioning such as if the parent left the child. Furthermore emotionally open children would be expected to demonstrate fluidity of expression.

I understand this to mean that children retain the capacity to access and express a range of emotions as opposed to being restricted in their emotional affect. Finally, these authors noted that the children's narrative responses to the presented attachment themes differed by communication style. They found that securely attached children were more likely to express themselves in emotionally open ways and to display a balance of focus with regard to attachment figures, objects and activities of interest associated with the external environment. This balance of focus however was found missing in children who were classified as insecurely attached. The avoidantly attached children were found to be more interested in objects or activities associated with the external environment while children classified as ambivalent or disorganised appeared to display a greater focus on feelings and relationships as opposed to interest in either objects or activities embedded in the external environment (Bretherton, 1993; Main, Kaplan & Cassidy, 1985).

These findings meet attachment theoretic assumptions for secure base functioning as securely attached children would be expected to show a balance of focus between contact proximity to attachment figures when under duress and autonomy of functioning at other times, as implicated by interest in activities or objects in the external environment (Cicchetti, Toth & Lynch, 1995; Bretherton, 1992; 1995; Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969; Ainsworth, Blehar, Waters & Wall, 1978). Likewise avoidantly attached children, consonant with strategies previously shown to assist children in adapting to insensitive caregiving environments, would be expected to show greater interest in the external environment as such a mechanism serves to protect the attachment relationship while simultaneously reducing proximal demands on the caregiver (Crittenden, 1993; 1992a; Ainsworth, Blehar, Waters & Wall, 1978).

Similarly ambivalently and attachment disorganised children would be expected to be more focused on relational connections, albeit for slightly different reasons, in order to monitor the caregiver's movements and reactions.³⁸ Main, Kaplan and Cassidy's (1985) findings on children's narrative responses to attachment eliciting themes have since been replicated in several attachment studies yielding similar results (see Bretherton, 1996; 1993; Oppenheim & Waters, 1995 to review of these results).

³⁸ Ambivalently attached children are believed to be preoccupied with relationships because of their fear of loss of the attachment partner(s). The fear of loss, in turn, is associated with the need to keep track of the caregiver's presence in order to assuage the separation anxiety felt (Cassidy & Berlin, 1994; Crittenden, 1992a). Fear also underpins the child bearing a disorganised attachment quality but there are different reasons for this associated fear. These relate to the potential harm likely to be perpetrated on the child by the caregiver(s). Focusing on the attachment partner in these circumstances serves two purposes. Firstly to survey the relationship system for imminent harm and secondly to allow for moments of proximity when the likelihood of harm is absent (Cicchetti & Toth, 1995a, 1995b; Crittenden, 1993; 1992a)

The Adapted Adult Attachment Interview: A Tool for Analysis

As part of this study four of the five caregiver respondents³⁹ were invited to participate in an adapted version of the Adult Attachment Interview (AAI) developed by Main, Kaplan and Cassidy (1985). The AAI is a semi-structured interview that requires participants to answer fifteen open ended questions. These questions in turn have been developed to tap the retrospective memories of an adult participants childhood experiences of attachment relationships (Main, 1995; Main, Kaplan & Cassidy, 1985; see Appendix 4 to view a copy of the interview schedule used in this study).

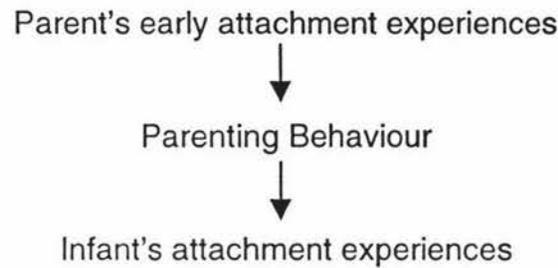
Assumptions of the AAI

There are three primary assumptions integral to the AAI:

1. That an adult's representational model of attachment relationships is primarily indicative of previous attachment experiences.
2. That an adult's quality of caregiving is largely based on the internal working model of attachment.
3. That representational models of attachment possess robust continuity over time thereby facilitating intergenerational transmission of attachment quality between parent and child. Research findings support the notion of such concordance (George, 1996; Waters, Posada, Crowell & Lay, 1995; Benoit & Parker, 1994; Zeanah & Zeanah, 1989; Cassidy, 1988; Main, Kaplan & Cassidy, 1985).

³⁹ Only four of the five caregiver participants completed this interview because Byron had been placed in the interim care of his caregiver's mother due to the latter's ill health. It was the intention of Byron's caregivers for him to be returned to the care of his original caregiver. In line with this, his original caregiver completed this part of the interview. However on completion of the data collection phase of this study I was informed that Byron was to remain in the full time care of his then current caregiver.

van IJzendoorn and Bakersman-Kranenburg (1997, p.137) diagrammatically represent the above relational process in the following manner:



This graphic speaks to the importance of needing to know the caregivers experience of attachment relationships because they contribute to shaping, as illustrated above, the internal working model of the child (Bretherton et al, 1989).

The graphic suggests that there is a linear relationship to the attachment process. However as van IJzendoorn and Bakersman-Kranenburg (1997)⁴⁰ point out this representation is of heuristic value as attachment relationships are continuously subject to multiple contextual influences that may either support, challenge or alter the way a person relates.

Research Support of the AAI

Studies using the AAI have confirmed the relational connections detailed by the previously given assumptions (see van IJzendoorn & Bakersman-Kranenburg, 1997). It will be clear to the reader that the intergenerational transmission of attachment between parent and child differs from that between foster parent and child in care, as the latter typically do not have a relationship

⁴⁰ The reader may care to review this article to critique the psychometric properties of the AAI. This instrument has been shown to be psychometrically sound. A meta analysis of 18 studies yielded an intercoder reliability of 80%. Test retest reliability over four current studies using this instrument yielded reliabilities of between 77% and 90% and the intervening period associated with retesting ranged between 1 and 15 months. The authors noted that the test-retest reliability could not be perfect as the intercoder reliability is imperfect (Van IJzendoorn and Bakersman-Kranenburg, 1997; see also van IJzendoorn, 1995). It is acknowledged that these properties have no bearing on the instrument developed for this study but the point made is that its development has been informed by an instrument with proven ability in the attachment field.

of longevity with their caregivers. This is supported by the findings in this study where the children had previously experienced multiple placements and had been in their current placements for a period ranging between 14 months to 3 years (see chapter five of this thesis to review the children's case histories).

Despite the lack of biological connection between the foster parent and child it is logical to assume that the caregiving context is going to be shaped by the quality of attachment brought to the caregiving relationship by the foster parent (Thoburn, 1997; Howe, 1995; Howes & Segal, 1993; Marcus, 1991; Steinhauer, 1991). Moreover the attachment quality possessed will inform the nature of relationship established between the caregiver(s) and child placed. Consistent, with the arguments in the literature, I contend that it is the tone of relationship established that will augur well or poorly for placement stability (Ammen, 1994; Fahlberg, 1994; 1991; Marcus, 1991; Steinhauer, 1991).

This contention, in my view, justifies the use of an adapted version of the AAI as it is an appropriate tool to assist in understanding the attachment quality brought to the caregiving relationship by the foster parent. This information is important to the goal of facilitating new attachment relationships, between children placed in long term care and their caregiver(s), as the representational model of relationships carried by adults have been shown to be directly related to their capacity for parental sensitivity (Ainsworth, Blehar, Waters & Wall, 1978). This caregiving quality in turn has been directly related to children's ability to develop relational security (Howes & Segal, 1993). Relational security has been associated with positive developmental gains for children across the spectre of childhood (Cicchetti, Toth & Lynch, 1995).

It is believed, despite the difficulties encountered by them, that maltreated children, given the right context, can and do have the capacity to re-organise their attachment relationships from attachment insecurity to security (Cicchetti, Toth & Lynch, 1995; Howes & Segal, 1993). While this view gives hope for positive outcomes for children requiring long term care there are caveats to this optimism and these relate to the severity and chronicity of abuse perpetrated on the child over time. Cicchetti, Toth and Lynch (1995) suggest that who

children have been exposed to chronic maltreatment and have little personal resiliency and have not have been aided by transient environmental buffers, over the time in which they were maltreated are “highly unlikely” to achieve relational security (p.26). In light of the preceding material there are sound practical reasons for using an adapted version of the AAI with the caregiving participants in this study as such an instrument could be:

1. Effective in the process of caregiver selection.
2. Instructive of areas likely to be contentious between caregiver and child.
3. Informative about the best ideographic fit between caregiver and child.
4. Descriptive of the most suitable placement type for a specific child.

The preceding discussion has set out the theoretical relevance for developing an adaptation of this interview for this study. As referenced in the section on sample selection, Appendix 4 provides the reader with a sample copy of the adapted AAI interview guide sheet used with the caregivers. This interview was undertaken in the third and final meeting with the caregivers. Its placement here was purposeful as this interview called on highly personal information about the caregiver(s) themselves. I believed, in concert with methods texts, that by this stage in the research process a greater rapport would have been developed between myself and caregiver(s). This has been shown to be vital to establishing a facilitative environment for the disclosure of highly personal information (Schweigert, 1994; Worell & Remer, 1992; Oakley, 1981). Each of the caregiver participants involved in these interviews shared information about their attachment experiences in an open, frank and candid manner, even when these experiences had been less than nurturant. Details about their experiences are given in chapter five of this thesis. I make the brief observation here, that their ability to communicate in an emotionally open and elaborative manner points to their individual capacity to effect the secure base phenomenon essential to the development of relational security.

Process of Analysis

I have utilised the principles underlying the AAI to inform my analysis of the caregiver interviews. The AAI itself has a complex coding system for which specialist training is required (van IJzendoorn & Bakersman-Kranenburg, 1997; van IJzendoorn, 1995; Benoit & Parker, 1994; Main, Kaplan & Cassidy, 1985). However its codings were originally obtained from qualitative analysis of the verbatim transcripts from the adults interviewed. In keeping with this tradition I have engaged the principles central to this analysis to qualitatively evaluate the narrative content of the caregiver responses given in the interview adapted for this study. These principles are set out below:

1. The depictions of autobiographical memory⁴¹ as given by the caregiver's reconstructions of their early attachment experiences in light of new experiences.
2. The manner in which autobiographical memory was accessed by caregivers to support their statements about their early attachment experiences and the degree to which these were congruent, contradictory or absent. These latter qualities are thought to determine the presence or absence of an individual's reliance on defensive exclusion (see chapter two). The process of defensive exclusion is implicated in insecure styles of attachment.
3. The coherence of the transcript as a whole. Coherence is a central concept in assessing for attachment as its presence denotes whether the individual has developed an organised strategy for relating to others (George, 1996). Grice (cited 1975 in van IJzendoorn, 1995 & van IJzendoorn & Bakersman-Kranenburg, 1997) was the originator of the assessment schema selected for analysing coherence in attachment classifications of the AAI.

The basic tenets of this schema comprise:

- a) Assessing of the narratives quality: This assessment seeks to identify the tone of the interviewee's script and whether it is emotionally open or closed. This is done by checking for contradictions or congruence between examples given about their early caregiving relationships and assertions made about this same relationship over the course of the interview. The process for discerning congruence or incongruence is established from the outset of the interview by asking the interviewee to provide a series of adjectives about their early caregivers.

These descriptions become the baseline for analysing further examples given about this relationship over the course of interview. The assumption made is that if parents were described negatively at the outset of the interview congruence would be established, if further examples given about this particular relationship matched the commencing descriptions, or deviations from them were appropriately explained. Furthermore speech flow is assessed for ease or difficulty of expression. Responses to questions asked are evaluated in relation to their directness or indirectness of reply.

- b) Assessing for narrative quantity: The assessment here relates to information clarity and fullness. Responses, are evaluated for succinctness and completeness. Incompleteness, over succinctness or ambling responses are equated with relational insecurity.
- c) Assessing for relevance: This is assessed for by evaluating if the interviewee keeps to the point or continuously wanders off the subject. Constancy of presentation over the interview script is considered to be thematic. Relevance, like the other characteristics for assessing narrative coherence so far given, is interpreted in relation to the dominant theme presented over the script as a whole.
- d) Assessing for manner: The script here is evaluated for clarity and orderliness. The dominant question asked here is: are the responses given

⁴¹ See chapter two of this thesis to review the role of memory systems in the development of

provided in a clear and orderly manner or are they unclear and chaotic?, just as coherence is integral to establishing the presence or absence of a particular individual's attachment strategy so too is the ability to recognise the features of low coherence in the individual's attachment narrative.

Cicchetti, Toth and Lynch (1995) isolate several features which they believe are indicative of low coherence and include:

1. Idealisation by the adult interviewee of their parent in the absence of specific memories to support these assertions.
2. A consistent inability by the adult interviewee to recall events in childhood.
3. Unresolved anger by the adult interviewee towards their parents in relation to matters arising in childhood.
4. An attempt by the adult interviewee to get the interviewer to ally with their unresolved anger toward their parent in relation to matters arising in childhood.
5. Presence of unresolved grief which may comprise incidents of slip of the tongue phenomena when referring to a deceased parent as if they are still alive or confusing the self with the deceased parent.

Rules For Interpretation

Interpreting the level of an individual's narrative coherence from their interview transcript, as raised earlier, is done by evaluating the transcript as a whole in accordance with the attributes that make up the construct of coherence in addition to emergent themes across the script (Miles & Huberman, 1994). I understand this to mean that the verbatim transcript is analysed as a whole and interpreted in relation to its most consistently presented themes. George

(1996) provides an example of this analysis by detailing an account of a caregiver who was classified as possessing an uncertain model of caregiving which is equated with a preoccupied attachment style on the AAI. This classification was given in accordance with her descriptions of the caregiving relationship between herself and child.

The caregiver is initially reported as describing the mother-child relationship in glowing terms. The child was seen as "perfect", "well mannered", "honest", "fair" and her experience of caring for her child was "fun" and "filled with happiness". George (1996 p.419) then identified that on some occasions throughout the interview the mother described the child as "difficult", "immature", "angry", "moody" and "petulant". In addition to these descriptions the mother was portrayed as being confused and unsure why this was so.

This example demonstrates how to recognise qualitatively the presence of specific themes relevant to interpreting the narrative coherence in a transcript.

Classification Schemata of the AAI

Assessing for emotional coherence in an adults attachment narrative lead Main, Kaplan and Cassidy (1985) to the initial identification of three different classificatory styles of attachment among adults. A fourth was added later (George, 1996; Main & Soloman, 1990). These are given below:

1. **Secure or Autonomous:** Adults so classified communicate openly and directly about their significant past and current relationship experiences. Their affective style is both non-restrictive and flexible. They are able to support their statements about relational experiences by recalling memories about these experiences whether they be good or bad. The nature of this recall is both coherent and clear. They further demonstrate the ability to integrate past and current relational experiences in a balanced manner. Their relational expectancies indicate that they expect significant others to be available and responsive to their needs.

2. **Dismissing:** Adults possess a restricted range of affect and this is most notable when they are asked to consider attachment stimulating events. The emotions most notably absent include fear, sadness and distress. They commonly devalue the importance or relevance of attachment relationships. They perceive themselves to be strong, independent and unneeding of emotional connectedness to others. Their recall of early attachment relationships are frequently idealised and/or inhibited. Additionally descriptions given about these relationships are regularly contradicted or unsupported by memory recall. George (1996) notes that this attachment strategy works to deactivate attachment and in so doing matches the avoidant pattern found in children.
3. **Preoccupied:** Adults are considered to be entangled with their early relationships. Their level of anger about relational issues from both childhood and current day are constantly on top of their personal agenda. The level of relational preoccupation in these adults facilitates their ease of recall about early relationships but frequently leaves them unable to describe these relationships in a coherent or succinct manner.
4. **Resolved/Unresolved:** Participants narratives under this classification may comprise any one of the first three attachment classifications given above. This coding is given in addition when the respondents narrative indicates the existence of unresolved trauma or loss (van IJzendoorn & Bakersman-Kranenburg, 1997; Main & Soloman, 1990).

Clinical Implications of Adult Attachment Status On Caregiving

George (1996) has recently shown that adult attachments have significance for shaping the caregiving relationship between parent and child. In her view, the caregiving system is the 'mature transformation' of the adults attachment system and as such is the mediating pathway for intergenerational transmission of attachment. She believes that the shift in function between

these systems is from being protected, in terms of secure base phenomenon, to giving protection.⁴²

Crittenden (1993) draws on information processing theory to explain how this transformation directly affects the child. She avers that parental responsiveness, which has previously been found to be of primary significance in the development of a child's attachment style, is mediated by how the parent responds to the child's signals for care. She further adds that parental responsiveness is influenced by what the parent perceives, how this perception is interpreted, the repertoire of responses available and finally the decision made as to whether or not to implement a response (see Figure 3:1, chapter three of this thesis).

Crittenden's (1993) model dictates that caregivers who possess insecure attachment styles will tend to make faulty attributions about the needs of the children in their care. She believes that this then leads caregivers to systematically ignore important information from the child which in turn reinforces the child's sense of relational insecurity. Relational insecurity has previously been associated with a raft of disruptive behaviours across the developmental span of childhood. Such relational functioning has been paired with placement breakdown (Keck & Kupecky, 1995; Triseliotis, Sellick & Short, 1995; Penzerro & Lein, 1995; Howes & Segal, 1993; Webb, 1991; Steinhauer, 1991).

This information speaks of the need for social workers to have access to an instrument that can accurately assess for attachment quality among potential foster parents. Selecting caregivers who possess an autonomous-secure quality of attachment, bodes well for ensuring positive outcomes for children requiring long term placement as these adults are more likely to be capable of sensitively responding to highly difficult children (Belsky, Rosenberger & Crnic, 1995; Triseliotis, Sellick & Short, 1995; Howe, 1995; Cicchetti & Toth, 1995a,

⁴² To review the definition of this construct see chapter two.

1995b; Ainsworth & Marvin, 1995; Fahlberg, 1994; 1991; Howes & Segal, 1993; Marcus, 1991; Sroufe, 1988).

This view is affirmed by early attachment research which found that one of the marked differences between attachment secure and insecure caregivers was their ability to adequately execute secure base functions even in the face often temperamentally difficult offspring (Seifer & Schiller, 1995; Belsky & Isabella, 1988; Belsky & Rovine, 1987). I am not suggesting here that a secure base relationship is the only thing required to ensure sound outcomes for children requiring long term care, but getting the relational mix right is one step amidst a number that augurs well for placement stability (McAuley, 1996; Triseliotis, Sellick & Short, 1995; Steinhauer, 1991; Sroufe, 1988). It is for these reasons that an adapted version of the AAI was developed and used in this study. The discussion here completes the final subsection of this chapter. I turn now to summarising the key points made over the course of the chapter.

Discussion Summary

This chapter has précised the theoretical rationale for the study and detailed the case study method on which this study has been premised. This discussion focused on the appropriateness, difficulties and limitations of the method in relation to this project. Ethical issues were given depth of cover because of the particular sensitivities involved in research comprising children.

For this similar reason space was given to situating the participants voices in the study. Their inclusion was premised on principles emanating from both the feminist and narrative research traditions. I saw this as being important as children's voices are so rarely given prominence in research, yet this is cited as being an important research, clinical, and legal goal (Smith, 1997, O'Reilly, 1997; McAuley, 1996). Matters pertaining to sample selection, participant characteristics and the problems encountered in this process were delineated as were the methods incorporated and/or developed for the research.

This section interwove both theory and method in order to maintain the continuity in link between the two and to support the veracity of those methods specifically constructed for this research. The last section addressed the tools for analysis of the adapted adult attachment interview and the children's narrative. These tools were used to analyse the data generated from both the child and caregiver participants. The analytic schema applied to the data emanating from the social work participants was given in Figure 4:2. I turn now to chapters five and six of this thesis which provides the reader with the results and analysis of the data gathered from social worker, caregiver and child participants. The analysis itself has been informed by both the methods and strategies for analysis set out in this chapter.

CHAPTER FIVE

RESULTS & ANALYSIS

The attachment tie has been described as:

"The tendency of individuals to build strong emotional bonds to specific others" (Biringen, 1994, p. 404). This affective tie is believed to endure over time and in the face of adverse circumstances (Cicchetti, Toth & Lynch, 1995; Crittenden, 1992a). This is no where better exemplified than in Cane's long held hope for eventual reunification with primary kin. Despite the cruelty and abandonment he has experienced at their hand.¹

s: "Where do you think you will be living when you're twenty?"

c: "I'll probably be living in CYPFS "

s: " And who will you be living with? "

c: "I hope to be with Cassie "

s: " So you really like being where you are "

c: " Yes, but when I grow up I am going to live with my mum "

Cane's hope encapsulates the heart of this thesis, namely the significance of the attachment tie. This focus is central to the analysis undertaken in this chapter. The analysis revolves around the two central research questions:

1. What is the attachment experience of the maltreated preadolescent child taken into long term care, such as included in this study, and how does this affect the quality of the attachment relationship with their substitute caregiver?

¹ The reader's attention is drawn to the use of Cane's name here and reminded that the name used is part of the relational referencing schema developed for clarifying the relational connections between the data sets, that is, social worker, caregiver and child. The schema has been previously presented in chapter one and four of this thesis. I emphasise that all of the names used in the relational referencing schema are pseudonyms.

2. How do social workers and their organisation facilitate or impede the development of this relationship?

The remainder of this chapter presents the results, analysis and discussion arising from a total of twenty-six multi-method in-depth interviews undertaken with the three social work, five caregiver and three child participants selected for this study. The in-depth nature of the interviews has led to the generation of a substantial amount of data over each data set. The analysis, however is weighted in the direction of the children's data. I justify this decision on two grounds:

1. Foster care literature shows that children requiring long term fostering in the middle school years are particularly vulnerable in their ability to form new relationships and as a result of this are more likely to experience placement breakdown (McAuley, 1996; Rowe, 1989; Prasad, 1986; 1975). Therefore understanding the tensions and difficulties associated with long term placement in this age group is advantageous to practice.
2. The primary research question seeks to explore the nature of the children's attachment experiences in order to make an informed assessment about their current quality of attachment.

Additionally the qualitative nature of this study requires the generation of several data points in order to draw sound inferences from the data. This has led to a greater volume of data being collected for the child participants. I believe these reasons aptly justify the greater emphasis on the children's data. In turn this has implications for the length of the chapter, which is longer than is typically characteristic of a data analysis chapter. This is necessary in order to develop a complete picture of the attachment experiences of the three children included in this study. In addition to exploring their current quality of attachment in relation to their substitute caregiver(s).

I had considered giving a separate chapter to each child but decided against this because to have done so would have created discontinuity and unnecessary duplication in the data and discussion presented. While emphasis is given to the children's data the quality of this differs over the child participant set. This has arisen, as referred to in chapter four of this thesis, because of substantial differences in historical information on file pertinent to the children's attachment experiences with primary kin. While the files provided voluminous information for Cane this was not true for either Angie or Byron. Likewise the information obtained through the social work and caregiver interviews, in relation to this same issue, varied substantially due to the differing length of relationship these participants had with the children. This also affected the knowledge held about the family history. For these reasons Cane's case history is more comprehensive than of either Angie or Byron. Before moving on to outline the analytic structure for the chapter, I would add here, that while I used many tools with the children I am unable to append many of the Artifacts produced by the children for reasons of confidentiality and anonymity (Yin, 1994). However where this does not apply the Artifacts manufactured in response to the research activities have been included. I turn now to delineating the analytic structure applied to the case studies.

The Organising Analytical Framework

The data analysis follows the analytic schema set out in Figure 4:2. Each case study commences with the children's bullet point history this is a précis of the children's journey in care. This history gives particular emphasis to the maltreatment and placement experiences of the children. These factors are of central focus in this thesis as they provide information about the type of caregiving environment to which the children have been subjected.

Attachment theory and research has shown that a sensitive caregiving environment or the absence of it is key to shaping the quality of a child's attachment and this quality in turn affects the way a child is likely to relate to substitute caregivers (Ryan & Wilson, 1996; Pearce & Pezzot-Pearce, 1994;

Webb, 1991; Steinhauer, 1991; see also chapter two and three this thesis). Moreover, attachment research has also shown that a child's attachment style has implications for the type of caregiving environment required to meet his/her individual needs (Thoburn, 1997; Penzerro & Lein, 1995; Hegar, 1993; Howes & Segal, 1993).

The history is then followed by a discussion of the key points arising from the bullet point history. This discussion draws on both the literature and file data, where available, to illustrate the points made. This is then followed by an analysis of the methods used with the children during the fieldwork phase. Chapter four of this thesis has previously set out the analytic strategy applied to this part of the data set. The child data set is then concluded by summary of the evidence presented.

The next section to be discussed reviews the data arising from interviews with the child's caregiver(s). This includes an analysis of the caregiver's experience of the child and preparation for this care in addition to information arising from an adapted form of the Adult Attachment Interview (AAI). The analytic strategy for this part of the interview was previously given in chapter four of this thesis. The section is then closed by way of a data summary and is followed by discussion of the findings with emphasis on their meaning for the particular caregiver(s)-child relationship under discussion.

The section set out above is then followed by a review of the social work response to the case specified. The final section of this chapter addresses the contextual influences effecting the caregiving relationship.

This discussion draws on information gained from interviews with the key informant group, the effects of the Children Young Person and Their Families Act, 1989 and, where appropriate, in relation to the care services chapter (nine) of the NZCYPFS Care and Protection Handbook (1998). I also intend to intersperse this discussion with my own practice experience where appropriate. In order to

enhance the analytic quality over the case studies I have elected to present the material under eleven consistent headings. These are:

1. (Name of Child) Relational Story
2. Key Issues
3. Meeting & Working With (Name of Child)
4. Separation & Reunion Pictures
5. Data Summary (Name of Child)
6. The Caregiver Environment
7. Caregiver Responses to the Adapted Adult Attachment Interview
8. Child & Caregiver Relationship
9. (Name of Child) Experience of Social Worker
10. The Social Work Intervention
11. Summary of Case Data

The major headings above serve to maintain consistency over the data set. However the subheadings within each of these major sections vary in accordance with the different factors of relevance and relational history to the child under discussion. I turn now to present Cane's relational story. I have started with Cane's story because of the voluminous nature of the data made available for review as earlier explained in the introduction to this chapter.

CANE'S RELATIONAL STORY

- Year 1:** The year of Cane's birth.
- Year 2:** Cane's parents separate following serial episodes of domestic violence, alcohol and drug addictions, and related criminal activity.
- Year 3:** Cane and siblings are notified to NZCYPS for the first time. NZCYPS receive three notifications in this year. Cane is removed from mother's care, separated from siblings and placed in father's care.
- Years 5-8:** NZCYPS receives twenty-one notifications concerning Cane's welfare while in father's care.
- The notifications detail serial episodes of physical, emotional and verbal abuse.
 - Various counselling and parenting courses are provided for father. Father is variably compliant but more typically hostile in relation to the family preservation² interventions negotiated.
 - Father is menacing of social work staff, caregivers and intermittently threatened the personal wellbeing of these personnel.

² Family preservation agreements are low tariff social work interventions engaged by NZCYPFA to support the family system to remain in tact. The services typically involve an array of different forms of counselling, respite care and the like. These agreements are referred to as the Family/Whanau agreement and operate under the 231 NZCYPFA output code. There has been a significant drop in the work undertaken in this output (see chapter three to review the circumstances and also DSW Statistics for NZCYPFA, 1998 - these were also given in chapter three of this thesis).

- Year 6:** Social workers continue to attempt to reunify Cane with his father despite simultaneously making a decision to seek long term alternate placement for Cane.
- Year 7:** Social work attempts to reunify Cane with father terminate following further episodes of verbal, emotional and physical abuse.
- Cane experiences multiple changes in school as a result of placement changes associated with the continuous attempts to reunify father and son.
 - Cane is indefinitely suspended from school following assaultive outbursts on pupils and teachers.
 - Cane decompensates after a rapid succession of placement changes due to his serious assault on a caregiver. He is subsequently hospitalised.
 - Public service agencies battle over who should cater for Cane's needs.
 - Cane is placed in a residential institution.
- Year 8:** NZCYPFS is awarded sole guardianship of Cane.
- Cane is permanently placed in a cost intensive specialised foster placement.
 - To this date Cane has been in the intermittent care of a minimum of seventeen principal caregivers.
- Year 9:** Cane continues in permanent placement. He has made sound progress.

Year 10: Cane continues to make sound progress in his permanent placement.

- Cane's primary caregivers take a ten-month leave of absence for family reasons. Cane's behaviour deteriorates.

Year 11: Cane's caregiver's return. During this placement Cane has had seven changes in minders (minders are additional adults appointed by NZCYPFA to assist the primary caregivers in their task of caregiving).

Generic Facts

- Cane has had a minimum of twelve field social workers from first placement until the year in which this research was completed.
- Cane's journey to permanency took place over a period of five years from receipt of the first notification by NZCYPFS.
- Cane's longest placement since birth has been for a period of two and a half years following placement with Carne and Cassie.³

KEY ISSUES

Family Context and Composition

Cane is the youngest child of his parents union. He has an older sister by this

³ The bullet point history above details for the reader Cane's early life history with particular focus on the number of placements he has been subject to and the interventions made by CYPFS consequent to notifications of child abuse. Cane's history was collated in this manner to make sense of the mass of information recorded about him on a substantial number of personal files accrued by the service over the duration of his journey in care. I acknowledge that this practice is largely a data reduction exercise but I justify this choice on two grounds. Firstly the time line assists in contextualising Cane's journey in care. Secondly it permits a focused account of experiences known to stimulate a child's attachment system and this is the target interest of this thesis.

same relationship. They were raised apart from the time Cane went into his father's care and have only recently been reunified. Cane's relational history shows that he had been subjected to both serial episodes of child abuse, multiple placements in care alongside constant attempts by CYPFA to reunify him with his father despite the consistency of abuse confronted. Foster care literature identifies that exposing children to such circumstances is perilous to healthy development and later adaptive functioning (Keck & Kupecky, 1995; Steinhauer, 1991). In fact this same source elucidates that practice such as this cuts across the goal of ensuring a child's sense of security, self-esteem and identity (Thoburn, 1997; Taylor, 1997; Eagle, 1994; Hegar, 1993; Chamberlain & Weinrott, 1990; Katz, 1990). This position is also supported by the organisational policy of the agency charged with attending to Cane's care needs (NZCYPFS Care & Protection Handbook, 1998). Foster care research also avers that systemic failure is implicated when a child is exposed to three or more placements (Terpstra, 1987).

Cane's experience, in the light of preceding information, meets the criteria for such failure and raises the question as to its occurrence. Cane's social worker indicated that she believed these failures in practice were in part contributed to by three significant factors:

1. The ideological shift accompanying the 1989 Act. Christie averred that the new philosophy of "whanau decision making" inherent in the 1989 Act led to a complete reversal in the position social workers took in regards to children's safety and care needs.

She indicated that it went from "taking the child outside the family" to an almost exclusive focus on the right of the family above any consideration of the rights of the child. She indicated that she was not sure if this practice had been remedied nationally but at a local level she believed that social workers were now "centred on the child as being their client and the child in context with the family, while they've still got prime responsibility of the child".

2. A loss of organisational interest in the role of permanency planning as a result of the change in philosophy heralded by the 1989 Act in addition to “other influencing factors that had a greater pull on Head Office’s attention”. Christie named the “current driving force [as being] very definitely the devolution of social services and that’s fine, but, if, anything that deflects from what our goal should be”.
3. The absence of a practice methodology to apply to interventions involving permanency planning. Christie contended that while CYPFA’s introduction of the C.A.R.E.S⁴ assessment tool had led to increased consistency of social work practice in risk assessment this was not matched by a similar tool for work with children requiring long term care.

Each factor presented above is of interest to this thesis in relation to its impact on placement security. However the one of primary interest to current discussion relates to the reported lack of a practice methodology in this field of work. The remaining points will be revisited in chapter six, which focuses on the contextual influences affecting practice.

Permanency planning literature over the last twenty years has recurrently identified attachment theory as being the construct underpinning the origin’s of this movement in child welfare (Thoburn, 1997; 1989; Howe, 1995; Penzerro & Lein, 1995; Triseliotis, Sellick & Short, 1995; Eagle, 1994; Hegar, 1993; Katz, 1990; Rowe, 1989; Terpstra, 1987; Poulin, 1985; Maluccio & Fein, 1983; Hess, 1982). It is assumed that this theoretical framework would logically act as a guide to assist social workers in making decisions about a child’s care needs when this action is required. The essential elements to this process as indicated by attachment literature comprise: the gathering, analysis and interpretation of a sound developmental history for the child of concern (Keck & Kupecky, 1995;

⁴ This instrument was originally referred to as the Manitoba Risk Estimation System (M.R.E.S) and is the primary tool used by social workers for undertaking Care and Protection investigations.

James, 1994; Steinhauer, 1991; Jernberg, 1989; Schaeffer & Briesmeister, 1989).

Implicit to this history gathering is the nature and quality of the parent child relationship both in terms of the early influences associated with this relationship and its current presentation. Crittenden (1992b) drawing on the work of Cicchetti & Rizley (1981), avers that where maltreatment is implicated, a transactional - ecological model of assessment should also be drawn on in order to assist in making sound inferences about the maltreating parents capacity for change (see Cicchetti & Rizley, 1981 to review this model). Cicchetti and Toth (1995a) suggest that where it is clear that a maltreating parent continues to operate from a closed relational model, despite supportive interventions, that alternative care is implicated in order to support the child's ability to "be receptive to new relationship experiences" (p.299).

Revisiting Cane's Early History

Cane's repetitive presentations to the care system would suggest, in concert with Christie's belief, that social work practitioners did indeed lack a methodology from which to conceptualise about the chronicity of Cane's abuse and its implication for his need of a long term placement.⁵ This is illustrated by several examples from

The tool was renamed in deference to cultural considerations in 1998 and is now known as: C.A.R.E.S, the Child Assessment and Risk Estimation system.

⁵ This assertion is made on the basis that social workers had reviewed family resources for Cane's care as part of the Family Group Conference (F.G.C) process but had been unsuccessful in this search. Attachment theory would suggest that, even if they had been successful, an assessment process would be indicated given the nature of intergenerational transmission of attachment quality from parent to child and its associated implication for a child's ongoing care and protection (George, 1996; Lyons-Ruth, 1996; Cicchetti & Toth, 1995a; Main, Kaplan & Cassidy, 1985). Additionally, Worrall (1996) indicates that kin placements are subjected to the same pressures associated with caring for children at risk as found in the care system. This finding suggests, given Cane's behavioural complexity, that a kin placement may have been subject to similar instability, unless, of course, the carers were well supported, resourced and assessed to account for care and protection concerns. Worrall (Personal Communication, 1999) has further suggested, in relation to kin attachment history, that kin within or external to Cane's family of origin may have been suitable candidates for offering care due to the effects of different parentage or as a result of factors of individual resiliency. While I concur with both these arguments my point is that a comprehensive assessment of attachment is needed to account for these factors. Moreover I would suggest that no matter what form of care

the case file including information about his early life history, notification content and descriptions of parent/child interactional observations undertaken by other professionals involved with Cane's case, in addition to similar observations made by his early caregivers.

I have drawn on Cane's file history (with particular emphasis on his maltreatment and attachment history) to exemplify his early attachment experiences. Attachment theory, as pointed to earlier in this thesis, has shown that these are important to the development of a child's attachment quality (Ainsworth, Blehar, Waters & Wall, 1978).

These early experiences are of import to this study as they aid in being able to draw inferences about Cane's early relational responses to primary attachment figure(s) and to consider how these experiences may effect current relational quality.⁶ This information also has particular relevance for the research context, as unlike other attachment studies, this research does not have the advantage of cross validating current relational quality with relational quality in infancy as evaluated by the 'strange paradigm'. This measure is consistently applied in larger scale research projects to ascertain continuity or discontinuity of attachment over time (Morton & Browne, 1998; George, 1996; Rutter, 1995; Main, Kaplan & Cassidy, 1985). I have elected to account for this limitation by drawing on archival information, where available, from Cane's file. More particularly I have chosen three observational sequences of parent/child interaction from Cane's early life history, prior to permanent placement, to demonstrate the continuity in his relational strategy with each of his parents. The three excerpts have been chosen because they appear to be representative of Cane's pattern of relating to significant others over time. The representative nature of these patterns was

was available for Cane, that is, stranger or kin placement, comprehensive and continuous resourcing and support would be required given the severe emotional disturbance he exhibits.

⁶ The reader will recall through the construct of the internal working model, given in chapter two of this thesis, that early relational experiences shape the way children are likely to interpret new relationships. In turn these perceptions are likely to have a direct influence on and implication for the caregiving relationship formed (Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; 1985; Bowlby, 1988; 1980; 1973).

reflected in the file review, interviews with his social worker and with his caregivers. These observational sequences are presented at the conclusion of the discussion below.

Early Life Influences

The reader is reminded that attachment research has empirically demonstrated that a child's quality of attachment is determined in the first instance by parental responsiveness in relation to the child's expressed need for security. This responsiveness may be either sensitive or insensitive in nature (see Figure 3:1 and Figure 3:2 in chapter three of this thesis to review the differing outcomes of parental responsiveness to the child's signals of attachment).

Sensitive responsiveness has been shown to be associated with the development of relational security in a child while insensitivity is related to the development of insecure relational styles (Szajnberg & Crittenden, 1997; Bretherton, 1996; Crittenden, 1994; 1993; 1988). Cane's early history shows that he had been subjected to insensitive prenatal influences as a result of his father's violence. One incident recorded on file details that his mother was assaulted at eight and a half months of pregnancy sustaining punches to her back subsequent to being pushed down a flight of stairs. The bullet point history above shows that after his parent's separation Cane was subject to abuse and neglect in his mother's care and at the same time sustained a fractured skull⁷ reportedly inflicted by his older sister, who herself was reported as being severely behaviourally disordered.

⁷ The file report on this incident was only by way of a cursory mention. No additional details were given as to how it happened, its possible severity, how it was resolved or what lasting effect such an incident may have on Cane's development and behaviour. This seems somewhat astonishing as literature on brain injury in children suggests that the younger the child at the time of incident the more detrimental the effect on a child's development (Ponsford, 1995). I acknowledge in the absence of detail little relevant comment can be made about its developmental implications for Cane. However, a fractured skull seems a reasonably serious condition and it raises the question as to any contributory effect this event may have had on Cane's later behavioural difficulties. The reader is informed that one of several assessments

Parental History

Attachment theory has empirically demonstrated an intergenerational link between a parent's own history and patterns of relationship quality with their own offspring (van IJzendoorn & Bakermans-Kranenburg, 1997; George, 1996; Main, Kaplan & Cassidy, 1985). This can be key to drawing initial inferences about a parent's ability to sensitively respond to a child's needs. Cane's file indicates limited information about either of his parent's personal histories aside from noting that his father seemed 'obsessional about cleanliness' and that he, himself may have been subject to harsh physical discipline in his own family of origin.

Excerpts of Early Notification Content: Their Attachment Theoretic Relevance

Excerpt 1

The file excerpts given here recount the nature and constancy of the insensitive caregiving Cane had been subjected to following placement with father and reflects a re-occurring pattern of insensitive parenting similar in tone to the responses involved in his prenatal period. The first notifier⁸ reports hearing Cane's father speaking loudly and aggressively to Cane. This transaction was followed by the notifier observing Cane falling over a bin and sustaining a laceration to his head. Cane reportedly began to cry upon which his father was heard to say "I can't feel it why can you?". This notification was made in the context of the notifier seeing and hearing daily indicators of abusive behaviour perpetrated on Cane by his father and followed a period of two medically substantiated accounts of non-accidental injury.

undertaken on Cane following his entry into care ruled out organic contributions to his profound behavioural difficulties.

⁸ Notification texts refers to information first received by a social worker from anyone choosing to register care and protection concerns with CYPFA about a particular child, group of children or family. The text recorded at this time is referred to as a notification text or 'intake'.

Excerpt 2

The notifier, in the second excerpt, reported ongoing fears for Cane's safety because his father subjected him to daily episodes of physical abuse, verbal taunts, and consistent yelling and shouting. This notifier conveyed personal fear in reporting to CYPFA because of this man's known violence and previous threats to personal safety. Herein the disclosure made was an observation of the father yelling and screaming at Cane for some wrong doing ending with his father twisting the boys "arm up his back until he screamed out in pain". Comments similar to these were endemic over the course of notifications made and characterise the insensitive and abusive parenting Cane was forced to adapt to. Social work reports of investigations undertaken with Cane himself reflect a common response "I'm not saying nothing".

Cane's Response: An Attachment Theoretic Conceptualisation

Cane's common response to these investigations is consistent with maltreatment literature which shows that children frequently act to protect their parents from being implicated in the harm they perpetuate, typically by evasive responding such as evidenced here (Cicchetti & Toth, 1995a; 1995b; Crittenden & Ainsworth, 1989). From an attachment theoretic perspective Cane's response to the social work investigation is consistent with children subject to abusive caregiving environments. The child in these situations typically employs strategies that will avert the potential dissolution of a relationship that are meant to be central to their survival (Bowlby, 1969; 1973; 1980; 1984; 1988). Bretherton (1996) contends that such responses come at a huge cost to the child who is placed in the situation of having to deny what they know and feel (Bowlby, 1988). It is important that social workers understand that these relational qualities, insensitive caregiving by the parent and disarming relational strategies of the child, are the product of child-parent interaction over time. Attachment literature indicates that these relational patterns can become increasingly stable over time (Crittenden, 1995; Benoit &

Parker, 1994; Zeanah & Zeanah, 1989). I move now to present the three observational sequences mentioned earlier in this chapter. These observations occurred prior to Cane's permanent placement and are given to demonstrate the continuity in his relational pattern.

Continuity In Relational Patterns

Mother-Son Interaction (2.5 years)

This report is given by Cane's first caregivers at the termination of his time in mother's care. Cane was described as being "very affectionate", needy and prone to highly difficult behaviours which included defecating on furniture, faecal smearing, growling in response to adult interaction, swearing and making rude gestures with his fingers.

This caregiver noted that Cane, on reunion with his mother, cried on sighting her but made no effort to seek proximity until she initiated cuddling him. Attachment theory instructs that serial observations are required to draw conclusions about a child's attachment quality but it is of interest to note that the caregiver's behavioural description is consistent with displays of attachment insecurity as described in attachment studies of infancy and toddlerhood (Cicchetti, Toth & Lynch, 1995; Crittenden, 1988; 1985; Ainsworth, Blehar, Waters & Wall, 1978). Moreover, Cane's reunion response is reflective of behavioural disorganisation as suggested by his 'distress, still and daze' reaction to his mother's presence (Lyons-Ruth, 1996; Main & Soloman, 1990; Main & Hesse, 1990; Main & Soloman, 1986).

Father - Son Interaction (4 years Approximately)

The observation relates to an access visit between father and son. The descriptions given indicate an increasing disorganisation in Cane's behaviour.

Prior to the set visit Cane had indicated his reluctance to caregivers about seeing his father. This was later behaviourally reinforced by Cane refusing to get out of the car at the access point for a period of a half-hour. The reunion scene that followed described Cane as briefly but reticently responding to his father's cuddle and upon disengagement he was observed to start 'wailing' and to walk away from his father toward a nearby tree from whence he demanded to be taken home.

Father-Son Interaction (5 years Approximately)

The scene here describes a home based observation undertaken by a psychologist over a mealtime during a period of father-son reunification. It was noted, at the time, that Cane received an adult sized meal. father was described as being angry and loud in his interaction with Cane over the course of the meal. Cane was observed to eat the meal and to sit quietly watchful at the table for a period of forty-five minutes.

He was also described as looking notably pale and breathing rapidly. Prior to the conclusion of the meal father was described as becoming calmer upon which Cane reduced his watchfulness and eventually left his seat to go over and give his father a cuddle. The observation terminated with his father placing Cane on his lap.

Summary of Parent-Child Interactional Observations

Cane's responses to his parent figures over the course of these observations, in home and away from it, consistently demonstrated his fear, distrust and uncertainty about how these figures would be likely to respond to him. His distress, as evidenced in the first and second observation, detail the intense activation of his attachment system with the associated belief that his needs would not be met by his caregivers. His responses during these are typically associated

with disorganised/disoriented pattern of attachment and speaks to the consistent insensitivity experienced in relation to his caregivers (Main & Soloman, 1990). Moreover his responses in the final observation recorded match a strategy of compulsive compliance. This strategy, consonant with attachment theory's construct of evolutionary adaptiveness, as earlier mentioned, works to disarm the caregiver's hostility while indirectly but simultaneously serving the child's proximal needs for security from an otherwise dangerous person (Cicchetti & Toth, 1995a; Crittenden, 1994; 1993; 1992a; Bretherton, 1993; Bowlby, 1984; 1973; 1969).

Practice Implications

The import of the information so far discussed, in light of the notification texts⁹ early family history and similar manifestations of behavioural difficulties in the older sibling, strongly support the attachment theoretic contention that a child's behaviour is complementary to the caregiving environment they have been exposed to.

The 'complementarity' thesis is derived from the view that a child's perceptions and reactions in the parent-child relationship are a direct result of the co-constructive processes between themselves and attachment partner (Bretherton, 1993). In this regard Cane's display of fear and strategic application of compulsive compliance can be viewed as a mirror to the coercive, controlling, cold, hostile, rejecting and abusive parental responses he had been exposed to over time. These qualities are the known determinants of parental insensitivity (Cicchetti & Toth, 1995a; 1995b; Crittenden, 1993; 1992a; Goldberg, 1991; Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969; Sroufe, 1988; Ainsworth, Blehar, Waters & Wall, 1978).

If social workers have been able to conceptualise about Cane's caregiving environment within an attachment theoretic framework they may have enacted

⁹ The term 'Notification text' was defined earlier in this chapter.

their plan for long term placement when it was first considered in 1992. Unfortunately this plan was deferred until 1995 in between which time both abuse and reunification attempts were ongoing.¹⁰ During this period the file indicates that social workers documented the father-son relationship as being 'warm and affectionate' while at a similar time a psychologist characterised father's relationship with his son as 'rigid, unrealistic and stubborn'.

This marked incongruence in description raises several possibilities. The one of interest here is the possibility that the social worker had been led to false conclusions about the nature of the relationship between child and parent as a result of the child's earlier suggested ability to employ a strategy of compulsive compliance in the face of consistent parental hostility (Crittenden, 1994; 1993; 1992a).

Cane's Final Leg To Permanency

Cane's behaviour by age six and a half, as reflected in the file, was seriously out of control, his acute distress was highlighted by one particular incident, amidst a number, whereby it took four adults to restrain him two of whom were police officers. Immediately prior to this incident Cane had assaulted one of his caregivers leaving her with severe bruising. This attack directly followed his caregiver's return from a period of leave. The incident resulted in Cane being transferred to a new foster placement from whence his behaviour deteriorated rapidly leading to hospitalisation and medical management.

¹⁰ This finding is consistent with Christie's earlier view regarding the noted paradigmatic shift in social work practice consequent to the implementation of the Children, Young Persons And Their Families Act 1989. This philosophical change, in accordance with Christie's view, reflected a push for children to be returned to families at 'an any costs mentally'. This operand appears remarkably congruent to the social work practice reflected in Cane's case. This is an extremely disconcerting finding as it suggests that social workers are little involved in the professions much touted love of praxis, that is critical reflection on action undertaken in practice (Lawson, 1998). This practice gap is ill afforded at any time but when this operates in the context of a highly vulnerable population, such as maltreated children are, it has the potential to be fatal (Kinley & Doolan, 1997).

Puzzling Behaviour

This intervention was followed by a period of intensive behavioural assessment by a team of experts in this area. Interestingly this team reported that while they could describe the behaviours emitted by Cane such as hitting, pinching, punching, kicking, ripping clothes, swearing and throwing objects they were unable to identify the antecedents to it. I noted that Cassie, Cane's current caregiver, also reported a similar experience. She had been unable to distil antecedents to his behaviour outbursts aside from those associated with access visits to his father. The behavioural team's experience makes sense in light of Bretherton's (1996; 1993) conceptualisation about the role of defensive exclusion in the production of multiple models of attachment.

Cane's behavioural outbursts, in accordance with this view, may be contingent on relating to others as opposed to extant triggers in the external environment. Under these conditions one would anticipate that Cane's outbursts would make sense if one understood the representational model he was accessing at the time.

Carne and Cassie example this apparent puzzling behaviour in a description of Cane's reaction to a positive day out. Both caregivers described a family Guy Fawkes event in which everything had run smoothly and an enjoyable time had been had by all. On return home Cane was happily going about his bedtime routine when he suddenly launched into a full scale behavioural outburst. Cassie and Carne explained they could make no sense of the outburst. Cane had been well behaved, was not unduly fatigued and had enjoyed the outing. In contrast Bretherton's (1996; 1993) conceptualising sheds light on this puzzling behaviour. From this perspective Cane's behaviour is likely to be representative of his attachment organisation (or in this case disorganisation). Moreover it may speak to an internal shift amidst unprocessed models of attachment (see the construct of defensive exclusion in chapter two this thesis) leading Cane to perceive himself as

bad and undeserving of good experiences, happy times and nurturing caregivers. Additionally his maltreatment experience may have also conditioned him to perceive happy times as an antecedent to further abuse (a potential threat). It is not unusual under these circumstances for individuals subject to abuse to look to precipitate the anticipated incident in order to gain some form, albeit, distorted control over the event (see Shirar, 1996; Waites, 1993; Herman, 1992).¹¹

Under these conditions it is likely that he would have sought to destroy a relationship experience that was going well. This action whilst maladaptive for the current relationship serves a systemic regulating function by averting interactional change in an individual's relational system by keeping the emotional distance between relational partners constant.

The greater goal of this interactional dynamic, consistent with the theorising on behavioural strategies given in chapter two of this thesis, serves to protect Cane from the rejection he has come to expect from relational partners with whom he has or is beginning to form an emotional connection. His reactions in this regard would be consistent with the operands of his internal working model (see chapter two this thesis to revisit the construct of the internal working model; see also Bretherton, 1996, 1995, 1994, 1993, 1992, 1991, 1990, 1987, 1985; Pearce & Pezzot-Pearce, 1994; Cattanach, 1992; Main, 1995; 1991; Crittenden, 1993; 1992a; Main & Hesse, 1990; Main & Soloman, 1990; Bowlby, 1988; 1980; 1973; 1969).

Return to the Community: Between Year Six & Seven

Cane was returned to a temporary community placement as varying services of

¹¹ I emphasise here that I am in no way implying or intending to imply that victims of abuse are causal to its occurrence. The view advanced here is consistent with theorising in trauma literature - see the references given above.

the public sector waged a war over deciding ownership for servicing Cane. The defining features of this battle were essentially bricks, mortar and money. Christie affirmed that the debate, in her view, was about services “not wanting to accept responsibility” because to do so would mean engaging “the cost factor [which] is quite major”.

Institutionalisation

Cane was placed in a National Residence following further difficulties in community care. The purpose of this placement was to allow the social workers in the field to organise a suitable community based alternative to cater for Cane’s needs. In the absence of available resources to do so the social workers planned to return Cane to a standard foster placement. This decision flew in the face of a litany of professional reports that uniformly and consistently attested to his needs for a specialist placement with people who possessed the ‘wisdom’, ‘patience’, and ‘expertise’ to assist him in forming a sense of belonging and stability.

The Power Of Politics

Cane’s much needed secure base arose not from the collective opinion of professional minds but from political might. Christie confirmed that Cane’s case had become a “major risk for the organisation, it’s a major risk financially, it’s a major risk for the staff and it’s a major risk publicly”. It appeared that media interest in the case had lead to a reformulation about how the case was managed. In turn this reformulation lead to the development of a cost intensive specialised fostering environment to attend to Cane’s needs.

Christie identified that Cane’s initial care costs, on return to the community amounted to “one ninth” of the site budget. This would have set Cane’s care cost at approximately \$100,000 per annum and included staffing additional to the

standard caregiving arrangement.

Permanency Secured

Cane's permanency was finally secured following placement with Carne and Cassie in 1995. Prior to the couple's ten month leave of absence, for family reasons, in 1997 this placement, of two and a half years, is the longest continuous placement Cane has experienced since his birth.

MEETING & WORKING WITH CANE

Commencing the Research Process With Cane

The reader is reminded that the analytic strategy for the next segment of data analysis was previously set out in chapter four of this thesis. In brief the analytic strategy applied was that of narrative analysis. This strategy evaluates the narrative responses set out in the children's transcribed responses over the course of interviews undertaken with them. The particular qualities looked for include such items as emotional tone of communication, type of communication, theme over communication and resolution responses to attachment eliciting events.

The work undertaken in this section sought to assess Cane's current attachment quality. This is endemic to the research questions posed at the outset of this chapter as a child's attachment quality has implications for how they are able to form and maintain new relationships. This capacity is central to the formation of a relationship between substitute caregiver and child (Steinhauer, 1991).

Attachment literature has shown that attachment insecurity can have negative effects on those providing a caregiving role to children other than their parents

(Hegar, 1994; Radke - Yarrow, Cummings, Kuczynski & Chapman, 1985; DeLozier, 1982), despite the fact, that children are never responsible for such insecurity in the first place (Sroufe, 1988). To this end I drew on several research activities. Each of these has been described in full in chapter four of this thesis. In brief these included the use of the feeling faces (see Figure in Chapter four of this thesis), squiggle game (see Appendix 5), genogram,¹² ecomap,¹³ interview guide sheet (see Appendix 7), separation and reunion pictures, and narratives.¹⁴

The pictures can be reviewed by turning to Figure 4:11, in Chapter four of this thesis. I turn now to results of the sessional work with Cane.

Child's Play: A Representational Measure Of Attachment

The initial session was primarily an introductory visit and warm up to the research task. The focus of this session included: reviewing the information sheet with Cane, discussing and signing the consent form, playing the squiggle game,¹⁵ ascertaining the child's level of emotional literacy by using the feeling faces, reminder and body card designed for this project.¹⁶ Subsequent sessions involved the use of the genogram, ecomap, semi-structured interview, family drawing, self-esteem inventory and the separation and reunion pictures to gain an understanding of how Cane perceived and experienced his relationships with significant others.¹⁷ Cane was given a homework diary in conjunction with a list of activities and stickers¹⁸ for recording over the duration of the field work. I had sought to use this as a prospective measure of attachment during the field work

¹² The Artifact resulting from this work is not included in this thesis for reasons of confidentiality and anonymity.

¹³ The Artifact resulting from this work is not included in this thesis for reasons of confidentiality and anonymity.

¹⁴ The narrative and question probes for this activity can be found in Appendix 15.

¹⁵ Appendix 5 details the process and purpose of this game

¹⁶ To review the cards used in this session see Figures 4:3 and 4:4 in chapter four of this thesis

¹⁷ See chapter four of this thesis to review the methods used with the child participants.

¹⁸ Appendix 14 shows the stickers and inventory used for this activity. See chapter four of this thesis to review the rationale and purpose of this method. It is to be noted that while the children were extremely responsive and excited by the stickers, the homework task returned differential qualities of work from one sentence to a couple of pages therefore being of limited utility as a concurrent measure of attachment.

phase. While Cane loved the stickers and was capable of writing he did not complete this task.¹⁹ I remind the reader here that the reasons for using a multi-method approach with the children is set out in chapter four of this thesis.

Cane's Responses to the Research Tools

Cane demonstrated sound emotional literacy in respect to the feeling faces used in this research and also in regard to the function of the memory prompt and body card.²⁰ He was competently²¹ able to recognise the feelings depicted by the cards shown and was also able to support this recognition with examples from his own experience of the emotion reviewed. The following is an abridged example of his capacity for emotional literacy.

In relation to the sad face²² Cane reported that he remembered feeling sad following “the last time [his] mum came over”. He added that when he was sad like this he “went to [his] room and cried”. The salient feature of this preliminary work was the immediacy and preparedness of Cane to draw attention to the loss of a significant other. This finding challenges Cassidy's (1994; Cassidy & Kobak, 1988) assumption²³ that children subject to maltreatment may be more likely, consonant with the insecure-avoidant attachment classification, to mask affect when confronted by attachment eliciting events. This was not true of Cane's responses in the first interview and neither of his responses to later material, (similarly I found this was not true of either Angie's or Byron's responses to the research activities undertaken with them. The similarity of this cross-case finding

¹⁹ Cane declined to use the sandtray. His decline was associated with bad memories relating to its use at some time in the past.

²⁰ The reader will recall that the cards used in this study were developed in accordance with the technique of narrative elaboration. See chapter four of this thesis to review the rationale underpinning this process and Figures 4:4 & 4:6 to review the cards themselves.

²¹ I have used the term 'competently' here to mean that the children were able to recognise the emotion reflected by the card, in addition to being able to provide an emotionally congruent example of their experience in relation to this emotion. This is important as it relates to coherence, that is, they have the capacity to feel and recognise the emotion but it is what they do with it in relation to the attachment experience that is important.

²² See Figure 4:3 chapter four of this thesis.

is discussed at the conclusion of the case studies). I return now to focusing on Cane's relational experience. More particularly I turn to analysing his narrative responses to the research activities in which he participated. This analysis has been undertaken in line with the tools for analysis section set out in chapter four of this thesis.

Analysing the Narrative

While analysing the children's transcripts I noted the presence of a consistent affective tone within each child's transcript.²⁴ The children communicated this tone within their transcript in a multiplicity of ways and at various levels in accordance with their individual styles of responding. However they relied on similar indirect ways of expressing this affective tone. For instance Cane's narrative, over the course of interviews, consistently pointed to two inter-related emotions, fear and anxiety. These were largely communicated in relation to his worry about people accessing the work we did together and in regard to being afraid of his father.

He did not directly tell me he was scared of his father or that he was anxious about people accessing the work we did together. For example in relation to indirect expressions of fear in regards to his father, Cane made several references to this when discussing access arrangements. I give one example of this here in order to establish the point being made. This is followed by added examples in regard to his indirect expression of anxiety.

In regards to the access visits, these were supervised because of fathers known predisposition to violence. The example given here comes from an early discussion by Cane on this subject: "But cause I have to have supervision and when if I don't have supervision right, I should actually just take a pen and paper

²³ To review the caution in full and its rationale see chapter four of this thesis.

²⁴ The 'tone' referred to here differed for each child but was constant within the script of each child. I refer to these more specifically as each case study progresses but for purposes of brevity in Cane's script the predominant tone was one of fear and scare.

just to write down in case he spans me”. I said “so do you get worried about seeing him?”, Cane replied: “No not any more I think he’s actually pleased to see me”. This belies his initial comment of preparation for the possibility that he may be hurt.

Cane’s disavowal of this fear is given in later discussion when talking about the abuse he had been subjected to by father. Cane said “probably he just used to do it for fun, he doesn’t mean it”. Such protectionism and denial is not atypical in a child who has been abused by their parent(s) (Pearce & Pezzot-Pearce, 1994; Cattanach, 1992; Webb 1991; Steinhauer, 1991; Tuohy, 1987). However the point being made here is that it gives indirect expression to the fear he actually feels. This interpretation was made in relation to both verbal and non-verbal communication noted at the time of this discussion. Cane’s non-verbal behaviours included lowering his voice during these discussions and acting in a guarded fashion. I mean by this that he appeared to routinely scan the room. This particular behaviour had a hypervigilant feel about it as opposed to one associated with disinterest or distraction.

The examples given here relate to Cane’s indirect expression of anxiety. I inferred anxiety in Cane’s behaviour by his repeated requests for me to detail who would and would not see, hear or discuss the work we did together. Despite clarification about this Cane would ask: “Does Cassie come in and hear, listen to this tape?”; “Does she see the tape?”. When asked if he was worried about this he confirmed he “felt a bit worried” but did not articulate a reason for his concern. In later interviews he returned to this same theme checking to see if his social worker or counsellor viewed the work undertaken. He reiterated his concern by rhetorically asserting “No one, no one at all?²⁵ No one not even my parents?²⁶

²⁵ His assertion related to his significant others as he knew and understood that the work undertaken would be subject to discussion with my thesis supervisors and with his social worker in the event of an abuse disclosure.

²⁶ The response given here by Cane is also of interest when considered in the light of maltreatment literature as his comments reflect the existence of a response hierarchy where the

This theme reoccurred throughout the interviews and appeared to follow Cane's disclosures about family life. I noted that as Cane became more relaxed in my presence he openly confronted me about this issue: "OK, so are you going to tell them what we have been doing?". Reminders about the rules we had agreed to work to followed these challenges and following reconfirmation of these Cane recommenced participating in the activities set. Cane's clarification about his parents' access to the work we did together came at the end of the second interview and had been preceded by numerous strategies to defer talking about family life. The strategies used complied with the criteria associated with emotionally closed communication given in the section on tools for analysis in chapter four of this thesis and comprised:

Resistance: " I don't want to talk about that it's so many years ago"²⁷ "I'll talk about it only if you turn the little tape off and the mmm video recorder off" In relation to extended family relationships Cane stated "I don't want to talk about them no way!" In relation to drawing families lived in Cane shouted "No way!; No way. There was a family I was living in that had about twenty five people in it. Including seven grand children and a lot of adults. And I had seven kids sleeping in the same room as me". "No I don't want to go over this it would be quite confusing... and I'm not sure if its a lie or the truth".²⁸

Avoidance: Cane enacted several behaviours at varying times through the process of interview typically associated with disinterest and distraction. These behaviours included: stretching, rolling around on the mat, asking to leave the room, directing me to talk to other people, refusing to participate in activities and indicating that he wanted to take a nap.

issue likely to be the most affectively alarming is addressed last (Gil & Cavanagh, 1993; MacFarlane, Waterman, Conerly, Damon, Durfee & Long, 1986)

²⁷ The dots in this narrative represent a long pause.

²⁸ Cane's concern as detailed here seemed to be related to his fear that he would get into trouble with me if he got the information wrong and secondly it provided a legitimate defence for not proceeding further. My suppositions were confirmed by Cane's later statement in which he said: "I thought you was, might think if its not down in the book you thought you might think I was a

Reluctance: “ Other people ask me what happened, they make me cry and that. So I don’t like talking about it” Oh these kids and that, they tease me and that; Ha ha your on the social welfare and that, you don’t live with your father, good job, I hope he’s dead and that”.

Coherence: Following Cane’s initial reluctance to talk about family life he engaged in the task of completing a family drawing. This activity was chosen as outlined in chapter three to assist the children in talking about their experience of family life. Cane struggled to decide which family to draw saying “I’ll draw anyone” and eventually settled on drawing his family of origin.

The commentary given during this activity was brief and factual. It demonstrated that he knew the composition of his family of origin, their current whereabouts and some knowledge, although disorganised, about his early life history. He demonstrated his egocentrism when talking about his early placement experience by saying “ I lived with my dad and we did shift and then I went back to live with my dad because they gave me another chance but then I had to shift out again”.²⁹

The significant feature evident throughout this commentary was the complete absence of affect but the notable effect the discussion had on Cane. He articulated this by saying “I don’t want to talk about this anymore” but informed me “I can remember more but I just don’t want to explain it”. He went on to identify that he couldn’t remember how he came to live with Carne and Cassie but believed he was about seven and thought that it had happened after he had been in “the mad house”. He later told me he had been the subject of at least eight geographical moves within New Zealand each of which had occurred since

liar”. Moreover this response adds confirmatory support to the prominence of fear in his narrative.

²⁹ Egocentrism is typically associated with the cognitive functioning of children in this age group. Maltreatment literature indicates that this cognitive stage of functioning can be detected in children’s accounts of their abuse experience as they frequently place themselves as being the party at fault (Cattanach, 1992; Webb, 1991; Steinhauer, 1991). This is exemplified in the narrative clip given here.

leaving his father's care at three years of age.

Cane's descriptions of placement by age and location indicated that the longest he had stayed anywhere, until being placed in Carne and Cassie's care, was for a duration of approximately nine months. He further informed me that "I've lived in over about fifteen to twenty odd places". He added that out of all the placements he had experienced he had liked being "with my mate and my aunt J but the other places I didn't like, they used to treat me badly. Sometimes they only gave me bread and water and one time I did about fifty odd jobs around the house". Cane indicated that he felt close to these people as they "used to give me nice comments, like good job for doing all those jobs without being asked".

He draw attention to the fact that he received money for doing these jobs but assured me "I don't want the money, right, and they said no, take it". Money then became the central issue averting further discussion about his sense of emotional proximity to the good feelings he experienced during his time in the care of this mate and aunt. While I acknowledge that a focus on money becomes increasingly developmentally typical in the preadolescent it is the thematic quality of money over people that it important here. A further example of this theme involves Cane's discussion in relation to his sense of belonging to Carne and Cassie. While he mentions relational aspects of importance to him in this relationship he spends more time detailing the significance of his pocket money and how he might increase the amount of money he receives. The readiness with which he shifts focus, from people to money, and its continued prominence throughout his narrative is reflective of objects and activities being of more importance than relationships.³⁰ His confusion over this balance of focus is indicated in his affirmation that he liked being noticed by these key figures but money was an equal rival "Yes, not the money. I used to want the money".

³⁰ See the section on tools for analysis in chapter four of this thesis to review discussion on the balance of focus in relation to the importance of objects and activities over relationships.

Defensive Exclusion: Cane's description of receipt of money for jobs done whilst in the care of the people above is challenged by file documentation which indicates that Cane would have been a pre-schooler during these placements. Cane's confusion speaks to the presence of defensive processing. This process is repeated again in respect to his relationship with Carne and Cassie. Prior to this discussion he explained the process by which he worked out if he belonged in a family or not. He identified that he determined this by seeing "if they want me and that" and then by looking to see if "they give me a lot of good comments ...[and] they sometimes give me gifts and little hugs". He went on to detail his sense of belonging to Carne and Cassie: "one time when I was a baby these two people, Cassie and Carne, who I live with now, they came up to see me and gave me a kitty. And one time I was in hospital and I came running up to them and I gave them a big cuddle". Cane's history shows that he was well past infancy at the time of placement with Cassie and Carne and that his reference to their being present at this time is suggestive of defensive processing.³¹

Disorganisation: Toward the end of the first interview Cane talked about a baby he had heard about that had died. This information was unsolicited and had no obvious bearing on the context of prior discussion. When asked what had prompted him to talk about this baby he indicated that it had been on his mind "about how it had died and because [he] felt sorry for it".

Reorganisation: Despite the limitations to Cane's emotional communication his placement with Carne and Cassie appeared to be facilitating a transformation in his experience of relationships with others and in relation to himself being a person worthy to be cared about. This is demonstrated in his reflection that "Cassie and Carne care about me even when they've got their little baby too". He goes on to assure me that "deep down I don't really mean it when I get angry and I swear and that".

³¹ This narrative clip also fits the parameters reflective of disorientated/disorganised attachment (Bretherton, 1993; Main & Soloman, 1990; Main & Hesse, 1990).

He further identified that he had come to see that even when he got really mad that “I still feel happy and I still feel wanted”. Cane reported that he remembered the shift to Carne and Cassie’s and how the social worker gave him a few weeks notice so he could pack his bags in preparation for the move. He said he didn’t get to move in on the day planned because Carne suffered a heart attack and was hospitalised. I would have anticipated that this event may have increased Cane’s anxiety about the pending move as Carne’s ill health may have led to the collapse of the placement. However file notes do not make mention of Cane’s reaction to delay in placement.

Unresolved: Cane demonstrated consistent caution in talking about family life over the course of our interviews and frequently enacted a range of defensive strategies when the discussion exceeded his capacity for tolerance. Any discussion, which referenced his relationship with his father, drew an immediate and emphatic defensive reaction. This was most clearly seen when Cane was asked “what happened in your family to bring the social worker to visit?”. Cane’s response was immediate and abrupt “I do not want to talk about that”. After a moments thought he added “I’ll say one thing and one thing only. My dad used to smack me a lot when I was little and that’s all I want to say”.

Cane later asserted, in relation to his fathers smacking, that “he used to do it for fun, he doesn’t mean it”. He later affirmed “sometimes he had a real bad temper”. He then indicated that he currently saw his father through supervised access and sometimes he still worried about this. The degree to which he worried about the relationship with his father was demonstrated in later interviews when he was considering which parent he might live with when he left care. He identified that he would prefer to stay with his mother as “sometimes dad gets so angry with me and spansks and I don’t like that and my mum doesn’t do that”.

He further indicated that while he felt close to both parents and believed each one understood him equally he felt most unhappy with his father because “he swears and sometimes spansks me”. He confirmed that neither he, nor dad had spoken

about these incidents.

Both Cane's responses and reaction to discussion about his relationship with his father indicates that his abuse experience remains unresolved. Fahlberg (1994; 1991) indicates that assisting a child to integrate their abuse experience is key to facilitating the development of relational coherence.

Relational coherence, as detailed in both chapters two and four of this thesis, is associated with the capacity for relational security (George, 1996; Bretherton, 1996; 1993; 1991; 1992; Cassidy, 1994; Cassidy, 1988; Cassidy & Kobak, 1988; Main, Kaplan & Cassidy, 1985). Fahlberg (1994; 1991) further notes, as do other clinicians, that this therapeutic task can be both time consuming and intensely distressing to the workers confronted with the task because of the nature of the task.

In turn this may lead professionals working with children to avoid engaging in this process (Geldard & Geldard, 1997; Ryan & Wilson, 1996; Pearce & Pezzot-Pearce, 1994; Cattanaach, 1992; Steinhauer, 1991; Webb, 1991; 1989). However, Fahlberg (1994; 1991) suggests that to do so is to prolong the relational difficulties encountered by children subjected to this experience. McAuley (1996) points out that social workers are unlikely to have either the skills or time to engage in this emotional work with the children for who they carry case work responsibility (see also Rowe et al, 1984).

This is in keeping with the findings of Rowe et al (1984) who found that while social workers, involved in their study, reported visiting both the children and caregivers for who they were responsible, that such visiting was cursory in nature. So much so that neither the children nor caregivers necessarily registered their visits. The unremarkable nature of these visits would certainly suggest that the social workers did not involve themselves with addressing the emotional issues typically experienced by children placed in long term care. I intend to further discuss the social work role with regards their response to Cane and his

caregivers. In addition to furnishing Cane's experience of their role. This discussion is situated at the end of the child and caregiver data. I return now to completing the analysis of Cane's response to the research activities, namely to that of the separation and reunion pictures (see Figure 4:11).

SEPARATION & REUNION PICTURES

Picture Set of Sammie the Lamb

These pictures were used as a concurrent measure of attachment and comply with the description and purpose set out in chapter four of this thesis. In relation to the picture set of Sammie the Lamb Cane demonstrated emotionally open and direct communication in both third and first person responses. He reported that Sammie would have felt sad and alone when separated from his mother. Conversely he would have felt relieved and happy on reunion. Moreover he believed that the reunion between mother and baby would have been accompanied by physically demonstrative expressions of affection including hugs, kisses and cuddles. Cane's resolution to Sammie's loss of mother was to suggest that Sammie locate the farmer's barn as his mother might have gone there.

Picture Set of Infant Chrissie

In relation to the picture set of infant Chrissie, Cane identified that Chrissie would have felt sad and alone when he realised that had been put to bed. He believed Chrissie could resolve his situation by "trying to get up and walk and find my parents". He added that he would have expected "to get woken up and to be picked up and been taken with and not being left in the house by myself". Cane had interpreted the story line in relation to Chrissie being abandoned by his parents. He confirmed that this had never happened to him but if it had his fathers guard dog would have protected him "because it would only let my family, other

family members and my father and that go in and touch me and that". In relation to Chrissie's reunion with parents, Cane believed Chrissie would be happy and cuddle his mother. He further believed the mother would be sad for Chrissie "because she probably didn't like him in the dark". He added she should have "gone in straight to him. That's what I would have done". Cane's replies were consistent on presentation of the father figure, but stated that "he should have gone straight with his wife, both of them together" in response to Chrissie's crying.

Picture Set of Mr & Mrs Green

The last picture set related to the Greens. Cane accorded the story's characters affective responses likely to be consistent with the situation experienced. He believed Mr and Mrs Green would be "angry" about being investigated by the police and social worker. He thought the children would be "sad" and "angry" in relation to the possibility of being separated from their parents. He indicated they would be angry because "they had been hurt a lot" by their parents. He later said the children would also have been angry because "they didn't want to shift".

He then identified that the children "might have wanted another parent other than Mr and Mrs Green" and he thought the children would have thought this was "cool". He believed the parents would be "angry" if they knew the kids thought like this. He also believed the children "wanted to shift and not see their parents again for what they had been doing".

Cane provided affectively consistent responses in the first person to this story stem as he had done in the third. He demonstrated this by saying he would have felt "angry, sad" because of the beatings. The notable difference was his tendency to be more elaborative in responding and to place himself in a position of control over the abuse experience. This was reflected in his statement that "I would have rung up the police and told them that my parents are beating me, especially my mother".

He went on to correct himself saying “No my father, I would have said except my mother”. He reported that he would have been “glad” that the police and social worker had come “to take my parents away”. He betrayed his anxiety about this response by saying “they are not my real parents I am just imagining if I was them” (meaning the children). He then indicated that the best resolution for the children would be for the parents to be taken away and the children to stay on in the house. He believed this could happen if the social workers “got someone else to relieve, like the auntie’s and that”.

Picture Set of Parent-Child Reunion

Cane remained uncharacteristically silent when viewing the child - parent reunion pictures. This response was notably different when compared to his earlier responses to pictures representing the same theme. Following this period of prolonged viewing he said “they would seem really scared. They probably miss their parents”. This comment was followed by an emphatic assertion that “they miss their family [and they would be] happy to see them again... but it would be good if there was someone supervising”.

He confirmed he would feel safer with a supervisor present as “they might beat us if we do some little thing wrong”. He went on to describe an escape plan if he found himself in an unsupervised situation “we would run away or something. Go to another adult’s house and talk to them how little kids talk”. He added they would “try to escape, like squeeze out and escape and go to the next door neighbour and tell them that they were beating me I would just tell them to ring my social worker and just give them the phone number”.

Cane then went on to report that his father had hurt him “but he doesn’t mean to. After, he really knows that he’s hurting me”. He added that “I am glad to see him, to be with him for like a few or couple of hours but only with a supervisor”. He reiterated that he felt “happy” seeing his father during access but “worried, that he is going to smack us”. Cane identified that access visits with his father had been

supervised for sometime and by different people who worked for places other than CYPFS. He indicated that he still felt worried about seeing his father sometimes as his father had hit him recently in addition to two other adults during a supervised access session. He believed his father was “up for two assault charges” in relation to this incident.

Cane reported that he also had contact with his mother through access visits and stated that “when I grow up I am going to live with my mum”. He said he “was not sure” why he left his mother’s care and said “It’s none of my business I might ask her when I grow up because I’ll understand better then”. He said that until then he thought he would continue “living under CYPFS” and added “I hope to be with Cassie until I’m sixteen, eighteen or twenty”.

I noted that Cane made nine references over five paragraphs stressing that he would not be leaving care before the age of sixteen and more probably when he was twenty. This high rate of repetition over a brief period of discussion bears testament to Cane’s desire for permanence and stability as well as demonstrating his sense of connection to his primary caregiver.

This desire was further reflected in his final comments made in relation to his own potential reunion with his mother, “When like my mum, if I did something on purpose one day and I didn’t mean to she would probably just talk to me about it and I would probably cry and she would kind of say I know you probably didn’t mean to do that on purpose son and she would just give me a big hug and tell me to calm down now”.

DATA SUMMARY FOR CANE

Cane’s data set when analysed in its entirety produced some interesting results. Firstly the interview sessions, which incorporated several different tools, the feeling faces, genogram, ecomap, placement time line and semi-structured

interview format showed that Cane experienced great difficulty talking about his family life and relationships and placement experiences. From an attachment theoretic perspective his responses in this procedure mirrored many of the characteristics associated with a disorganised/disorientated attachment style. This has been inferred by analysing his narrative for attributes known to be associated with this attachment style and include signs of dysfluency, numerous stops and starts over the course of the narrative, absence of spontaneous expression of feelings, non-elaborative response in relation to emotionally laden experiences, absence of affective responses to normatively distressing situations (Oppenheim & Waters, 1995; Bretherton, et al, 1990; Cassidy, 1988; Main, Kaplan & Cassidy, 1985).

Additionally, he also at times, utilised strategies typical of an avoidantly attached child when faced with history he clearly wished to forget. These activities included a raft of distracting features: changing the topic, needing to take a nap, needing to leave the room, focussing on activities as opposed to relationships, requesting to shorten the session, asking to play end of session games well prior to session closure.

The mix in presentation described above is theoretically consistent with early attachment findings upon which the disorganised category is premised. Earlier attachment research found that behaviours of some children did not always fall within the standard infant attachment classifications (A, B & C)³² but presented with behaviours that resembled combinations of these three (Main & Soloman, 1990). While this finding may not be atypical Cane's responses to the separation and reunion pictures challenge the assumptions of earlier research using this instrument. As detailed in chapter four of this thesis the first pictures in the separation and reunion set are regarded as being low in emotional intensity and momentum is gathered over the series of pictures with the highest degree of emotional intensity being depicted in the last pictures of the series.

³² See chapter two of this thesis to review these attachment categories.

Previous research has shown that children typically respond to such pictures in a manner consistent with their attachment style over the picture set (Klagsbrun & Bowlby, 1976, cited in Oppenheim & Waters, 1995). Cane's responses over the pictures series, while being consistent were discrepant with his narrative over the course of interviews. The discrepancy found related to a difference in narrative style as characterised by the absence of stops and starts, dysfluency, distraction, silence, posing of rhetorical questions and other avoidant phenomenon. Conversely his responses to the picture set bore the hallmarks of a different behavioural organisation as exemplified by the many features associated with increasingly organised attachment behaviour.

The transformed responses were characterised by an ability to communicate in an emotionally open and congruent manner with regard to the feelings, thoughts and expectations likely to be experienced by the pictured characters. Cane also spontaneously advanced suggested resolutions to assist in allaying the characters separation stress.

These resolutions, consistent with secure base behaviour, were premised on increasing the characters proximity to the lost caregiving figure. The only time Cane deviated from this theme here was in his first person response to Chrissie's separation dilemma where he believed that "if I ever had that happen to me it would have been my father's guard dog would not let no one touch me". This explanation suggests that Cane sees himself as being worthy of protection but held a low relational expectation that this function was able to be reliably fulfilled by his significant others.

Cane's responses to the picture of set of the Greens were the most intriguing and strongly supportive of my initial thesis that this data evidenced a different behavioural organisation compared to the one reflected during the interview process. The last picture set consistent with previous research using this method

is the most emotionally charged separation and reunion theme to be presented to the child.³³ I noted, consonant with this intention, that the child participants in this study exhibited a demonstrable change in their affective response to the pictures over the course of their presentation.

An Interpretative Note

My inferences about the children's change in affectivity were made on the basis of the time the child spent looking at the picture and the manner in which they did so before responding to the question probes, the ease with which they responded to the question probes, the ability to stay focused on the task and the use of silence before responding. These criteria are consistent with aspects of defensive processing as detailed by attachment theory and were used as a measure to monitor rising distress in the child during the research task.

It was my intention to abort the work undertaken if the child had displayed increasingly disorganised behaviour in relation to the activity. However this was unnecessary, Cane's responses being a case in point. His initial response to the picture set was one of interest as shown by a brief review and limited handling of the picture in addition to easy but limited elaboration in response to the question probes. He displayed a similar response in relation to the second picture set but with increased elaboration on response and a slight increase in concentration on first person experience. His response to the last picture set was markedly different as characterised by prolonged review and handling of each picture presented, marked periods of silence before responding to the question probes, an obvious increase in the amount and elaboration of responses given and a heightened degree of self disclosure in relation to first person question probes.

³³ See chapter four of this thesis to review the process and rationale associated with the development of the picture set.

Cane's responses to the picture set deviate from the disorganised and disorientated behavioural organisation suggested by his narrative responses given at interview. Instead Cane's consistent responses in relation to the picture set demonstrate that he was able to sustain an organised response even in face of the most highly emotion laden material presented by the last picture set. Overall the responses elicited by this tool suggest that he carries an expectation that parental figures should be available and accessible for the care and protection of children. These findings raise two central questions:

1. What accounts for the presence of different behavioural organisation within the same child?
2. What does this mean in relation to his caregiving needs?

The mixed organisational pattern suggested by Cane's responses may be explained in relation to several aspects of attachment. Firstly, his responses may be understood in terms of a confused pattern of relatedness whereby he experiences positive feelings of affect and security in relation to his current attachment partners but simultaneously harbours major feelings of dissatisfaction in relation to the actual feelings he experiences in being able to be emotionally close to those important to him.

This explanation possesses an intuitive 'goodness of fit' with the data as Cane's responses suggest that his current caregivers are psychologically important to him but simultaneously his past and current relational history in respect to his family of origin remains unintegrated and unresolved. This lack of resolution, inferentially, may explain any dissatisfaction he may feel. The explanation above is drawn from the work of Wellborn and Connell (1987 cited in Lynch & Cicchetti, 1991) who established a relatedness scale for preadolescents. They aver that this scale mirrors the attachment theoretic principles associated with the secure base needs

of younger children but has been transformed to reflect the developmental expression of secure base needs in older children, namely by assessing these needs in relation to a child's sense of psychological closeness to their attachment partners.

Alternatively, but not inconsistently, attachment theorists and research findings have indicated that an individual's attachment organisation can be subject to the influences of both transformation and intergenerational transmission of attachment (Cicchetti, Toth & Lynch, 1995; Benoit & Parker, 1994; Bretherton, 1993; Zeanah & Zeanah, 1989; Main, Kaplan & Cassidy, 1985). Cane's differences in behavioural organisation may be representative of these influences. Finally the differences may also be explained in light of Bowlby's (1988, 1980, 1973) thesis of multiple models of attachment (Bowlby, 1980; 1973).

Bowlby (1980) believed that multiple models of attachment were borne from the process of defensive exclusion and that their development was predicated on a caregiving environment that encouraged children to distort their real life experiences.³⁴ Bowlby (1990) further proposed that this process left the child in a situation of having to deal with contradictory and painful experiences. He further thought that the child managed this task through the production of multiple representational models.

Bretherton (1993) has progressed on from Bowlby's (1980) original thesis by drawing on recent advances in the cognitive sciences to explain how multiple models may develop. She avers that cognitive development takes place through event schema and these schemata provide the individual with a way to organise and represent their experience. She believes that attachment event schemata are

³⁴ See Bowlby, 1988, particularly on the subject of 'knowing what you are not supposed to know and feeling what you are not supposed to feel'.

developed as a result of the constant interaction between the child and attachment partner. She indicates that the event schemata works in a web-like hierarchical file-a-fax system where all experiential based attachment information is encoded, stored, cross referenced and ready for retrieval when required. She further suggests that defensive processing may interfere with the cross referencing task because the information is emotionally painful and distressing for the individual.

She believes this leads to dissociation of the trauma experienced which in turn impedes further processing of new experience and eventually leads to information being processed at different and discrete levels of consciousness. The lack of connection in the suggested hierarchy of event schemata leads to the production of multiple representational models hence the inconsistencies and contradictions in the behavioural organisation of an individual subject to this process.

Bretherton (1993) further suggests that it is the lack of communication between the event schemata that produces the differences found in emotional communication between secure and insecure attachment classifications. This explanation also fits the findings presented by Cane's data. Moreover it points to the need for Cane to be assisted to integrate his early life experiences.

Cane's research outcomes indicate that his early pattern of attachment organisation is undergoing some form of reorganisation (or transformation moving on the attachment continuum in the direction of relational security). Fahlberg (1994) points to the fact that reorganisation of attachment in maltreated children is a common outcome when their needs for security and stability are finally met. Her view finds support in the work of other attachment researchers focussing on child maltreatment (Cicchetti & Toth, 1995a; 1995b; Howes & Segal, 1993; Crittenden & Ainsworth, 1989). Additionally, Fahlberg (1994; 1991) asserts that it is important for children in the preadolescent age group to be given the

opportunity to review their attachment histories in order to process early experiences and reflect on them in the light of their new relationships.³⁵ She posits that this work is an essential part of social work practice as it assists the child in care gaining a sense of coherence over their relationship experience, a goal, she suggests, is essential to a child's sense of permanence. The next segment reviews the caregiving environment required to facilitate Cane's formation of a new attachment relationship.

THE CAREGIVER ENVIRONMENT

Carne and Cassie described Cane as being a severely behaviourally disturbed child. They perceived his level of disturbance as being a by product of child abuse and multiple relationship failures mediated by inadequate early systemic interventions in his life. Cassie confirmed that "Cane's had dozens and dozens of placements. The regular pattern of Cane until probably coming here [...] is that he would explode, he would exhibit certain kinds of behaviours and he would be moved on and that became a pattern". Carne concurred stating that "it was detrimental to a lot of other people and homes and caregivers, foster parents". Cassie said "at the age of six, there was an incident at the primary school and they actually called the police in. One police officer went out there and thought it was a bit of a joke that they had been called out to a six year old. To my understanding in the end it took two police officers and a social worker to restrain him and that was at the age of six".

The couple identified that caring for Cane meant first engaging with, managing and containing his extreme out of control behaviours. Cassie stated that "it was a very, very intense time working with Cane and we have come a really long way

³⁵ The therapeutic task outlined by Fahlberg is directly related to Bowlby's (1988) concept of refining, updating and modifying the internal working model.

with him. He was a young boy that used to rip his clothes, you know, industrial sewn jeans he would go into time out and he would rip them into shreds, he would pull teeth from his mouth. He had a concentration span of about two minutes. We would have two or three outbursts per day. He couldn't go out, he was totally isolated". Cassie later identified that the outbursts per day could take the whole day to contain and that on occasion it took the physical assistance of up to three adults to restrain him. Cane was eight at the time of placement with Carne and Cassie and his destructive behaviours were pervasive, targeting himself, other people and the property around him.

These destructive acts in addition to the ones Cassie described above included: hitting, punching, knifing; auto erotic acts of masturbation in public places, head banging, nose picking till it bled, face picking till it bleed, sustained verbal abuse: swearing, threatening, menacing; stereotypical and obsessive acts around toileting, food, promises made by others.

Cassie indicated that these behaviours in her opinion were a result of Cane having no experience of facing the consequences for any of his actions because his acting out was consistently associated with placement breakdowns. Additionally Carne believed that Cane's multiple placement experiences reinforced his distrust in relationships and moreover confirmed his view that he was beyond the control and management of the parenting figures in his life. Carne identified that for him Cane needed to know that "this is where you don't get moved on, this is where it ends". He confirmed that both he and Cassie verbalised this message to Cane and they were subsequently met with escalation in his out of control behaviours. Cassie verified this point saying "once he sort of realised he wasn't moving on then some behaviours escalated".³⁶

Unlike the renowned 'honeymoon' period frequently associated with new

³⁶ The described escalation in Cane's behaviour given here is consistent with the 'Guy Fawkes' incident discussed earlier in his case study. The attachment theoretic explanation given for this incident derives support from the above finding.

placements Cane introduced Carne and Cassie to his out of control behaviours within five days of placement. The caregivers behavioural charts show that Cane's first outburst came directly after a phone call from a former caregiver and included ripping two teeth out of his mouth, ripping his clothing to shreds and picking his ear lobes from the side of his head. Restraint and time out were used as methods to contain his behaviour. His outbursts, as recorded in minutes of time out over each month, peaked within the first six weeks of placement and thereafter reduced significantly as each month of placement elapsed.

By the second year of placement Cane's frequency in time out was substantially reduced. Additionally he was participating in educative tasks and displaying increased on task behaviour. These increasingly adaptive behaviours led to his acceptance into school for specified periods of time under the monitoring eye of an adult minder. Cassie and Carne noted that by the beginning of year nine Cane was displaying recall about people who had been involved in caring for him. They noted that this was a substantial change as over the preceding eighteen months when minders left it appeared to be a case of 'out of sight out of mind' as Cane never spoke about them following their departure. Upon Cassie and Carne's ten month break in caring for Cane (for family reasons) he was noted to exhibit a rapid rise in self mutilating behaviour. The couple further indicated that they could not have managed Cane's extreme disturbance in behaviour without being well resourced and professionally supported.³⁷ Cassie identified that the resourcing allocated for Cane was atypical for a child in care but had come about as a result of a range of factors including no other agency or institution being prepared to be involved in meeting his ongoing care needs. Carne added that "I think its the squeaky wheel that gets the oil isn't it. If somebody will kick up a fuss enough they will get the resources".

Cassie explained that Cane initially had little internal ability to control his behaviour and for these reasons external environmental controls were required.

³⁷ The issue of resourcing is discussed in the section on social work response.

The environmental controls included modification of a residential home to ensure Cane's and the carer's maximum safety when he was at his worst. This comprised a special built time out room within the house in addition to replacement of all the windows in the home with polypropylene. Moreover it included the provision of additional staffing support to cover a daily period from six am to ten p.m. each day. Cassie said she understood that the cost of this care was "approximately \$120,000 per year". She also reported that Cane's behavioural difficulties had been under medical control through administration of a variety of medications since he was about six years of age.

Commitment To Stay

Carne and Cassie's care for and of Cane has been remarkable in light of the complex and extreme behaviours he has presented over time and continues to do so. They report, consistent with permanency planning literature, that they have been able to persevere throughout the difficult times essentially because their skills and abilities had been matched to Cane's needs (Thoburn, 1997; 1983; Prasad, 1986; 1975;). Cassie indicated that her professional training and knowledge base assisted both herself and Carne in being able to understand Cane's behaviour and how to react to it."

I had an understanding of what was happening and why it was happening and so I could see it through, see something change and act consistently". Cassie and Carne repeatedly emphasised the importance of consistency in caring for Cane.

CAREGIVER RESPONSES TO THE ADAPTED AAI

Carne and Cassie both completed the adapted version of the AAI (The reason for using this tool has been previously set out in chapter four of this thesis). The analysis of their interviews has been confined to reviewing the outcome in relation

to it's bearing on their relationship with Cane.

I have completed a more in depth analysis of this tool in relation to Angie's caregiver Annie for the purposes of illustrating its significance to the caregiving relationship. My justification for attenuating this analysis here arises from considerations of space. Carne and Cassie's individual responses to this tool, in keeping with the analytic schema provided in chapter four of this thesis, indicated that they both shared features common to a secure pattern of attachment.

These features were reflected in their organised recall of early life and their individual ability to evidence these relational experiences with memories of caregivers meeting their needs for security and their expectation of this connection in return. This is evidenced below.

Cassie: Recalled a time when she had suffered a significant childhood illness and required hospitalisation, which incurred a lengthy period of separation from her family. She indicated her distress at this event by remembering a dream "I dreamt my whole family were killed ...they were all blown up". She then reported that her parents attended to her: "they spent a lot of time with me, mm, they bought me, made a fuss of me and I remember a particular book that was bought for me while I was sick and I absolutely treasured that book".

Cassie's recall indicates intense activation of her attachment system as a result of prolonged separation from her primary attachment figures. Additionally she accesses clear and unambiguous memories of her parent's responsiveness to her distress. Cassie's ability to utilise her parents as a secure base is indicated in her use of the book as a transitional object during their absences. The transitional quality of the book clearly helped Cassie to access the internal representation of her caregivers in their absence and to be soothed by these representations. To review the nature of the transitional object and transitional phenomenon see Winnicott, 1971.

Carne: Provided an example of his early caregiver experience with his mother that aptly demonstrated sound narrative coherence, the feature found to discriminate between relational security and insecurity. (To review this construct see the section on tools for analysis in chapter four of this thesis). When asked to provide five adjectives that best described his mother Carne described her as, “loving, dependable, trustworthy, respectful and available”.

When probed for autobiographical recall about this relationship he quickly described his sense of closeness to her and openly reported “I would spend a lot of time at home, sometimes until one o’clock in the morning just sitting up chatting to mum and her and I used to have sort of really good conversations”. Carne indicated through further discussion that his mother had died both unexpectedly and at an early age. His discussion by manner, quality, quantity and tone showed that he was able to access, recall and talk about this loss in a way suggestive of resolution and integration. These qualities were evident over the course of this interview and transcript and were similarly true for descriptions given of his relationship with his father. Taken together, this data would point to Carne possessing a secure and resolved relational style.

Attachment theory, as previously discussed has detailed that secure patterns of attachment are related to the ability to transact in an emotionally open manner, to be able to access a flexible range of affect, to be able to find resolutions to relational difficulties. These features are critical to work with an emotionally disturbed child such as Carne as it ensures the likelihood of sensitive responding by the caregiver in relation to his needs despite their aberrant nature. Moreover this tool has the capacity to facilitate social workers identifying any transference material that may be activated within a particular caregiver: child relationship, the nature of which may either enhance or destroy the formation of attachment between the new relational partners.

This view derives support from both attachment and foster care literature which indicates that transference reactions are most likely to occur when the child is:

similar in age to one's own child; experiences similar difficulties to an individual's significant others; or in fact resembles the self in some way (Szajnberg & Crittenden, 1997; Howe, 1995; Fahlberg, 1994; 1991; Holmes, 1993; Marcus, 1991; Steinhauer, 1991; Webb, 1991; 1989).

THE CHILD & CAREGIVER RELATIONSHIP

In Cane's case Cassie and Carne's secure attachment style promoted attunement and sensitivity to his presenting difficulties. This was reflected in their ability to weather the many storms Cane presented, particularly during the initial placement period, where he repeatedly acted upon his relational expectancy of rejection and subsequent abandonment. During these times Cassie and Carne consistently enacted the secure base functions of containment and control in addition to reaffirming the message that no matter what he did he would not be leaving this placement.

I return now to reviewing the social workers role in relation to Cane, Cassie and Carne. Prior to doing this I give Cane's view on the many social workers that have been involved with him over his journey in care. I do this here as his view is reminiscent of the finding in Rowe et al (1984) study relating to the minimalist role social workers play in the lives of the children for whom they carry casework responsibility.

CANE'S EXPERIENCE OF SOCIAL WORKERS

Each of the children was asked what they thought social workers needed to know and understand about kids who ended up living in families other than their own. Cane believed they should "help and support us better [and] all I think I should have is just one social worker the whole time I am in a family home. He asserted

he had lots of chops and changes in social workers because they left or went into different teams. He added that sometimes he got new social workers that he never even met. His view was supported by Carne and Cassie who reported that Cane had “had lots and lots of social workers ... probably five in a well I don’t know, eighteen months”. They point out that “the kids .. don’t build relationships with the social workers cause there’s not that opportunity there to do that”. Carne was quick to add “ social workers, I have no confidence in them they’re rarely seen hereabouts”.

He went on to question how social workers were meant to build relationships with kids when they were only required to sight them “once every two months”.³⁸ These findings are similar to those found by Rowe et al (1984) and to the findings in McAuley’s (1996) study of children in long term foster care. They point to the fact that social workers are unlikely to address any of the predominant emotional difficulties suffered by children placed in care.

This contravenes the recurrent findings in both clinical literature, as pointed to earlier in this case study, and to best practice principles repeatedly enunciated throughout the decades following the inception of the permanency planning movement. Namely that children faced with separation from their primary kin as a result of abuse and neglect are likely to be traumatised by their experience, both in relation to maltreatment and to disruption of their primary attachment bond. One of the primary tasks required of a permanency planning social worker is to work with children to reduce the child’s sense of traumatisation and loss, such as is occasioned by placement in care in addition to engaging in the emotional work needed to be undertaken with the children to address this experience (Thoburn, 1997; Triseliotis, Sellick & Short, 1995; Triseliotis, 1993; Fein & Maluccio, 1992; Triseliotis, 1991; Katz; 1990; Maluccio & Fein, 1983).

³⁸ Carne’s reference here to the two monthly visiting schedule relates to the placement monitoring responsibilities of social workers for children placed in care (NZCYPFS Care and Protection Handbook, 1998).

In order to carry out these function social workers need to be supported in developing a relationship with the child. Central to this process is continuity of contact for both the child and caregiver. Cane, Cassie and Carne's view of the social work response would suggest that these factors do not operate in the current day process of permanency planning. I turn now to evaluate the social workers response and perception of her role in relation to working with Cane, Carne and Cassie.

THE SOCIAL WORK INTERVENTION

Social Work Connection to the Caregiving System

Christie identified that she had been intermittently involved with Cane's case for several years but did not have a specific relationship with him.³⁹ She averred that her primary relationship had been in the selection, assessment and placement support of Carne and Cassie alongside subsequent resource support to the placement. She confirmed that this placement and its resourcing, as indicated earlier, had been the result of its "risk to the organisation". The risk she referred to was one of public exposure due to organisational inadequacy in early planning and resourcing of Cane's care needs.

She indicated that during the time she had shared responsibility for this case there had been at least "I would think about nine" social workers involved with the case and the longest period worked by any one social worker would have been about "eighteen months". Christie indicated she thought the rate of staff turnover had a negative effect on consistency in case practice, which had "potentially quite hazardous" results for any child in care. She indicated that in her view the organisation was "failing" in its response to address the permanency planning

³⁹ Despite the absence of a direct relationship with Cane, Christie described him as largely avoidant in attachment capacity, in addition to possessing interactional characteristics congruent with a disorganised/disoriented attachment style (see attachment flashcard Appendix 8).

needs for children taken into care.

She indicated that this was a matter of resource and priority and referenced the lack of national training in this practice as evidence of its limited priority to the organisation. She believed that since the inception of the 1989 Act permanency planning had almost become redundant because returning children to family, be they extended or nuclear, was seen to be the appropriate fiscal, psychological and culturally safe form of practice.

Christie averred that in many cases such actions were appropriate but in others this was not true, Cane's case bears testament to this view.

The factors most prominent in Cane's journey from detachment to re-attachment following permanent placement are consistent with attachment, ecological systems theory and permanency planning principles as demonstrated by:

1. The organisational decision to commit to permanency planning practices.
2. The provision of placement resourcing: extra staffing and respite breaks.
3. Adherence to permanency planning principles for assessment, preparation and training of caregivers specific to the child's individual needs.
4. The provision of a permanent placement
5. Regular debriefing and support of the caregivers.
6. Resourcing of competency based interventions to increase Cane's age appropriate adjustment. These programmes included, remedial educational programmes, anger management and social skills programmes.

The critical issues here is that the above practices were not enacted until Cane's case became a "risk to the organisation". This finding supports Christie's view that permanency planning is no longer an organisational priority. The finding, itself, is alarming as it would suggest that the organisation's decision to invoke the principles of permanency planning was embedded in minimising managerial and political distress in contrast to what should be a standard social work practice for

addressing the day to day needs of highly traumatised children.

I make this statement in the knowledge that Cane had been returned home on multiple occasions despite the abuse perpetrated on him and in the knowledge that his perpetrator affirmed his role in the abuse inflicted. Additionally during periods of out-of-home placement Cane had been involved in multiple attacks on others, including his former caregivers. Moreover, he had suffered a period of decompensation, following multiple disruptions in placements.

Furthermore, he had been returned to community based placements in contradiction of several professional reports that attested to his need for specialist placement. Each of these outcomes, individually pointed to the need for some form of early intervention.

Despite this, the key motivating factor in the decision to address Cane's permanency planning needs did not arise until the organisation found itself at the precipice of political embarrassment. It was following this event that his long registered specialist placement needs were met. Christie also raised a number of organisational factors that she believed negatively impacted the practice of permanency planning. I have collated these in bullet point form and presented them in chapter six of this thesis and look to discuss them further in that chapter. I have positioned them in chapter six of this thesis as they are more relevant to a general discussion than to the case specific dialogue here.

In summary the information given by Christie indicates that the social work role is more focused on resource provision than to directly enhancing the development of a relationship between child and caregiver(s). This statement is founded on Christie's comment that she had no active role with Cane and, in relation to Cane, Cassie and Carne's earlier reports, that they rarely had contact with the multiplicity of social workers assigned to Cane's case in the time they had cared for him. In this regard Christie's earlier comment relating to NZCYPFA's failure in addressing the permanency needs of children requiring long term care is indeed a fitting

observation. This assertion has efficacy, despite the studies small sample size, as Cane, according to both himself, caregivers and Christie has had numbers of social workers who similarly have been described as having no direct relational role with either Cane or his caregiver(s). Thus highlighting the entrenched nature of poor systemic response to the permanency planning needs of children requiring long term care. I turn now to summarising the findings of this case study.

SUMMARY OF CANE'S DATA

Lyons - Ruth's (1996) review of group data in relation to the role of behavioural disorganisation in early childhood found that this pattern of attachment was predictive of poor developmental outcomes for children over the span of childhood and may lead them to become symptomatic for development of later psychopathology. These findings reflect an urgent need for early intervention in the lives of children demonstrating this pattern of attachment. Child protection social workers are at the forefront of intervening in the lives of maltreating families and are in a unique position to undertake the initial steps to ameliorate these negative effects. Cane's story demonstrates the highly noxious effects on a child's development when effective early intervention is not forthcoming. Social workers involved in his early life may have intervened differently if they had been able to recognise the behaviours associated with this particular pattern of attachment and its concomitant meaning for the care that was consistently meted out.

More importantly their responses may have differed if permanency planning had not been the subject of political expediency, namely cost efficiency. I forward this argument on the grounds that permanency planning appears, organisationally, to be equated with working toward caregivers taking guardianship of the children placed in their care. This effectively reduces the cost of child care to the state as the transfer of guardianship comprises the complete responsibility for all legal, economic, and developmental needs of a child. This practice appears to be

predicated on the notion that legal guardianship cements affectional ties (NZCYPFS Care and Protection Handbook, 1998).

Conversely permanency planning and attachment literature suggests that the process of transferring a child's guardianship needs careful consideration, particularly for older children, who are more likely to have a strong sense of connection to and identify with their families of origin.

While they may be happy in the safety of their substitute families the transfer of guardianship may be experienced as yet another psychological assault on their sense of identity and belonging (Thoburn, 1997; McAuley, 1996). Thoburn (1997) strongly implores that "the cost advantage" (p. 461) to such a decision should be secondary to the socio-emotional considerations of the parties most effected by its outcome.

Worrall (1996) has added to this debate by pointing out that while the cost efficient drive for guardianship may serve the state well it does enormous injustice to the caregiving relationship because transfer of guardianship effectively means loss of social work support for the caregiver(s). This support, when it operates in line with the principles of permanency planning, has been instrumental to enhancing placement stability (Thoburn, 1997; Triseliotis, Sellick & Short, 1995).

I would also suggest that social work support is of particular import to caregivers where there are contentious relationships with the family of origin such as evidenced in Cane's case study. The social work role in this situation can act as a bridge between family of origin and caregiving family, containing high emotions that might otherwise lead to jeopardising the placement made. Prior to moving to Angie's case study I re-emphasise here the need for social workers to be continuously engaged in the task of professional praxis, in order to ensure timely and effective interventions in the lives of children coming to the notice of the care system. The relative absence of social work input in Cane's case would suggest that this function receives little attention in practice. Whilst it's absence may be a

result of work pressure, it's resurgence is likely to have immeasurable gains for children requiring long term state based foster care. I turn now to presenting Angie's case study.

ANGIE'S RELATIONAL STORY

Year 1: Year of Angie's Birth

- DSW are involved with the family since the birth of the first sibling, three years before Angie's birth, in response to concerns of neglect.
- Mother & father separate. Mother severs contact with the children following a move to a new locality.
- Angie is an infant at the time of mother's departure and remains with father and three older siblings.
- Angie is placed in respite care with siblings for a month as a result of father's increasing stress. Children are returned to father's primary care with the ongoing support of community parenting agencies. Angie receives day care from her regular respite caregiver. This care arrangement continues predominantly until she is school age. However, two other principle caregivers are employed as respite support for her primary day caregiver.

Year 2: The care arrangement above continues with the ongoing assistance of two principal caregivers. These caregivers are used to respite the primary day caregiver.

Year 4: Father forms a new relationship and not long after sends three of the four children to live with mother. Angie is one of these children.

- Year 5:** CYPFA receives a notification of child abuse and neglect for the children whilst in the mother's care. The children are subsequently placed in care.
- From year five to year ten NZCYPS receive seven subsequent notifications of child abuse and neglect following the children's return to father's primary care.
 - Angie and her siblings are separated as a result of the placement process.
- Year 10:** Angie organises her own long term placement with her current caregiver (Anna). This placement is subsequently supported by NZCYPFA.
- Year 11:** Angie's sibling joins this placement. The sibling's placement is subsequently terminated after several episodes of difficult behaviour.

Generic Care Facts

- Over her journey in care Angie has had a minimum of twelve social workers with six of those changes occurring within twelve months of her placement with Anna.
- Angie's journey to permanency has occurred over a duration of ten years.¹

¹ I remind the reader here that there is a qualitative difference in the amount of file material available to me, between Cane and Angie's case study. This has arisen, as detailed in chapter four of this thesis and at the outset of this chapter for two principle reasons. Firstly the file information for Angie was neither as comprehensive nor as voluminous as Cane's. Secondly neither Angie's caregiver or social worker were familiar with Angie's family history. For these reasons the analysis of Angie's case study is more attenuated than Cane's and has largely been reliant on the information gathered during the course of this study.

KEY ISSUES

Family Context & Composition

Angie's history shows that CYPFA had been involved with her family since her birth. She is the fourth and youngest child to her parents union and since her parents separation, in the year of her birth, she has accrued six half siblings. At the time of undertaking the fieldwork eight of the ten children in this family group were in care, each being placed separately. CYPFA had worked to support this family through a plethora of family preservation interventions. However, file information shows that Angie's father's ability to parent his children steadily decreased with their advancing maturity.

Angie, like Cane, had experienced multiple placements and a history of child abuse and neglect. Despite this there are key differences in the nature of these children's attachment histories. The most notable differences were in maltreatment history, age at separation from mother, placement location and type, temperament, and sociability. Angie had not been subject to the chronic abusing environment characterised by Cane's early caregiving history but had been exposed to intermittent neglect, physical abuse and suspected sexual abuse. Cicchetti, Toth & Lynch (1995) suggest that children who have been exposed to a non-chronic maltreating environment are more likely, given a sensitive substitute caregiving environment, to be able to develop the capacity for relational security. I would suggest that Angie's story highlights this capacity.

Maltreatment History

Attachment theory indicates that all forms of maltreatment are destructive of a child's development. However the enduring effects of this may vary according to its level of chronicity, frequency, duration and in relation to the presence of environmental or personal buffering factors (Cicchetti & Toth, 1995a, 1995b;

Crittenden & Ainsworth, 1989; Aber & Allen, 1987; Cicchetti & Rizley, 1981).

Factor's Of Resiliency

Angie, fortunately, had not been subject to enduring abuse and had a range of supportive environmental factors to draw on. These included the buffering protection of older siblings, access to a small group of supportive peers, access to other caring adults within her local community, being a prolific reader² and possessing a personal view that she was not responsible for the abuse perpetrated. Additionally, Angie's placements, unlike those of her siblings, have been maintained in the locality of her family. Geographical stability is acknowledged in the 1989 Act as being important to a child's sense of security and belonging.

Early Maternal Abandonment

Angie, as shown in her bullet point history, was abandoned by her mother during infancy, at which point she was placed in respite care for a period of a month, subsequent to return home to her father's care. This care provider continued to care for Angie until she was approximately three years of age, and intermittently after this period. The care arrangement in force at this time included maintenance in her father's care, in addition to continuous day care from the respite care providers mentioned earlier.

This experience may have facilitated Angie in developing a relational style that Anna reports as being significantly different to her older sister's. These children were reported as having been subject to ongoing parental conflict and maternal neglect and abuse. Anna described the siblings as being "impulsive,

² Reading, as discussed later in this chapter, is frequently classified as a cognitive escape strategy that has been implicated as a protective factor for some people when faced with environmental adversity, such as is typified by a maltreating environment.

aggressive.... demanding, attention seeking, tellers of deliberate lies".³

Attachment theory indicates that while early maternal loss or abandonment is a tragedy for any child it may have differential effects on the child dependent on the age at the time of this loss. This, in part, may explain the reported differences in the attachment quality between Angie and her older sibling. In attachment terms Angie's mother's departure during infancy may have occurred at a time when she had not yet developed the cognitive capacity to discriminate between her caregiving figure and unrelated others, therefore leaving her less vulnerable to the known deleterious effects associated with separation following achievement of this developmental milestone (Howe, 1995; Rutter, 1995; Karen, 1994; Biringen, 1994; Holmes, 1993; Bowlby, 1988; 1980; 1873; 1961; Ainsworth, Blehar, Waters & Wall, 1978; Piaget, 1954).

CYPFA's early placement action, on the heels of mother's departure, may have been a further buffer in the development of Angie's attachment security. Placement continuity with alternative caregiving figures who are able to sensitively attune to a child's emotional needs has been found to increase the potential of a child's attachment security (Cicchetti & Toth, 1995a, 1995b; Howes & Segal, 1993; Webb, 1991). File documentation did not make comment on the quality of this alternative caregiving environment. However Angie's self motivated ongoing contact with these caregivers and enjoyment in their company would suggest a positive filial connection. In addition to their significance as alternate primary attachment figure(s) for Angie.

³ The description given here related to the definition of attachment qualities listed on the attachment qualities flash card (see Appendix 8).

The other significant feature of this placement, from an attachment perspective, is Angie's age at its conclusion. Attachment and object relations theory hypothesise that children subject to adequate caregiving conditions, by the third year, typically achieve emotional object constancy (Horner, 1995; Bretherton, 1987; St Clair, 1986; Mahler, Pine & Bergman, 1975). This is an intrapsychic process borne of the myriad interactional sequences between child and primary caregiver(s) since birth and is supported by expansive cognitive development over this same period (see also chapter two of this thesis).

Taken together, these elements are believed to assist the child in being able to actively internalise their primary attachment object(s). It is thought that this process, when achieved, supports the child to: (a) tolerate brief periods away from their caregiving figure because of the new developmental ability to access the internalised figure(s) during their absence (Mahler, & Pine & Bergman, 1975), (b) increases the child's contribution to and in becoming a 'goal -directing' partner in the attachment relationship (Cassidy & Kobak, 1988; Marvin, 1977). From a developmental perspective the disruption and changes in Angie's life may have fortuitously coalesced to protect her capacity to attach.

Temperament & Sociability

Anna consistently spoke of how easy it was to care for Angie since her placement some fourteen months earlier and described the relationship from the beginning as being "very pleasant, I said to Angie after she'd only been here like I think it was a matter of days, I think it was days Angie?, and I said to you it's felt like she's always been part of this family and she said, she says yeah I feel like I've been here forever too".

Attachment research has produced mixed results in regard to the association between temperament and attachment quality however there is some evidence to suggest that temperamental difficulty bears a connection to insecure patterns of

attachment (Rutter, 1995; Seifer & Schiller, 1995; Webb, 1991, Sroufe, 1988; Belsky & Isabella, 1988; Belsky & Rovine, 1987). This suggests therefore that the reverse could also be true and seems fitting of Angie's experience in her current caregiving relationship. This view derives further support from Anna's references about noted improvement in Angie's academic performance, in addition to her development of new friendships since placement. These attributes are frequently cited as being indicative of a child's adjustment and increasing sense of stability following a period of disruption (Keck & Kupecky, 1995; Cicchetti & Toth, 1995a, 1995b; Mueller & Silverman, 1989; Aber & Allen, 1987).

The preceding information suggests that CYPFA'S early intervention in Angie's life, in addition to the resiliency factors already discussed, may have acted to protect her capacity for attachment. McDowell (1995) however has suggested that whilst ego resilience may be protective of the individual it may also inhibit their sense of self worthiness in relationships with others, in accordance with attachment theorising on behavioural strategies adapted by individuals, subject to adverse environments (see chapter two of this thesis). I raise this issue here, prior to reviewing the research work undertaken with Angie, as it may have implications for her current attachment organisation. I turn now to reviewing the research work undertaken with Angie. This work has been subject to the same analytic procedures set out in Cane's case study (see also chapter four of this thesis).

MEETING & WORKING WITH ANGIE

Commencing the Research Process with Angie

Angie demonstrated sound emotional literacy as detailed in her responses to the feelings faces (see the research activity section in chapter four of this thesis to review the purpose of this activity. The feeling faces can be seen in that chapter Figure 4:3). She confirmed her understanding of each face shown and was quick

to provide an example of her understanding of the mask card.⁴ She said that masks act as a “disguise”. She further conveyed, in relation to the mask as a prompt for hiding feelings that her caregiver had masked her true feelings about getting the social worker to remove her sister from their shared placement. She asserted that she knew “when Anna said she wanted to ask Andrea if she can get rid of R⁵ but inside she didn't really want to”. Angie was emphatic that she herself did not hide feelings⁶

Figure 5:1 The Mask



I noted that Angie spoke about her experiences in her family of origin with ease over the course of the research interviews. Her ability to talk about family life in an emotionally open way suggests that she may possess a secure style of attachment. The dialogue given below provides further evidence of Angie's capacity for emotionally open communication. Angie informed me that she had

⁴ Angie was the only child participant to actively use the mask card. This can be seen in Figure 5:1 above. I had incorporated this symbol as part of the tools used with the children to account for the potential presence or absence of defensive processing. The mask, in concrete terms, is used to disguise or to protect an image of the self that differs from how one actually presents. I believed that this concrete symbolism may have assisted in talking with the children about differences in the way they expressed their feelings. Such as showing different feelings on the 'outside' in contrast to how they actually felt on the 'inside' (this card was created in relation to Cassidy's (1994; see also Cassidy & Kobak, 1988) caution see chapter four of this thesis). In Angie's case this card proved particularly useful as indicated in the comments above, and as will be seen again later in this chapter.

⁵ I have used the letter 'R' here to refer to Angie's sister. This letter has been subsequently used to reference her personage throughout the remainder of this discussion.

⁶ I remind the reader here that a general comment was made about the children's responses to the feeling faces in chapter four of this thesis.

organised her current placement with the help of Anna's daughter with whom she had developed a firm friendship through school. She identified that she liked living with Anna and felt very cared about in this placement. The level of comfort Angie felt in Anna's care is reflected in her reported ability to express "hateful" feelings toward Anna when confronted with limit setting: "I asked Anna if I could stay overnight at Dad's and she said no and I felt really hateful towards her. But she tries really hard and I know that". Angie reported that she knew she was cared about because "people spend time with you and they're there because they want to be there with you, not just because they have to be there with you".

Feelings About Dad & The Reason For Leaving

Reflecting on the above Angie told me she liked spending time with her father and talked about the things they did together when she went to visit. She reported feeling "sad" at having to leave Dad and believed that Dad was keen for all the kids to go to placements so he could find work. She then indicated that her older sister had started being "naughty and then, she rang CYPFA and then Dad rang CYPFA and then she got taken away and then Dad thought that - and I would end up like that so he asked that all of us to be taken away but he still wants, but we're still allowed to go around there lots".

Separation & Loss: The Importance Of Family Relationships

Angie's homework assignments undertaken for this research reflected her preoccupation with family relationships. She wrote "some nights I have sleepless nights thinking about my Dad and the rest of my family and the next day when I go to school I feel really tired". Angie also reported that sometimes when she felt sad about not being with her father she used her "head I'd pretend that Dad was in my head. I always try and think like that". she indicated that by doing this she would feel "happy and sometimes sad. If I feel sad, then I just, um, I go do Dad's sometimes, I just ask if I can go and Anna says yes". This process reflects the

operation of emotional object constancy outlined in the previous section and points to Angie's grief at being separated from her significant attachment figure. Furthermore it evidences a secure base reaction to parental loss and separation.

She also informed me that while living with Anna was working out for her it had not done so for her older sister because she did "bad things" and she was worried about what was going to happen to her sister. She indicated that she might be going to their mother. It seems that Angie's worry about this event revolved around two central concerns firstly her felt ambivalence about her mother and her concern about her own stability at Anna's in light of her sister's behaviour.

The latter concern is reflected in her diary recording where she writes: When my sister came to live with us, at first it was cool and nice but then she became bad and started to be naughty and I was worried that when Anna had had enough of her and wanted to get rid of her she would want to get rid of me too!". Angie's comments here not only demonstrate her worry about placement stability but her preoccupation with relationships. This is further evidenced in her thoughts and reaction about her sister's possible placement with the pairs' mother, given below.

New Attachment Confirmed

In considering this placement option Angie rolled her eyes to the ceiling and shook her head saying "She's, her other kids have been taken off her, I don't know how R is going to turn out with her?". Angie's ambivalence about her mother is also reflected in her writing about a holiday with her mother " I went to my mum's to stay for a week with my sister when we first got there she gave us hugs and kisses. But while I was there I wished in a way that I could go back to Anna because I felt uncomfortable at Mum's and I feel closer to Anna". Anna later told me that during this holiday Angie had phoned her everyday and sometimes twice a day to let her know what she was doing. Angie's reaction while exemplifying the ambivalence reported above also demonstrated her ability to use Anna as a secure base during a time of distress. This action is highly congruent with

attachment security (Cicchetti, Toth & Lynch, 1995; Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969; Ainsworth, 1991; 1989; Ainsworth, Blehar, Waters & Wall, 1978).

Family Matters: An Emotionally Coherent Perspective

Angie, as already mentioned, demonstrated a high degree of emotional coherence over the series of interviews undertaken. This was demonstrated in her ability to give an organised account of her personal history in the context of her family history in relation to the research activities undertaken with her.⁷ In addition, I noted that she displayed congruent affect with the experiences discussed. More notably her descriptions matched the file record almost accurately.

She knew that her mother had left her during infancy to “start a new life”. She believed that she did this because of “money difficulties at home” but that she had been able to remain in her fathers with the help of two Caregivers. Angie spoke of these women fondly and confirmed that she still called into see them for an occasional chat now. She reported that while she liked being with her Dad that things got crazy at home like her sister “burning her blanket ... her sisters having big fights and being naughty”.

Family Drawings: I Belong Here & There

Angie further demonstrated her sense of relational organisation when invited to do a family drawing. She decided without hesitation or discussion to make two drawings, one of her family of origin and the other of herself and foster family. Her response was notably different to the other children interviewed, both of whom demonstrated indecision over which family to draw, seeking my input about what to do and when faced with having to decide themselves indulged in distracting behaviours before finally electing to draw their family of origin.

Drawing's Interpreted

Main (1995) has issued caution about over-interpreting the meaning of a child's family drawing and has emphasised that any interpretation should be made in the light of other data and not as a single entity.

From this framework Angie's drawing would seem to support the sound emotional coherence displayed by the data sources under current discussion.⁸ Angie conveyed that she had decided after her little sister was taken away that if they tried to put her somewhere she didn't like she was going to "yell and scream and be naughty". This response seemed an understandably normal reaction to a significant loss.

⁷ The research activities I refer to here included, the genogram, ecomap, placement history and responses to the child participant interview guide sheet (see Appendices 6 & 7).

⁸ The reader is informed that Angie's drawing represented her felt sense of family and included her three oldest siblings and the child of her father's union to whom she described a strong sense of connection. Unfortunately the strength of this connection must not have been evident to social workers at the time, or placement resources were a problem, given that this child was placed out of the family and in a different geographical location making contact between the children impossible aside from the monthly family access visits. Angie reported feeling much aggrieved at the loss of her little sister and angry with her older sisters for causing the family to be broken up. She said "T was my best sister and I used to, whenever she was cold and all that or scared and if Dad wasn't there like we were staying with a babysitter or something, then she would always come and snuggle up with me". Angie also indicated that this sister's foster parents often missed the access visits. Angie believed this happened "because her caregivers are possessive". This was confirmed by Anna who reported that these people were not keen to have much contact with the family because of their different value system. I have been unable to append Angie's drawing for reasons of confidentiality and anonymity.

Family History: The Narrative Continued

As she drew Angie continued to narrate her experiences of being in care alongside information about her extended family. She reported that her own mother had been adopted and her maternal grandparents were nice people with whom she had the occasional holiday. She indicated that contact with her mother had been limited but she had spent some time in her care following her father's union with her younger sister's mother. She thought this was to be a visit but her mother kept them beyond the intended return date. She reported that the stay with her mother ended with herself and older sisters being taken into care because their mother hit them. She said she felt sorry for her younger brothers and sisters (her mother's children from a new union) at that time because of her mother being the way she was. She confirmed following this period in care that she was eventually returned to her father's care but then subsequently left for several weeks at a time to attend health camps and when home from these, had periods in respite care.

Angie spoke of contacts with her father's family recounting divorces, remarriages, personal problems amidst cousins and feuds among extended family members. She detailed how she came to live with Anna and wanted me to know over everything she had talked about that "I'm happy in my family in both my families". Despite this happiness Angie also gave voice to the sadness she felt at being parted from her father: " I still wanna go back there sometimes ... even now". I turn now to reviewing Angie's responses to the separation and reunion pictures.

SEPARATION & REUNION PICTURES

Picture Set of Sammie the Lamb

Angie's responses to the separation pictures were consistent with the emotionally open coherence demonstrated in her interview narratives. Angie's first and third person responses to the picture of Sammie the lamb were congruent with a relational pattern of security. Herein the infant lamb was perceived as being "frightened" on discovering mother's absence, the absence promoted searching, re-appearance promoted relief consequent, to the giving and receiving of comfort which was then followed by a rebuke for running away. The rebuke was seen to ensure continued proximity. Angie also conveyed that if the mother had run away that the lamb would be "mad" at the mother for leaving. Her response to the reverse of this was interesting as she, herself, had experienced early maternal abandonment. Anger, the equivalent of 'mad', in attachment theoretic terms, is considered to be the normative response to loss and/or separation from significant others (Attachment Figure(s)) (Bowlby, 1988, 1984, 1982, 1980, 1979, 1973, 1969, 1961, 1960, 1951).

Picture Set of Infant Chrissie

Angie's responses, were also consistent in the first and third person, to the picture set of Chrissie reflecting her expectation that the child should be attended to and comforted upon signalling distress. Interestingly Angie added, in response to the father figure taking over the feeding sequence, that the baby would have dropped the bottle first. This action operates to avert attention between attachment partners. Similar actions in other research using the narrative approach would classify this as an avoidant strategy. But this is a minor deviation from the dominant theme of Angie's narrative that caregiving figures should and would be available and responsive to their young. It may, however, be her subtle way of communicating her anger toward her own father. The attachment figure to whom

she clearly has the strongest sense of attachment.⁹

Picture Set of Mr & Mrs Green

Angie's responses to the picture set of the Green family demonstrates the same expectation of caregiving figures as previously detailed. She believed the parents in this scene would be "mad" at the arrival of police and social workers, that the children would be "scared" in the situation and not want to leave their family but they'd "be happy too" because "they weren't going to die". Her first person responses were congruent with the third and she reported that on leaving the family with the social worker she would have felt "sad at leaving her parents behind, happy for the hurting to stop, and excited because you're be at an entire new house and you get to meet lots of new people".

Picture Set of Parent:Child Reunion

In relation to the parent: child reunion pictures Angie confirmed that "I would have been glad cause I get to go back and see two families". Angie's overall responses to the picture set demonstrate a consistent relational expectation that caregiving figures are meant to be available to and take care of dependants in their charge. Moreover her responses to being in a new situation, that is, placed in the care of other caregivers gives rise to exploratory behaviour. The latter is typical when attachment security is met (Ainsworth, Blehar, Waters & Wall, 1978). I was intrigued by this response and wondered if there was some masking of affect given that disruption to a child's primary attachment bond typically gives rise to distress (Steinhauer, 1991; Bowlby, 1988; 1980; 1973; 1969). However when considering her responses in the light of her actual experience of substitute

⁹ Should my interpretation of 'anger' be right here, this also has significant attachment theoretic meaning, as her protest is highly minimised. This would suggest that Angie is aware that heightened expressions of anger toward her father may result in loss of this relationship, therefore, she carefully (out of awareness?) mediates it's expression. This is consistent with attachment theory and the behavioural strategies that emanate from the insecure attachment classifications (see chapter two of this thesis).

caregivers,¹⁰ alongside her concomitant expectation that these figures are there to provide support and nurture, her exploratory response may simply be a reflection of her capacity for relational security, as opposed to defensive processing. Her responses to the picture set are certainly consistent and suggestive of this capacity.

SANDPLAY

As with Byron, Angie's sandplay has not been subject to a full sandtray analysis but limited, in line with the intended use of this method,¹¹ to reviewing the themes presented in the context of the sessional work completed at the time. Angie completed three sandtrays, following the last three interviews, in a series of four interviews undertaken with her, Angie's sandtrays can be reviewed by turning to chapter four of this thesis, Figure 4:7.

These trays told the story of a fat man who initially lived in an imaginary world left to him by his father and how he set about re-constructing his world to have it just the way he liked it.

Figure 4:7, chapter 4, shows several different pairings or groupings of human figures in the box, Angie explained these pairings as being supportive of the original lone figure: "and now this girl there has got a new friend". Angie went on to explain, in her second sandtray, that it was the job of the big fat man to rescue the girl and "take her back to her world". She added that the girl is "sad and scared and he's trying to fix it up for her because she had fallen into his world by mistake".

¹⁰ Oppenheim & Waters (1995) have pointed out that while assessment measures of attachment can assist in drawing conclusions about an individual's attachment quality. The evidence gained from these instruments should always be considered in light of the actual attachment experiences of the individual. They premise their view on Bowlby's (1988) direction that expectancies about relational experiences are directly connected to actual relationships and are not simply intrapsychically derived phenomenon (Bowlby, 1988; 1980; 1973; 1969).

¹¹ To review the purpose and rationale for use of the sandtray see chapter four of this thesis in the section on 'Research Activities'.

Angie went on to explain that the fat man had to battle with dangerous creatures to return her to safety behind the fence where her mother was waiting. The story ended with mother and daughter re-united behind the fenced wall outside of the fat man's land from whence they could view his world. Angie reported that the girl had learned that it was "dangerous to wander off into the fat man's land ... so the fat man had one of his worker's erect "danger signs at the end of the gates ... so she couldn't get caught up anymore". In her last tray Angie reported that this was the real world of the fat man and he lived alone in a small world without a wife. Angie's story in her last tray was attenuated between discussion about recent occurrences in her father's home including the return of one of her sisters.

Angie's sandtrays reflect links to her actual experience of removal from her father's care and her pain at this loss. Her narrative about the sad, scared girl receiving nurturance from a mothering figure appears confirmatory of her ability, represented in her responses to earlier tools, to take in care offered to her. The latter is important to the formulation of a new attachment (Fahlberg, 1994; 1991; Steinhauer, 1991; Jernberg, 1989). Whilst there is much more I could say about the productions of these sandtrays, this would move the level of analysis to that associated with the use of the sandtray as a therapeutic tool.

This, however, is not the intention of it's use here, as previously delineated in chapter four of this thesis. For this reason I move now to summarise the data gained thus far.

DATA SUMMARY FOR ANGIE

Angie's capacity for attachment as reflected in the discussion thus far appears to have been protected by several mediating factors, age at time of initial disruption of the primary attachment bond, availability of consistent long term alternate respite and full time caregivers, absence of geographical disruption from family of

origin at the time of placement, being a member of a sibling group, being raised in a wider environment that has been facilitative of maintaining links with and access to former loved alternate caregivers, being a temperamentally 'easy' child, being the subject of early CYPFA intervention and family preservation assistance, being the subject of intermittent maltreatment in contrast to being the victim of enduring and chronic maltreatment.

While these factors appear to bode well for Angie their occurrence, in consideration of Cane's relational story, seem largely fortuitous. The fortuitous nature of these factors is further attested to by Angie's caregiver. I turn to her story presently. Prior to doing so there is one factor I wish to discuss further and that pertains to Angie's apparent preoccupation with her family of origin. Angie's earlier reported references to missing her father and seeking contact with him to assuage this longing is consistent with secure base phenomenon. However the activities that she engages in while visiting him seem routinely caregiving in nature, such as cleaning up, helping with her disabled brother and when her younger sister was at home emotionally and physically attending to her needs.

I note here that these similar qualities have been cited by both Angie's social worker and caregiver.

Compulsive Caregiving: The Only Way To Belong

Angie's predisposition to undertake these activities is reminiscent of the compulsive caregiving strategy which has been associated with the insecure-ambivalent attachment classification (Cassidy & Berlin, 1994; Crittenden, 1993, 1992a; Sable, 1992; Cassidy & Kobak, 1988; Bowlby, 1988; 1980; 1979; 1973). I have not previously focused on this attachment strategy as it is rarely mentioned in attachment and maltreatment literature largely because it is atypical in maltreating populations. Compulsive self reliance and/or compulsive compliance are the strategies usually found in this population, as described in chapter two of this thesis.

The compulsive caregiving strategy has been cited as co-occurring in parentified caregiving relationships, that is where the primary caregiving parent has not been able to provide the care required but instead seeks nurturance from the child. In turn this leads the child to form relationships from a predominantly caregiving position, that is they 'devote themselves to caring for others' (Sable, 1992, p. 276). Some of Angie's behaviours are suggestive of this attachment strategy. However at the same time she appears able to take in the nurturance offered by her current caregiver (Anna). This mixed presentation may therefore suggest that Angie's relational capacity is undergoing some form of transformation. This may be likely given Cicchetti, Toth and Lynch's (1995) observation of this occurring in less chronically maltreated children. Moreover Angie's caregiver (Anna) actively directs, supports and encourages her to act in developmentally appropriate ways, in contrast to the largely caregiver functions that Angie, reportedly, has been used to fulfilling in her own family. I turn now to analyse the caregiving response.

THE CAREGIVER ENVIRONMENT

Anna, as indicated earlier, described a positive bond to Angie and confirmed that Angie's arrival at her home appeared to be a campaign between Angie and her daughter to provide Angie with a long term placement. Anna was of the view that CYPFA had been unsuccessful in locating a placement for Angie because of lack of resources. She added that Angie had been with her for some weeks prior to CYPFA meeting with her. She further identified that even when this was done she had been subject to continual change in social work staff leaving her unsupported and at times unclear about what to do in relation to her foster care task. She indicated that she believed that over the fourteen months Angie had been with her she had had six different social workers. Some were on the case for only a few days.

The Frustration with Lack of Social Work Support

She said in the end she had had enough and phoned the service to say: " I'm sorry I won't allow this to happen. And she said, oh well it's not really your case. I said, I don't care I'm sorry. I said these kids, as far as I'm concerned if you want me to do my job with them, you can provide some stability as well as me". Anna identified that she "was assured that this would be considered but they had to do what they had to do. And I said well if you have to do it, once again I said, you know be prepared to end up with all these kids on your doorstep because I said I'm not being mucked around. You know you're not going to piss me around and just take people away and bring them in when it suits you because I said as far as I'm concerned these children need stability and if I'm going to be a stable caregiver in their life you can at least provide some sort of stability as well". Anna added "And I think it was so confusing for the child, she didn't know where in the hell she was".

Assessment & Training

Foster care and permanency planning literature, as identified earlier, point to the importance of assessing and training caregiver's pre-placement to ensure 'goodness of fit' between caregiver and child (Thoburn, 1997;1989; Triseliotis, Sellick & Short, 1995). Anna's comments identify that this process in her case was askance from literature supported practice. She indicated she did not think she had ever been assessed in relation to her attachment capacity saying " no, not that I'm aware of,... no, no. I don't think, I don't remember there being any of those sort of issues coming up".¹² But added that there had been some questions "about handling your stress and hitting children ... and looking at the physical environment the set up".

Anna's recall of the social work interview and its content is supported by

information on her foster care file. This shows that social worker's undertook some form of assessment that focused on disciplinary issues and issues about the physical environment. There was a passing mention of Anna's own history. This information was not placed in any interpretative framework, nor was it reviewed in relation to its possible implications for relationship development between Angie and Anna.

She also said that some weeks after placement she had received papers for a police and medical check. She added that she had also attended a foster care training thing and reported that in her view "that if it's gonna be geared at that level it's bull - shit for me, you know I don't want to sit there and waste two or three days of my time again". On seeking clarification about her comments she indicated that while there was practical information about CYPFA as an organisation there was no information about the development of relationships between child and caregiver nor things that might have been helpful to enhance this relationship.

She added that she herself had come up with the idea of having a family session with the children to acknowledge the formation of their new family.

The striking theme evident in the information given here, aside from the assessment process being completed ip post facto, is the apparent absence of assessment on the affective elements important to the development of a relationship between caregiver and child.

Attuning To The Child

Anna gave countless examples of her ability to sensitively attune to Angie's emotional needs. The most prominent was her recognition and support of Angie's relationship with her father. She indicated that "I know how close she feels to her

¹² The questions Anna refers to here are those associated with the adapted AAI used in this study.

Dad ... she'll hug him, she'll hang on to him and she'll, um, it's very affectionate, not, she doesn't force herself upon him, it's not a demanding thing but it's just very affectionate". With this knowledge in mind Anna has actively worked to bridge and support this relationship by engaging father in the daily events of his daughter's life. These have included encouragement of him attending school events in her stead, engaging in extracurricular activities with her and intermittently planning events that engage both her own and Angie's family in a shared activity. Fahlberg (1994; 1991) has pointed out that caregiver's protection of a child's connection to their family of origin assists the child's placement adjustment as it reduces their need to defend loyalty to their parent(s) (Thoburn, 1997; 1989; Prasad, 1986, 1975; Poulin, 1985). Anna's support of this connection has been well received by father and children. The extent of this appreciation was evidenced in the children, in Anna's words wanting to fulfil "the ideal dream that all of the family will be together again" in this case it included attempts by the children in "marrying me off to their father ... so that we can be one happy unit, could you imagine that, oh it would be a nightmare".

Angie's Attachment: Anna's View

Anna said that she very definitely thought, in conjunction with the attachment qualities card given,¹³ that Angie exhibited all the signs of secure attachment. She believed that while she could see some ambivalent characteristics that these had reduced since placement. Anna's reference to attachment ambivalence is of interest as it resonates with Angie's own description in relation to an additional homework task I had given her which involved reading a story about a preadolescent child needing a foster placement. I had given Angie this task in light of her passion for reading¹⁴ (this activity was not used with Cane or Byron

See Appendix 4.

¹³ See Appendix 8 to review the attachment qualities flash card.

¹⁴ The book was called 'The story of Tracy Beaker' and as mentioned in text is about a young girl awaiting placement. I gave Angie the story with the view to eliciting her comments about what the outcome for Tracy would be in regards to what she thought, felt, expected and believed the girl should do.

because of their disinterest in reading). Angie's report was interesting as she believed the girl should be good, do as she was told and be nice to others. She added that is what "I would do if I was her". This self reflection is consistent with the earlier described behavioural strategy of compulsive caregiving and converges with similar responses made by Angie over the course of the research interviews. Anna and Angie's individual accounts of this placement experience reflect a warm and supportive relationship. I have analysed Anna's responses to the adapted version of the AAI to understand the nature of this relationship further, particularly in light of the demise of Anna's relationship with Angie's older sister, this analysis is given below.

CAREGIVER RESPONSES TO THE ADAPTED AAI

Anna's transcript possessed all the hallmarks associated with a resolved and securely organised attachment capacity¹⁵ despite her dismissive caregiving experiences in childhood. Her narrative possessed striking themes of coherence, an example of this being evidenced in her description of parental attachment figures from childhood alongside emotionally congruent autobiographical memories of her care experiences during this time. In relation to parental attachment figures Anna's descriptors included emotionally negative terms such as: lacking in "warmth", "affection", "closeness". The negative tone of these descriptors was applied to both parents.

She evidenced this experience of parental dismissiveness by exemplifying an incident as a young child where "an older boy up the road when we were playing and ah, he tried to take my knickers off and I went home very upset and my mother was vacuuming and I can remember it clearly to this day, I must have only

¹⁵ The reader is reminded that the tools for analysis used for this assessment was previously set out in chapter four of this thesis. I have analysed Anna's script in depth to illustrate the application of the theoretical constructs employed in this schema to the content advanced in Anna's narrative. The remaining caregiver narratives have not been subject to this full analysis as a result of the practical constraints for completing a four paper master's thesis.

been about six or seven I guess and I tried to tell her and she said, oh don't be so silly go away, I don't want to hear stories". A further incident reflecting the theme of parental dismissiveness involved Anna being punched in the face by her brother. "I can remember walking to school, we used to walk to school over our back paddock .. and my brother, why I'm not sure, he was dreadful, it was revenge and power all the time you know. He'd waited for me all morning, I must have done something or touched something of his or said the wrong thing because he was there waiting for me. I was climbing .. and he came out from behind some trees and punched me in the face. He actually gave me a blood nose.

I was hurt and upset. I went back home and mum was at home and it was just, oh well get yourself cleaned up and back to school. I was shit scared cause I thought he might be waiting there for me again". Anna confirmed that her mother did not assist her in returning to school. Anna referred to many other incidents over the course of interview that consistently pointed to a dismissive parental theme. The feature most salient to me as researcher was the clarity and orderliness of her memory recall over the course of her childhood, incorporating early childhood and adolescence. This finding is significant in attachment terms as it reflects minimal use of defensive processing in relation to attachment experiences and is suggestive of an open internal working model (Bretherton, 1993; 1992; Bowlby, 1988; 1980).

Bretherton (1996) avers that an open internal working model is advantageous to an individual as it facilitates conscious processing and integration of trauma related experiences. She further indicates that an open model stands parents in good stead to be able to address their children's needs over the course of development as it is associated with sensitive parental responsivity (Crittenden, Partridge & Claussen, 1991). The latter characteristic as discussed in the literature review is pinnacle to the development of a child's style of relating (Bowlby, 1988; 1980; 1973; 1969; 1961; 1951; Belsky & Nezworski, 1988; Ainsworth, Blehar, Waters & Wall, 1978). Crittenden (1990) endorses this view by pointing to the fact

that an open working model predisposes an individual to take in and use new information about relationship experiences to support them in experimenting with a range of different strategies (see also chapter two of this thesis).

Returning to Anna's narrative, the overall tone of this interview demonstrated ease in communication flow, openness, adequacy in conciseness and a balanced modulation of affect in response to recollecting sad, bad and happy past experiences with significant attachment figures. Her resolution to early dismissive parenting experiences was associated with a series of events over her childhood development. The first was her emotionally warm and close relationship with her grandfather as a pre-schooler.

The second occurred in her early school years by way of adopting a friend's family in childhood, who was in her description everything her family was not. She identified that this family "modelled the closeness and the things they did for each other and the hugs and cuddles which we never got". She confirmed that she stayed there "nearly every week-end" and that "this must have gone on for years and years and they accepted me as part of their family and I actually called my friend's mother mum".

The third was her discovery of love and interest in animals. The fourth influence in assisting resolution was her academic success in school and subsequent success in her career. The fifth was her decision in her late twenties to revisit her experiences of childhood with her parents. The sixth influence has been the support she has derived from couple relationships and ongoing adult friendships. The final influence identified in her transcript for effecting resolution was her conscious decision to provide a different emotional environment for her own children to the one she had experienced growing up.

Anna's process in resolving her early experiences of dismissive parenting is supported by findings from attachment research which has shown that wider environmental influences, aside from the caregiving relationship, can have a

significant positive or negative influence on the quality of that relationship (Eagle, 1995; Crittenden, 1992b; Sroufe, 1988; Cicchetti & Rizley, 1981). Sroufe (1988) goes to pains to point out that reorganisation of the internal working model, such as demonstrated in Anna's case, is evidence in support of attachment theorists claim that while early relationships probabilistically predict the quality of later relationships it is not a simplistic link as other influences can and do mediate development.

Transformation In Attachment Quality

Main (1995) believes that reorganisation in the quality of attachment is also related to previously overlooked information being used to revise the way relationships are perceived and experienced. She points to the fact that the capacity for re-organisation is dependent on the individuals ability to attend to and act upon discrepancies in relational information. Anna's narrative, exemplified this feature well, in relation to her experience of the difference in the affective tone of her friend's family compared to her own. Main (1995) goes on to note that the ability to attend to discrepant information is enhanced by increasing cognitive maturity. McDowell (1995) identifies that ego resiliency has some part to play in an individual's ability to transform negative experiences into positive outcomes. She suggests that social supports and/or external interests appear key to buffering the impact of negative or abusive experiences (see also chapter three of this thesis).

CHILD & CAREGIVER RELATIONSHIP

I have previously detailed the transferential significance of the caregivers attachment experience in relation to the impact this may have on the development or formation of a relationship with the child they have in their care. This is nowhere more clearly evident than in the relationship between Anna and Angie who both share experiences of early parental dismissiveness. Anna, in fact reflected on this

similarity following this interview, and indicated that she realised that this had informed the way she cared for Angie. She went on to give examples of how this had acted to cement her sense of connection to Angie by supporting her in developing a greater ability to assert herself, working to support her in learning to ask for what she wanted, looking to nurture her growth in self confidence and peer relationships by involving and supporting her in extracurricular activities beyond home and school, standing up for her in relation to victimisation from peers and at times in relation to her own daughter's bossiness over Angie.

In this regard Anna's level of emotional investment in this relationship, as a result of its transference quality, has acted to enhance the development of a positive relationship between child and caregiver in addition to consolidating placement security.

Conversely differences in the nature of this same relationship had different implications for Angie's sister. The significant difference was that Angie's sister encompassed many of the dismissive behaviours Anna had experienced in her own childhood. This set the stage for the constellation of the negative transference within this relationship and lead to its eventual breakdown. This outcome mirrors Thoburn's (1997, 1989) contention that no amount of back seat driving will sustain a caregiving relationship that falters as a result of inadequate assessment (Thoburn, 1997). I refer here to the fact that social workers seem to make placements of necessity as opposed to assessment and should they have, in this case, been able to assess for the underlying affective agents operand in this relationship they may have decided against placing the sister with Anna. I turn now to examining the social work response to this case more closely.

ANGIE'S EXPERIENCE OF SOCIAL WORKERS

Angie reported the she had, had "heaps of social workers". She identified that she rarely saw them and when she did it was because there was a problem with something or something needed organising, like family visits. She added that Andrea was the best social worker she'd had because she came to visit and she could ring her at the office if she needed to talk to her about something. Moreover she indicated that she knew Andrea would ring her back if she wasn't in at the time of the call. Angie's reflection demonstrates the importance of direct social work contact for the child. For Angie this contact represented a direct link to her family group. Anna had previously indicated that this contact could be highly variable.

THE SOCIAL WORK INTERVENTION

Andrea indicated that she had developed a good working relationship with Anna as a result of Anna's demands for stability in social work contact. She affirmed that this relationship had also been strengthened by frequency in contact because of escalating difficulties with Angie's sisters placement and it's threatened dissolution.¹⁶ Andrea reported that the level of social work contact to this placement was unusual because normally "you get too caught up dealing with the day to day crisis and you lose your focus. It's very, very easy to lose your focus". She supported this view further by saying that "I don't get to spend as much time with kids and with caregivers. I'm tending to deal with crisis after crisis rather than

¹⁶ This placement dissolved within five months. Foster care and attachment literature suggest that the relational needs of teenagers presenting with an avoidant quality of attachment, such as believed by Anna and Andrea to be the case here, do better in placements where their intimacy and individuation needs are catered for in an environment which makes reduced demands for intense emotional contact (Penzerro & Lein, 1995). Additionally this placement appeared to have been made out of desperation in contrast with the need for sound pre-placement assessment. Current foster care literature points to the importance of undertaking network assessments for all placements made in order to account for the systemic influences that arise with the addition of new members to the system (Worrall, 1999; see also factors effecting placement success given in chapter three of this thesis).

getting into the long term issues and doing the actual planning work”.

She further asserted that mostly “kids end up, I don’t know um in the system wavering around in the system for a long time, ... I mean I know I don’t get to spend as much time and put as much effort into the kids as I’d like to, ... it could be you know a matter of promising the kid, Oh I’ll get onto that and then not getting onto it for you know, a month down the track because of other things and that can drag on for months and months”.

Limited Contact with Angie

She confirmed that while she had a reasonable working knowledge of Angie’s care history gleaned from the file she did not have a direct relationship with Angie herself. She added that she derived her information in regards to Angie’s progress or difficulties from her caregiver. She confirmed that the lack of relationship with the children typically arose from time constraints as “it takes time to build up a relationship with a kid, particularly the ones that are so damaged with what we’re doing. Yeah, its just not having enough time to go and spend with them”.

She added that the rapidity of staff turnover also cut across the ability to develop relationships with children in care¹⁷ and confirmed that Angie had experienced several changes in social worker over her care journey. She believed the constancy of this change was disruptive as “they need to feel safe with someone before they confide in them and I don’t think they feel safe enough to ask questions”. She further added that “the kids probably just take it for granted, the situation, and just deal with it themselves”.

¹⁷ Andrea exemplified the rapidity of staff turnover in reference to the risk assessment team she had been in, citing that “within six months the team could be changed, could be completely changed”.

Angie's Attachment Capacity: The Social Work View

Andrea indicated that Angie was an easy child to relate to, easier than her sister and thought this was because she was younger and therefore less oppositional. She too believed Angie's relational capacity was akin to a secure quality of attachment as informed by the attachment qualities flash card (see Appendix 8).

On Caregiver Assessment

In relation to her responsibility to undertake caregiver assessments Andrea reported that "I don't think there's any formal training about how to assess .. I mean .. it feels a bit like you're left to um, you've got a sheet of paper and you follow through and ask questions about all sorts of topics ranging from whether a child's going to sleep to how to even discipline the child and access arrangements and stuff like that, but I think like it feels very much to me like you're left to make your own decision about how it is when you walk into that home and how they related to you and stuff". Andrea went on to add "there's very little guidelines on what is acceptable and what's not and that's quite scary for me".

Attachment: The Construct In Practice

Andrea indicated that she did not have an extensive knowledge about attachment and its contribution to a child's development, but added she could see differences in "children who have had very disruptive, chaotic, abusive infancies, to children that don't there is a difference, I just can't describe it". She confirmed that while she knew consistency was important in a child's care she was not sure how attachment was relevant to a child's placement or how assessing for it would assist in placement decisions. Andrea further conveyed that she did not believe this topic featured strongly in training and cited recent attendance at a series of workshops about children in care asserting that "attachment wasn't significant, ...it

doesn't stick out in my mind". Andrea's responses to the caregiving dyad, Anna and Angie, would suggest that permanency planning of the sort outlined in literature is given low priority by CYPFA. I make this observation in relation to several factors,

1. That continuity in social work contact was implemented only after Anna had threatened to withdraw her service as a caregiver.
2. That the child was left largely to find her own placement.
3. That caregiver assessment and training occurred several weeks after placement.
4. That Andrea expressed concerns about competency in this field of work due to lack of formal training in permanency planning practices.
5. That Andrea did not have a direct working relationship with Angie.
6. That the primary social work role, as reflected in Andrea's view of the task and Anna's experience of it, was largely one of service brokerage.

These findings conflict with best practice principles set down for permanency planning which identify the need for,

1. Pre-placement assessment, preparation and training of caregivers prior to placement of the child.
2. Continuity of social work contact for post placement support.
3. A direct working relationship between the child placed and social worker in order to facilitate relationship formation between caregiver and child in addition to bridging contact between all parties to the caregiving relationship: Agency, caregiver, child and family of origin (Thoburn, 1997; 1989; McAuley, 1996; Triseliotis, Sellick & Short, 1995; Fein & Maluccio, 1992; Katz, 1990; Rowe, 1989; Maluccio & Fein, 1983).

The above findings share some similarities with the social work response arising out of Cane's case study. One such similarity is the ad hoc social work response to children's long term care needs until the development of a precipitating crisis. I

use the term 'precipitating crisis' to refer to a crisis for the organisation in contrast to a crisis pre-empted by the expressed need of the child. I mean by this that the child's 'best interests', in this case for permanency planning, are unlikely to be addressed until NZCYPFA is motivated to act to avert further tarnishing of its public image, or in Angie's case the potential loss of a placement as threatened by Anna in frustration at the lack of social work support for the placement. I turn now to summarising Angie's case data.

SUMMARY OF ANGIE'S DATA

Angie has been known to NZCYPFA since her birth as a result of child abuse, neglect and maternal abandonment. She and her siblings have been recurrently notified to NZCYPFA throughout their collective childhoods. Fortuitously and thankfully Angie's growth and development has been buffered by a number of resiliency factors in her personal history. Despite these factors her perceptions about forming or being in relationships with others are suggestive of relational insecurity (albeit, on the cusp of transformation to relational security), and more particularly of characteristics congruent with an insecure-ambivalent relational pattern. Compulsive caregiving is the behavioural strategy typically associated with this relational pattern (see earlier this case study and also chapter two of this thesis). The relational expectancies attendant to this strategy translates to the injunction 'my needs are less important than others'.

Unfortunately this interpersonal injunction appears to be equally reinforced by the care system which, in accordance with the case studies presented thus far, would suggest that children's permanency needs are not likely to be appropriately served until some incentive other than the expressed needs of children motivates the organisation to act (see also Cheyne, O'Brien & Belgrave, 1998). The motivational forces associated with organisational action so far presented in the case studies have included political action and caregiver frustration. Critical to

both these motivational forces is the role of advocacy. This role is typically fundamental to social work practice yet strangely it appears that in the very context it should be at its most powerful it fails to exist.

This finding adds weight to Christie's thesis (see Cane's case study) that permanency planning is indeed an area that CYPFA is "failing in". I would add here this perception is consistent with Cheyne, O'Brien and Belgrave's (1998) observation in regards to the shift in social work practice as a result of the philosophical change heralded by the Children, Young Persons And Their Families Act 1989 for intervening in the lives of maltreating and/or neglectful families. This change directed a much circumscribed form of intervention in the lives of these families, one which emphasises a minimalist state role. Whilst there are some sound cultural and political arguments for this position (for elaboration on these see Cheyne, O'Brien & Belgrave, 1998). I would contest, in light of the two case studies presented thus far, that this minimalist position has led to the institutionalisation of poor outcomes for children who require decisive state based intervention to address their needs for long term care and protection. I turn now to present the last case study involved in this thesis.

BYRON'S RELATIONAL STORY

- Year 1:** Year of Byron's Birth.¹
- Year 2:** Byron's half brothers are discharged from CYPs care following long term placement. These boys were taken into care during infancy and toddlerhood as a result of child abuse and neglect perpetrated by their mother and father prior to his (father's) death a decade earlier.
- Byron's mother and brothers reside with Maternal Grandmother for support and monitoring.
 - Maternal Grandmother dies in this same year.
- Year 3:** CYPs receives three notifications in regards to child abuse and neglect. The notification text is reminiscent of the care issues that brought Byron's brothers into long term care. Children continue in mother's care.
- Year 4:** Mother forms new relationship and relocates to new locality.

¹ I remind the reader here that the analysis in Byron's case study is less comprehensive than Cane's for the similar reasons outlined in Angie's case study, namely that file documentation was not as voluminous and additionally because Byron is the youngest child in this sample (therefore does not have as much information generated about him). For these reasons the analysis undertaken has largely been informed by the data gathered during the course of the research interviews with himself, brother, caregivers and social worker.

Year 5 -7 CYPFA receives seven further notifications relating to child abuse and neglect. The children are eventually uplifted by warrant in year seven and placed in the care of Byron's brothers' original long-term caregivers.

Year 8: Byron moves within extended family of principal caregiver due to health problems of caregiver.

- Byron meets his biological father for the first time.

Year 9: Byron continues in current placement and is making sound progress.

- Contact with mother is limited due to her constant geographical relocation.

Generic Care Facts

- Byron has had a minimum of seven social workers since coming to the notice of the care system.
- His journey to permanency has occurred over a period of eight years.

KEY ISSUES

Family Context & Composition

Byron is the youngest in a family of three boys. His two older siblings being half

brothers, the latter of whom had been placed in long term care from the ages of twelve months and two and a half years because of a substantial history of child abuse and neglect. The boys were subsequently returned home some six and half years later in relation to the social work position of upholding the principles of the then new Children, Young Persons and Their Families Act, 1989.

Bart,² Byron's oldest brother, recalled that in the first year of their return home life ran smoothly due to the in-house support and care provided by their maternal grandmother. He added that his grandmother's death at the conclusion of that year heralded a rapid decline in the subsequent care of all three children. He averred that "mum started getting up to her old habits again smoking drugs and on the piss every day and heaps and heaps of weirdo's came around".

Bart contended this period of decline was also accompanied by several geographical relocations subjecting the boys to multiple changes in schools and differing alternative caregivers.³ He asserted this situation led to "us kids needing to look after ourselves, you know just going out places and stuff like that". He added that this situation led to Byron not "being cared for really". He also indicated that when their mother was at her worst they would be subjected to harsh physical violence. He added that despite this he knew that Byron "loves Mum, I think he just saw all of this as tough love really".

Bart, upon reflecting on our discussion said "I don't think it was a very good decision of the social workers to send us back in the first place, they should never, ever have done it they should of left us in Briar's care it would have been a hell of a lot better". Bart's story of life following return to family care supports Christie's⁴

² I remind the reader that Bart was included in the study following a request forwarded by him through Byron's caregivers. The protocol involved in his inclusion was previously detailed in chapter four of this thesis.

³ Bart indicated that while Byron had not been the subject of CYPFA placement until year six he had been left in the care of varying friends of his mother for intermittent periods of time when "she was on the bash".

⁴ I remind the reader here that Christie, social worker of Cane, had reported that social work practice in relation to taking children in to care had altered substantially with the inception of the

earlier expressed view that social workers did indeed interpret the 1989 Act in a way that positioned the rights of the family above any consideration for the child's welfare.

Bart's view is supported by a psychological report undertaken at the time he and his brothers were returned to care. This report identified that social workers had entered several family preservation agreements with the children's mother over an extensive period of time. Despite this the report identifies that the children confirmed they had been subjected to pervasive maltreatment throughout the period of work undertaken which included, physical abuse, neglect by way of malnourishment, consistent failure in parental supervision, being subjected to regular periods of verbal abuse and to the concomitant emotional abuse such as is typically attendant to the caregiving environment suggested here. This finding is alarming because it would suggest that social workers failed to discriminate between the political ethos allied to the suggested interpretation of the 1989 Act, that is, its cheaper for children to be maintained in abusive families than it is to provide out of home care, and the need to base their decisions on conceptually sound clinical assessments of the caregiving environment. I aver the analysis made here has potency on several grounds:

1. Byron's brothers had been the recipients of long term care for a period of approximately six and a half years before being returned home.⁵
2. The decision for long term care had been occasioned by a substantial abuse history.

1989 Act and led to social workers placing children's care and protection needs secondary to returning them to their families (see Cane's relational story this chapter in the section on Key Issues to review this finding). I also refer the reader back to discussion in Angie's case history in relation to the paradigmatic shift in social work practice attendant to the implementation of 1989 Act (see also Cheyne, O'Brien & Belgrave, 1998).

⁵ I emphasise here that the boys return home was associated with the philosophical change attendant to the 1989 Act as when originally placed the boy's caregivers had been informed by social work staff that the placement was to be permanent and over time would conclude in adoption. The point I make is that the boys were not returned home because of placement breakdown.

3. That following their return home CYPFA began receiving notifications only weeks after their grandmother's death and these were reminiscent of the earlier notifications for the older boys.
4. Grandmother's presence was a transient buffer in an otherwise maltreating and neglectful environment.
5. That while CYPFA registered concerns for the children, decisive action was not executed until almost six years after receipt of the initial notifications delineating the ongoing presence of care and protection concerns.

My point here is that these factors may have been interpreted differently if social workers had been steeped in and drawn on a conceptual framework⁶ premised upon a clinical knowledge base, instead of anchoring practice decisions upon what appears to be a politically favoured interpretation of the 1989 Act. My reference to a 'politically favoured interpretation' derives support from an unexpected but obvious measure of the degree to which political influence affects social work practice and that is in social workers limited use of s. 14. (i) Of the 1989 Children, Young Persons and Their Families Act.⁷ None of the children sampled for this research, or subsequently included in it bore this notification at any time over the course of CYPFA's intervention. This would suggest that social workers rarely consider long term care as an appropriate option when in fact it may be a legitimate choice as demonstrated by the case studies presented in this research.

Hence children's need for long term care is effectively being ignored as a result of

⁶ The conceptual framework I refer to here include a transactional-ecological model of maltreatment. In addition to attachment theoretic principles. These conceptual frameworks have previously been set out in chapter three of this thesis.

⁷ S.14. (i) of the 1989 Act is one of the grounds for delineating the type of care and protection concerns held for the child or children notified to CYPFA. This section details that a child, children or young person is in need of care and protection because the ability of the child or young person to form a significant psychological attachment to the person or persons having the care of the child or young person is being, or is likely to be, seriously impaired.

the philosophical influence of the 1989 Act and its interpretation in practice.⁸ I turn now to reviewing Byron's responses to the research activities undertaken with him over the course of the research interviews.

MEETING & WORKING WITH BYRON

Indications of Avoidance

Byron was an engaging child to interview, bright, questioning and curious in addition to possessing a wry sense of humour. I enjoyed working with him immensely. These attributes aside he was also noticeably activity focused.⁹ This quality was thematic throughout the time I worked with him and consonant with attachment theory, as detailed in Cane's case profile, this balance of focus has been found to be indicative of an avoidant relational pattern (Oppenheim & Waters, 1995; Cassidy & Kobak, 1988; Cassidy, 1988; Main, Kaplan & Cassidy, 1985). Yet on the other hand he capably demonstrated an understanding of the feeling faces used in the study and related these to similar affective experiences in his own life. This is exemplified in his metaphorical description of the angry face as a "volcano trying to erupt". The face which attracted his considered thought was the scary face a feeling he said he recalled at the time he was taken into care "I had to go away, go somewhere else and I thought, I thought it'd be scary". He identified that in the end it wasn't scary but he "felt sad". He added that he knew his mum felt sad at the time too because she was "crying when I was taken away".

⁸ My own practice experience speaks to this influence. I recall being involved in a child protection investigation that resonates with much of the case material presented in this research. It was clear, following a substantial period of investigation, in relation to the case I speak of here, that the child concerned required a service intervention consistent with S. 14(i) of the 1989 Act. On advancing this position to the team supervisor I was unambiguously informed that this was not the way of NZCYPFA and nor were there resources to cater for such an intervention.

⁹ I remind the reader that this presentation is strongly associated with the insecure attachment classifications particularly type 'A' and 'D' (to review this characteristic see chapter two of this thesis).

Separation From Family: Byron's View

Byron's responses to discussion about family life reflected a capacity for emotionally open communication such as is indicative in the narratives of securely attached children (see chapter three of this thesis). He largely displayed this knowledge through the use of third person responses commencing with the squiggle game.¹⁰ He narrated how important his family was to him through this medium and how he had felt "robbed" by the process of being separated from them. His story starts "My story is about a boy who is holding his little brothers hand and how he's proud of himself and the big boy is asking his brother if he wants to go down to the dairy".¹¹

Picking Reality From Fantasy

Byron's later interviews, and those undertaken with his oldest brother and caregivers tell how Byron was frequently left alone in the care of his older brothers while their mother was 'partying' and how during this time they would take Byron into town with them to keep an eye on him. His story told at length how important his older brothers were to him. He emphasised this by telling how this big brother was the "bestest" person in the little boy's world. I noted that Byron only introduced parental figures into his story after I had asked him if there were other people in the boy's world, upon which he said "that's gonna be easy, the mother and father".

¹⁰ See chapter four of this thesis to review the process and purpose of squiggle game. See also Appendix 5.

¹¹ This story details the emotional proximity that Byron felt toward his older sibling (Bart) and is a consistent theme over the course of the interviews undertaken with him. This relational connection points to the importance of sibling attachment and its protective agency in the maltreating context. I make this statement in the knowledge that Bart had previously told me that he regularly looked out for Byron (meaning he took care of him) whilst they were still in their mothers care. Bernadette and Briar also attested to the presence of this relationship.

Determining Relational Expectancies From Story Telling

Interestingly the discussion that followed about these figures was brief, non-elaborative and did not include the positive emotional tone associated with his dialogue about the little boy's brothers. Furthermore these figures were characterised as play mates who occasionally played games with the little boy as opposed to offering any form of care. These responses are reflective of attachment theory's conceptualisation on the narrative themes frequently associated with children displaying an avoidant quality of attachment (see chapter two and four of this thesis).

Where Do I Belong: An Experience of Loss & Rejection

Byron followed this story with a drawing of a boat which he explained was "sailing over the seven seas trying to find the treasure, and then he saw a pirate ship and he's robbing and he's kidnapping the child to take on the boat". Byron earnestly conveyed that the child had to decide if "he will be a pirate and if he doesn't he'll try and escape". He indicated that if the boy escaped he would return home but guessed the mother and father would "still be asleep" on his return and would not know that he had gone. The story's dilemma also bore an uncanny resemblance to the struggle confronting Byron, during the fieldwork for this study, about which caregiver he would prefer to stay with permanently.¹² His caregivers had left Byron to make this decision following improvement in Briar's health. The boy in the story appeared to be faced with a similar struggle. His options were to join the pirates or escape and return home.

¹² The reader is referred back to Byron's bullet-point history, which identifies that Byron was subject to a placement shift due to his caregiver's ill health. The plan was for Byron to return to his principal caregiver on her recovery. However, the decision to return or not had been left for Byron to decide.

Themes of an Avoidant Quality of Attachment

Attachment theory's work on children's narratives suggests that dismissive representations of parental figures are indicative of an avoidant quality of attachment (see chapter two of this thesis). This is exemplified here in Byron's description of the parental figures being physically and emotionally unavailable to the boy in the story.¹³ His sense of being 'robbed' and 'kidnapped' may also speak to the possible sadness and loss he has experienced following separation from his parent figure. Additionally, his comments about return home may reflect yearning for his lost parent. These issues will be commented on further in the section concentrating on direct work with children. I turn now to reviewing Byron's sandplay.

SANDPLAY

The struggling theme, mentioned above, was also evidenced in Byron's sandtrays, where old lands were left, new Islands were made, opposing forces from the new and old lands slugged it out sometimes finding a common path to sharing the treasure and at other times the treasure was buried deeply hidden from view of the powerful who might alternatively destroy or rob the treasure provided by this land.¹⁴

¹³ The reader is informed that this reflection has been made in the light of Byron's interview, that of his brother, caregivers and file data. I have followed Bretherton's (1993) cue, as previously detailed, in divesting reality from fantasy. This activity is supported by a long tradition of understanding children's perceptions about their lives through the medium of therapeutic story telling (Gardner, 1971; Dundas, 1990; MacIntyre & Donovan, 1990).

¹⁴ See Figure to view Byron's sandtrays. The sandtray as described in chapter four of this thesis was used for the sole purpose of emotional release and containment following the work undertaken with the children. It is not my intention here to provide a detailed analysis or interpretation of the symbolic nature of these trays. This, in fact, would be a thesis in its own right (Grubb, 1994).

Frequently amidst the battling¹⁵ he would make statements in regard to his chosen symbol figures revealing his deep sense of empathy toward them “gee, I feel sorry for this guy he’s not in very good health”.¹⁶

The other theme evident throughout all but his last sandtray were representations of mother-child unity, which were characterised by the mother and baby lion.¹⁷ These figures were constantly either placed at distance from each other or gaze averted from each other. Their presence is reflective of Byron’s pain and hope for receiving nurture from caregiving figures. This is nowhere better articulated than in his narrative about this pairing “Well, the mother and baby, they feel very sad for each other. The mother always, if anybody tries to attack the baby lion when it’s nursing or asleep the mother lion, cause the gods allow the mother lion, all the men are the gods, allow the mother lion to jump over and attack the person who is attacking the baby”.

A Case For Working Directly With The Child

Webb (1991) and Steinhauer (1991) report that themes such as the one’s reported here are typical in the play of children taken into care. Fahlberg (1994; 1991) asserts that it is the presence of themes such as these that social workers need to address through direct work with the child in order to help them integrate the traumas they have experienced.

¹⁵ Sandplay theory avers that battling is one stage amidst a number of developmental phases represented by children in the sandtray. Typically this stage is thought to be ascendant in early preadolescence (Bradway & McCoard, 1997; Mitchell & Friedman, 1994; Kalff, 1980; Weinrib, 1983).

¹⁶ It is to be noted that Byron made many references about the health of varying figures over the course of his sandplay. Their presence may have been linked to his concern about his original caregiver’s health. The reader is reminded that his move from her had come about because of ill health.

¹⁷ The symbolism of mother-child unity is derived from Jungian psychology and when constellated in the sandtray is believed to be reflective of impairments in the sandplayers primary attachment relationship (Young-Eisendrath & Dawson, 1997; Bradford & McCoard, 1997; Klaff, 1980).

Attachment theorists hold a similar position, advocating that therapeutic work with traumatised children assists them in processing emotionally painful events. This in turn is thought to reduce the need for defensive processing and thereby to supporting the child to develop greater emotional coherence, the latter being essential to the reorganisation of an individual's internal working model (Cicchetti & Toth, 1995a; 1995b; Bretherton, 1993; Bowlby, 1988).

Family History Recalled: A Mixed Picture

Byron, like Angela, was able to provide a well-memorised overview of his experiences of family life. He was assisted in the task of storying this history through the use of family doll play, the life journey map and completing a family drawing.¹⁸ Like Cane, Byron responded to the invitation of doing a family drawing by endeavouring to elicit my view as to which family to draw. On being left to make the decision himself he engaged in a momentary struggle, as reflected by externalised self talk: "oh which one, which one?" before eventually settling on drawing his family of origin. This response may be indicative of his confusion about where he belonged and congruent with the lack of resolution about this matter as evidenced in his narrative associated with the squiggle game.

Byron's narrative about family life was frequently accompanied by notable discrepancies. On the one hand relationships with mother were described as being emotionally close and supportive and the other identifying that mother wasn't too good at looking after kids because of "drinking ... fighting, smoking and not being able to pay her bills". He later clarified that not paying the bills meant he and his brothers went without food and sometimes stole to satisfy their hunger.

The Tug of Loyalty

He was quick to point out although his "Mum didn't always look after me she did

¹⁸ I am unable to append these Artifacts for reasons of confidentiality and anonymity.

get us into school and stand up for us and stuff". As discussion about family life continued Byron out of the blue said "she's alive you know" on seeking clarification he said "my mother, she's still alive but lives far away". He then added he had "a memory of his mother". On clarifying this further the memory referred to was a photograph. It was unclear to me whether Byron had thought I believed his mother was dead or whether the discussion undertaken had left him with a feeling of unexpected bereftness.

The Ultimate Trauma of Childhood: Parental Loss

Byron possessed a clear and detailed memory of his removal from his mother's care and elaborated on this experience without prompt. He confirmed feeling scared and sad at the thought of having to leave his mother but subsequently found that when he arrived at Briar's it wasn't as bad as he thought it would be. I turn now to presenting Byron's responses to the separation and reunion pictures.

SEPARATION & REUNION PICTURES

Byron's responses to the separation and reunion pictures recurrently demonstrated his belief that parental figures could not be trusted to respond to their dependants' emotional needs for love and security. This belief was characterised by repeated examples of the pictured dependants having to resolve these needs themselves. These beliefs are illustrated below.

Picture Set of Sammie The Lamb

This is exemplified in his responses to the picture set of Sammie the lamb. He acknowledged affective elements typical to the separation experience such as "being lonely, sad and heartbroken" that the mother had left Sammie because "she wanted to put on a test on to see if he was good at looking after himself".

Byron added that this made Sammie "mad" and he thought that "oh right if she wants to do that to me I'll do that to her ... by turning my back when she came back and I'd just walk away".

Picture Set of Infant Chrissie

This theme was represented again in the picture set of infant Chrissie. He identified that Chrissie would feel "lonely" and would have wanted "somebody to come". His view that this care would not be forthcoming was demonstrated in his decision to "find a screwdriver or something and I would just undo the cot and I would put cushions on the ground before I jumped out of the bed". Moreover he believed the parents would have thought, on hearing Chrissie crying, "oh shut uuup I want to go back to sleep". He then reported "they, man nobody is going to come I might as well get up myself and go and find them".

Picture Set of Mr & Mrs Green

Byron's narratives in relation to the Green picture set reflected a mix of emotionally congruent and bizarre responses such as: The Greens being "pleased" to see the police officer but asking for the "children not to be taken away", being "angry" at seeing the social worker and the children "wanting to run out and stop" the adults talking, moving to the Greens "selling knives to their kids because they were trying to be a nice father and mother".

Picture Set of Parent:Child Reunion

Byron's responses to the social worker taking the children away included the kids "feeling homesick ... and struggling to go back to their mum". He added that the kids would have thought "oh come on I want to go back to my mum". In relation to the reunion scene he reported the kids would be "happy" and the parents would have felt "proud" to see their kids again. Additionally, the parents and kids would

“try to blackmail somebody to come back to their family without the social worker knowing”. He affirmed that most parents tried “blackmail”.

Byron’s Reunion Responses To Contact With Mother

Byron’s use of this relational style is also supported by examples of reunion behaviour given during interviews with his caregivers in relation to rare contacts between Byron and his mother. Bernadette reported that Byron had been living with her when mother arrived for a visit. She entered the lounge room, where Byron had been playing on the computer. Byron, without looking up, said “hello Mum and I mean she hadn’t seen him for months and it was very embarrassing, she had to, Mum had to pick him up bodily and take him off because the computer was much more important”. Briar added “and there was one night she rang him up at my place and he was too busy watching a video, I handed him the phone and he says yeah, ok Mum yeah, oh right I’ve got to go now I’m watching a video”.

These responses are characteristic of the unexpressed anger inherent in this relational pattern (Main, 1995; Crittenden, 1994; 1992a; Main, 1991; Crittenden & Ainsworth, 1989; Cassidy, 1988; Cassidy & Kobak, 1988). Byron, himself, demonstrated the intensity with which he experienced anger over parental dismissiveness in the revenge strategy articulated in relation to the picture set of Sammie the Lamb.

Briar demonstrated her understanding about the function anger played in Byron’s reaction to his mother saying “ I think he’s angry at his Mum in his own mind. I think he loves his Mum but he’s quite upset with what’s she’s done. You know at a child’s level he quite, oh I wish Mum would you know make her mind up and do the thing that she wants to do”.¹⁹ The discussion below summarises the data gathered for Byron thus far.

DATA SUMMARY FOR BYRON

Taken together Byron's responses to the research tools present a mixed picture in relation to his attachment organisation. Portions of his sandtray narrative evidenced a hope and desire for nurturance from caregiving figures. These responses differ from other parts of his narrative, which may suggest that he is beginning to experience some reorganisation in regard to his previously held expectancies about relationships with others. Yet his responses to the separation and reunion pictures reflect a strong quality of compulsive self-reliance. This attachment strategy is known to be associated with an avoidant style of relating to others (Crittenden, 1994; 1992a). The 'state of flux' evident in his stories about relationships may have been further contributed to by the placement decision confronting him at the time the research was undertaken.²⁰ Despite these factors the recurrent emotional tone presented throughout his narrative was reflective of a dismissive theme.

This attachment strategy has implications for placement as avoidantly attached children have typically learned to use an array of disarming tactics to get their relational needs met while ensuring their survival.²¹ These strategies while being adaptive in the child's family of origin are likely to be maladaptive in placement. The caregiver of such a child is likely to be met with a range of emotionally distancing behaviours, in addition to other difficulties arising from their maltreatment. These experiences may conflict with the caregiver's expectation and desire for a reciprocally responsive relationship with the child; in turn this

¹⁹ Briar indicated that she meant that Byron hoped she would do the things prescribed by CYPFA in order to regain her son's custody.

²⁰ I speak to this placement decision in the caregivers section. However suffice it to say here that Byron had been shifted within his caregivers extended family due to the caregivers health problems. Byron was to be returned to her care on her recovery but over the course of his interim placement questions arose about the likelihood of return to his original caregiver.

²¹ I have previously discussed the mechanics and function of attachment strategies associated with insecure patterns of attachment in chapters two and three of this thesis. Additionally I have detailed its operand fully in Cane's relational story. The reader may wish to review these strategies by returning to this earlier discussion.

outcome may lead to placement failure.

Thoburn (1997) advocates that this is the very reason that social workers should spend dedicated time in selecting, recruiting, assessing and preparing foster parents for their task of providing a secure base for children of varying relational patterns. She further asserts that getting the match right is a critical contributory to placement security. Attachment theory provides the conceptual framework for assessing the likely attunement between a particular child and caregiver. The next section reviews Byron's caregivers contribution to this relationship.

THE CAREGIVING ENVIRONMENT

Byron, as shown in his bullet point history, was placed with Briar following warrant action. Briar had originally been the permanent caregiver of Byron's older brothers prior to their return to mother's care in the early nineties, and as a result of this caregiving relationship Briar possessed substantial knowledge about Byron's history and family context.

Byron remained with Briar for a period of approximately two years moving to Bernadette's care following a serious health problem of Briar's. Briar reported that it was always the intention for Byron to be returned to her care following recovery of her health but this had taken longer than expected and she, alongside other family members, was concerned that her recovery would be further impeded if she was subject to Byron's intermittent outbursts of aggression. Byron himself had expressed ambivalence about returning to Briar. In part this seemed to be related to his increasing connectedness to Bernadette and family, in addition to the ease of contact this placement afforded him with his own brothers one of whom resided with Bernadette while the other resided independent of Bernadette but in close geographical proximity to her.

CAREGIVER RESPONSES TO THE ADAPTED AAI

Placement Change: Redundancy of the Adapted AAI

I had originally completed the adapted AAI on Briar as in my initial contact with the caregivers each conveyed the intention that Byron was returning to Briar's care within a matter of weeks. However at the conclusion of the fieldwork they reported that Byron would be remaining in Bernadette's care.²² Bernadette had provided a substantial personal history in regards to her family of origin and its impact over her life as she matured. I have used this information to draw inferences about her relational style.

Bernadette's Motivation for Caregiving

Bernadette's communication about her early life history possessed all the hallmarks associated with emotional coherence (refer chapter four of this thesis). She herself had been a child raised in care from early preadolescence following the dissolution of her parent's marriage. She reflected on the pain and grief she had experienced following this separation and loss. The quality, quantity and tone of communication about this loss indicated that although it had been a powerful shaping force in her personal history this experience had been integrated into her sense of self. She indicated that she believed this experience informed her understanding about how children feel when they are taken into care. This was evidenced many times over by the examples given of the way she sensitively attuned and decoded Byron's emotional needs.

²² I am unsure whether the decision made here was contributed to in any way by the thesis fieldwork. The decision did not appear to have created acrimony between mother and daughter both of who independently informed me that it had beneficial gains for Byron. This decision had been confirmed with Byron prior to our last meeting together and I noted with interest the peaceable scene depicted in his final sandtray and the noted absence of battling between forces of opposing power.

CHILD & CAREGIVER RELATIONSHIP

Attuning to the Child: "I'm Feeling Depressed"

Bernadette relayed an incident between herself and Byron following the arrival of another child in her home for short-term placement. She indicated that she had noted Byron was quieter than usual and believed that it was associated with the arrival of this new child. In detailing this incident she started "well, Byron is a very special little boy and he knows he's a very special little boy. You've got to give all of them a little bit of time. He came up to me when M had just arrived, another social welfare placement, and he says I'm feeling a bit depressed and I said are you Byron, what's the matter?, he replied 'well I think I miss my Mum', so we had this conversation about Mum". Bernadette went on to talk about the importance of recognising his feelings, listening to them and reaffirming that no matter what he belonged in this family now.

Bernadette's ability to contain, attend and be emotionally available to Byron as evidenced above supports the earlier contention that she herself had both resolved and integrated her own experiences of early parental abandonment. Additionally this example speaks to her capacity for secure attachment. Furthermore Bernadette's own early life experiences and placement in preadolescence may have been a contributing factor in setting the stage for the development of a positive transference relationship with Byron.²³ Byron's eighth birthday celebration demonstrates the constellation of a heart to heart relationship between child and caregiver.

Bernadette reported that "Briar hadn't been too well so I said oh well bring him

²³ The nature of the transference relationship being a marker for placement security as garnered from caregiver responses to the adapted AAI has previously been raised in the case studies already given. The discussion here demonstrates this connection between Byron and Bernadette.

over here and we'll give him a party, well now an eight year old boy it wasn't a big party it was just all of us and we had a barbeque and a cake and that and he got a few presents and one thing and another and it was sad, he came up to me and gave me a big cuddle and said thank you N²⁴ that was real neat and there was no beer, it was just for me". Bernadette went on to explain that every party Byron had been exposed to while in his mother's care involved beer and drugs. She further said " it was a case of Mum comes first regardless and it's sad, it's very sad, every child needs love and discipline and no matter which one you take away you're in trouble, it's got to be evenly distributed". This appeared to be a defining moment in Bernadette's sense of connectedness to Byron and one that Byron shared as he too had mentioned this same party as being a significant memory in joining this family.

Assessment & Training

Bernadette indicated that she had been a foster parent for years and could not remember any form of official assessment. Her foster care file however indicated that she and her husband had been the subject of a foster care assessment at the outset of 1998. It is unclear why this assessment had been undertaken at this time as it appeared that Byron and his brother had already transferred to Bernadette's care. The discrepancy between file documentation and Bernadette's lack of recall of this process may suggest a gap in memory or alternatively may indicate that the social worker had not made it clear that she was undertaking an assessment. Should the latter be true this would suggest that the process of assessment had been undertaken for perfunctory means to satisfy bureaucratic criteria as opposed to assisting in determining the best placement for the child. Such an action, as indicated by previously cited foster care literature, flies in the face of sound practice (Thoburn, 1997; Triseliotis, Sellick & Short, 1995; Fein & Maluccio, 1992; Terpstra, 1987).

²⁴ The letter here refers to the term of reference used by Byron in respect of his relationship with

Caregiver Views on the Social Work Role

Briar and Bernadette reported a vast change in their experience of social work competency, continuity and accessibility since the implementation of the Children's, Young Persons & Their Families Act, 1989. They referenced Byron as being a good example stating that they had not been visited by his social worker for about a year. Yet in earlier times social workers put "in more time and they responded like within 24 hours ...you could ring them and know that they would be there by the end of the day". Bernadette agreed saying "whereas now you go from one bloody answerphone to the other".

Bernadette further added that she believed that the new Act was more about saving money than ensuring the best interests of children and cited a situation where she had been phoned by a CYFPA office requesting her to take guardianship of a young person she had cared for on a short term basis. She pointed to the fact that there was no assessment in regards to this situation just a request and expectation that she would do the job. Bernadette averred this child "won't just be a one off, I think this is happening all the time they're just passing the buck .. it all boils down to money doesn't it, they don't care about the kids, they don't care about the parents, it's money it's like oh well you know they're out of our hair we don't have to pay for them anymore". Briar followed this up with her own experience of social workers reversing the permanency arrangement entered into with Byron's brothers.

She reported that the social workers came and told her that the boys had to go back to their family as a result of the change in the law. She said "they vowed and declared that no this is the best thing for the children and they should go back to their family". This practice indicates that statute was the primary influence guiding the social work decision made with little if any reference to the professional implications for attachment.

Both women pointed out that within a year of return home the pattern of child

abuse and neglect that had been the original catalyst for bringing the children into care had re-emerged. Bernadette, on reflecting on this outcome said "the children are becoming the cost, this is our next generation they've got to be taken care of and not always in the family. It doesn't always work". When asked what the current permanency plan for Byron was both women indicated they had no idea, that "there was nothing concrete....there was no goal set at the last meeting". Bernadette confirmed that she did not know "if it's definite long term or what, I don't know". Briar was insistent on this point too, saying, "as far as we know there is no goal for permanency". She added "we would like to know".

The Caregivers: A Final Comment

Bernadette and Briar's interview data show that they have largely been left unsupported by CYPFA in their caregiving role for Byron. This is strongly supported by the social work data gathered for this case study. This information is presented at the conclusion of this summary. From an attachment theoretic perspective both Bernadette and Briar evidence a strong sense of connection to Byron, although I note here that Briar had informed me that while she felt connected to Byron the quality of this bond in her view was different from the one she experienced in relation to his older brothers.

Briar put this down to three factors, the age of the children when they were first placed in her care, the length of time they had been in her care prior to return home and finally that she had been led to believe by CYPFA that she was going to raise these children to independence. She intimated that she had felt cautious about Byron's placement as she knew from past experience that he could be taken out of her care at any time. Briar's account given here exemplifies the sequelae attendant to the rupturing of an attachment bond, namely ambivalence and anger (Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969; 1961). Her anger was evidenced in reference to the thought Byron may be returned to family. This drew a unified response from both caregivers that CYPFA would be dealing with a "fight".

This is a significant finding as it demonstrates the damage wrought by poor practice, that is social workers attending to political will over reliance on professional knowledge. The latter is of particular import to this case given the destructive outcomes it has had for both caregiver(s) and children. More alarmingly it appears that the caregivers, at the time of the research interviews, remained unclear about Byron's long term care status. I imagined if this was both unclear and concerning to them, it must be equally so for Byron. I turn now to review the social work response to this case, but before doing so give Byron's view on the social work relationship.

BYRON'S EXPERIENCE OF SOCIAL WORKERS

I was intrigued by Byron's response to the social work role as his only statement about what they should be doing was to "find children". This statement was in the context of his own experience of warrant action whereby social workers, typically, with police assistance look to seize and uplift the child from their family of origin for safety reasons. Byron had earlier told me that he had hid when the police and social workers came to get him. I inferred from this limited transaction about social workers that Byron had probably had limited contact with them. This was, in fact, confirmed by the social work response below.

THE SOCIAL WORK INTERVENTION

Bruce confirmed that he had inherited Byron's case from a departing social worker and knew little about the case aside from some limited file reading and information he had gleaned through phone contacts with Briar and Bernadette. At the time of interview Bruce had held casework responsibility of this case for approximately twelve months but had only recently met Byron for the first time at a planning meeting. Bruce believed through what he had heard about Byron and his only

experience in meeting him that he was probably a securely attached child.²⁵

Bruce averred that this lack of contact with children in care was not unusual because “20% of our caseload we put 80% of our energy into and 80% we put to risk”. He believed that this paucity in work quality resulted from high caseloads, limited resources and having to respond to increasingly complex cases. Additionally, he indicated that the work role was more focused on completion of administrative tasks as opposed to being people oriented in this regard he saw himself as only being “ a service broker, a referral agent”.

Bruce further indicated that while he knew that children requiring long term care needed both continuity in care and the opportunity to develop an alternative psychological tie to a caregiver he said “I get so caught up in the tasks, practical, the practice of admin and um objectives, outcomes and objectives, I tend to put those theories and things aside to deal with the pragmatic types of things”.

Assessment of Caregivers

Bruce reported that he couldn't recall receiving any training to assist him in assessing or working with caregivers saying “none off the top of my head. Training? ... haven't actually received any”. Nor was he aware of any organisational policy documents that acted to support this work. I turn now to the final summary of Byron's data set.

SUMMARY OF BYRON'S DATA

Byron's story, like that of the other children, is a sad reflection on social work practice and of the organisation that is charged to meet the long term care needs

²⁵ Bruce's attachment description given here was informed by the attachment qualities flash card formulated for this thesis. To review this card see Appendix 8.

of children such as Byron, Cane and Angie. It is clear from Byron's story that best practice principles long associated with permanency planning are simply not met. This conclusion is drawn in relation to the data gathered from the participant set involved in this case study, that is, social worker, caregivers and child. Taken together their data show that:

1. There was an absence of a direct working relationship between social worker and child. Yet the research work undertaken with Byron suggests that he has a host of relational issues that require attention.
2. There was an absence of post placement support from the social worker to the caregivers. This was evidenced by Bruce's acknowledgement that he had not seen Byron for the year he had been responsible for this case but had gleaned information about his functioning through phone contacts with the caregivers. During the course of this year Byron had changed schools and placement, had encountered his biological father for the first time since his birth, had been subjected to variable contact with his mother due to her itinerant life style, had been subjected to bullying in school and confronted by a permanent change in what was to be a temporary placement shift. His caregivers identified that these experiences took their toll on him as evidenced by his aggressive behavioural outbursts. Foster care literature identifies for reasons just like these that post placement support is critical and in the long term may prove pivotal to its ongoing stability (Thoburn, 1997; 1989; Triseliotis, Sellick & Short, 1995; Triseliotis, 1991; McFadden, 1984).
3. There was an absence of clarity in the permanency planning objectives for the caregivers in relation to the child. This is attested to by Bernadette and Briar's comment during the research interview in which they resolutely affirmed they had no idea whether Byron's placement with them was permanent. Yet he had been in the care of this family for more than a duration of two years and had been the subject of planning meetings since this placement.

4. There appears to have been some form of caregiver assessment undertaken by a social worker as evidenced by the information on Bernadette's NZCYPFA caregiver file. Yet Bernadette believed she had not been the subject of a social work caregiver assessment. This would suggest at the very least that the assessment undertaken was made without the caregivers informed consent.
5. There was a stated absence, by the social worker, of reliance on or use of any attachment theoretic knowledge base to support the permanency planning work undertaken due to a host of organisational constraints. Yet Bruce identified he was a member of a team dedicated to the practice of permanency planning, or rather planning for children in care.
6. There was a stated absence, by the social worker, of training or knowledge about standard permanency planning practices, such as caregiver assessment and preparation for placement. This was evidenced by Bruce's open and frank disclosure that he had not attended any form of permanency planning training because such training was not available, nor did he know of the policy documents or protocols that underpinned this work. Yet at the time of interview he had been a member of the permanency planning team for more than a year. This finding alone points to serious systemic inadequacies in addressing the needs of children requiring long term alternate care.

Philosophical Change: 'Permanency' a Movement Out of Favour

These outcomes unequivocally confirm, consistent with the case studies already given, the earlier contention advanced by Christie that NZCYPFA as an organisation is failing in its duty to address the permanency planning needs of children requiring this service. The recurrence of this failure as evidenced by each of the case studies presented in this thesis points to a systemic cause and not simply to poor practice by lack lustre professionals. The causal link in this practice shift appears to be related to the philosophical change attendant to the implementation of the New Zealand Children, Young Persons And Their Families

Act 1989.

The 1989 Act: A Shift in Responsibilities from State to Family

This legislation represented a significant shift in the role of the state in the life of maltreating families, principally by emphasising the centrality of family (the term family is used here in its widest sense) responsibility in supporting, protecting, and participating in making decisions about its young. The manifest outcome attendant to this philosophical shift was a marked reduction of state intervention in family life. Cheyne, O'Brien & Belgrave (1998) point out that this shift was of merit on many grounds, namely cultural, social, political and fiscal (see Cheyne, O'Brien & Belgrave, 1998, for an elaborated discussion on these contextual determinants and their influence on the development and subsequent enactment of the 1989 Act).

Political Correctness No Matter What The Cost

Whilst I acknowledge the import of each of the contextual influences given above and from a cultural perspective the very real difference this can have in the lives of children I would hotly contest that uncritical and universal application of this ideology²⁶ has potential to be directly harmful to those children who require cogent and decisive state intervention in their lives to ensure their well being and long term security. I refer here to that small group of children who need long term care services such as the children represented by the case studies in this thesis. The three case studies involved in this research, show that each of these children first came to notice of the care system in their infancy. These notifications were subsequently followed by many others for each child. The NZCYPFA interventions while varying for each child continued to pursue the path of family preservation. The case record for each child points out that during the course of these

²⁶ The ideology I refer to here is the paradigmatic shift from state to family care (see earlier discussion in this chapter).

interventions the children continued to be subject to maltreatment within the context of their families. This information was available to the practitioners at the time yet the decision for permanency was not effected until the children had attained the mean age of seven approximately.

Chapter two and three of this thesis has detailed the serious and significant effects that maltreatment has on a child's development and also to the effect this has on their ability to relate to others. It appears, in light of the children's care journey, that these knowledge bases were not instrumental in shaping the casework decisions implemented. The predominant influence instead, as reflected by the casework decisions made, was consistent reliance on family reunification. This points to an apparent 'uncritical and universal' application of a practice ideology that had little to do with serving the 'best interests of the child' and more to serving the politically correct tenets of the 1989 Act. Moreover, this 'uncritical and universal' application of practice ideology also satisfies a greater fiscal goal as family care is cheaper than state care (Worrall, 1999; 1997; 1996).²⁷

²⁷ For further evidence of this practice ideology see this case study Bernadette and Briar's comments on the care practices to which Byron's brothers were subject to while in Briar's care. I briefly remind the reader that these children had been in Briar's care since infancy and toddlerhood, adoption was to be the placement goal. The boys were returned to family regardless of the substantial abuse history that had brought them into care. The return home was effected when the boys were seven and ten years of age. Their return home was made on the basis that the 1989 Act legislated for this practice. The placement faltered within ten months of the boys return and upon the death of their grandmother. She was a primary support figure in the reunification process. CYPS received further notifications about care concerns for all the boys approximately nine months after the older two returned home. Finally, after numbers of further notifications the boys were returned to care. This outcome is consistent with attachment theory assumptions. My interview with Bart demonstrated that he considered his primary attachment figure to be his foster parent. The social work decision made in this case may have been different if the workers had drawn on attachment theoretic framework.

I turn now to chapter six of this thesis which reviews the cross case similarities and differences to emerge from these case studies. The findings made are then reviewed in relation to their organisational import. The information arising out of this discussion is then drawn together to present a series of recommendations for policy and practice relevant to this area of service provision. These recommendations conclude the thesis.

CHAPTER SIX

ANALYSIS, POLICY & PRACTICE

This chapter presents the commonalities and differences arising from the cross case analysis completed for the case studies presented in chapter five of this thesis. These findings are then reviewed in light of the themes arising from the key informant data. I then look to evaluate NZCYPFA'S organisational response to permanency planning as drawn from the social work responses to each of the case studies presented in chapter five. The chapter is concluded with a series of recommendations for policy and practice. I turn first to the findings arrived at through the process of cross case analysis.

Case Differences & Commonalities: Implications for Practice

The case studies presented show that the social work practitioners:

- Were unlikely to have a direct working relationship with the child-in-care and therefore have no account of the child's subjective experience of placement, relationship difficulties confronted, or about the process of adjustment to parental loss and separation. Attachment literature has shown that direct work with children is imperative in assisting them to process and integrate the trauma of their multiple losses and to facilitate the formation of a new attachment relationship with their substitute caregivers. Additionally the nature of this work is seen to be supplementary to and supportive of the daily care provided by the child's caregiver(s) (Thoburn, 1997; Smith, 1997; McAuley, 1996; Cicchetti & Toth, 1995a; 1995b; Keck & Kupecky, 1995; James, 1994; Fahlberg, 1994; 1991; Pearce & Pezzot-Pearce, 1994; Cattanach, 1992; Webb, 1991; Steinhauer, 1991; Jernberg, 1989; Tuohy, 1987).

- Were more likely to be reactively involved with placement establishment and the process of caregiver assessment, training and support. Additionally, they were unlikely to know how to conduct an assessment, or to be confident about identifying salient points in relation to the best match between caregiver(s) and child.
- Were more likely to provide inconsistent support and post placement follow up due to high staff turnover and the recurrent need to attend to case crises.
- Were able to recognise that placement stability was important to a child's socio-emotional development and that its absence was associated with negative developmental consequences. Nevertheless, they were more likely to become intensively involved in a case at the point of placement breakdown.
- Appeared not to have a conceptual framework or assessment tool(s) from which to assess and interpret the relational contributions of new attachment partners and their likely impact on the formation of a new relationship.
- Were more likely to service placements promptly and to meet the presenting needs of the child, if the child's caregivers were relentlessly demanding of social work contact, the placement was journeying to breakdown or the complexity of the child's case threatened to draw public attention.
- Were unlikely to make decisions for long term placement at the time of early contact in the child's life. This is reflected in the serial notifications received by the service during the childrens' infancy and toddlerhood and subsequent placement decision being implemented, at the time when the children were a mean age of seven at the time of being taken into care.
- The timing of this placement decision is significant in attachment terms as it is believed that by this age a child's representational model of relationships

increasingly becomes more the product of the child, than the relationship (see Atkinson, 1997). The more recalcitrant the child's attachment capacity the more problematic it is likely to be in, the development of a new relationship with substitute caregiver(s). This has resource implications as shown in Cane's case history (to review Cane's relational story see chapter five of this thesis).

- The findings reported here are contrary to the practice directions given by the key informants involved with this study. These themes are presented by the bullet point summary given next. I emphasise that the themes presented were a direct product of the key informant interviews. The key informants included professionals from the following four disciplines, Child Psychiatry, Child Psychology, Clinical Social Work and Child Psychotherapy (to review the role of the key informant in this study see chapter one and four of this thesis).

The Key Informants View: Attachment a Critical Issue for Social Work Practice with Children In Care

The Ability to Assess

- For social workers to make informed decisions about children's attachment and placement needs they need to take "a good historical account of the child's development in relation to parenting influences".
- They need to be able to assess the attachment capacity of caregivers and understand this influence on the task of caregiving.

The Ability to Conceptualise, Interpret & Understand

- They need to understand and recognise how maltreatment affects and shapes a child's attachment as children subject to abuse and neglect "suffer a double whammy" to their development when faced with these experiences. "Literature

points to the need for early and intensive interventions” where this disorganisation is found.

The Ability to Work with the Children

- They need to work with the children pre and post placement to facilitate children integrating their trauma and placement experience.

The Ability to Resource, Support and Educate Caregivers

- They need to establish a relationship with and resource caregivers on a continued basis post placement.
- They need to provide psychologically informed education to caregivers on an ongoing basis.

The Need for Organisational Commitment to the Task

- For social workers to do these tasks they must have “an organisation that sees the need to make an investment in these practices. If there is only half baked commitment, then you are setting social workers up for failure as well as the kids and their foster parents”

The themes outlined above are consistent with the practice principles of permanency plan recorded in foster care literature (Thoburn, 1997;1989; Triseliotis, McAuley, 1996; Sellick & Short, 1995; Fahlberg, 1994; 1991; Cattanaach, 1992; Webb, 1991; Triseliotis, 1991; McFadden, 1991; 1984; 1980; Rowe, 1989; see also this thesis chapter three). They make for stark contrast with the permanency planning practices evidenced in the case studies of this thesis (see chapter five)¹ and point to the need for a major rejuvenation of such practice

¹ I add here that this was true in Cane's case before political pressure was asserted on the organisation to attend to his needs, in Angie's case following caregiver advocacy and similarly so for Byron.

within NZCYPFA. I would also suggest that the contrast noted between agency practice and the literature supported themes given here point to a major paradigmatic shift in social work practice one which has serious deleterious implications for the small group of children who require long term state based foster care. The shift I refer to is the delivery of social work services in response to the child's presenting need to the current service delivery practice of responding to mandated organisational output codes (for further discussion on this practice shift in social work see Cheyne, O'Brien & Belgrave, 1998). I turn now to examining the practitioner's experience of permanency planning practices within NZCYPFA.

The Practitioner's Experience

The social work participants themselves avowed that practice relating to children requiring long term care was likely to be "Ad hoc", of "poor quality", "as abusive as the experiences that brought them into care" and finally as an "area we fail in". They attributed these failures to a number of contributory factors such as being forced to make placements out of pressure and desperation, having no time to pay heed to matching children's needs to the abilities of individual caregivers, having a limited pool of caregivers to call on, overloading competent caregivers, leaving caregivers to predominantly go it alone, being unsure about how to assess or to interpret the meaning of the information yielded in relation to its relevance for a particular caregiving dyad or family.

Moreover they referenced the fact that training in the area of permanency planning was limited, if not non-existent. Their comments suggested that the primary goal of permanency was less about facilitating relationships between child and caregiver(s) and more about focusing on fulfilling the agency policy of encouraging caregivers to take legal guardianship of their charges. Interpreting this process benignly, the state could be perceived to be effecting the best resolution for consolidating a child's permanent care. However, literature suggests that a fiscal agenda is operand here as shifting care from state to caregiver, substantially reduces the cost formally required to be absorbed by the state (Cheyne, O'Brien & Belgrave, 1998; Worrall, 1997; 1996; O'Reilly, 1997; Hough, 1995; Hassell, 1994; Wald, 1988; see also Bernadette's comments chapter five of this thesis).

Furthermore literature identifies that guardianship, dependent on the circumstance, may have little relevance to the relationship between child and caregiver and in some cases may promote placement destabilising tugs of loyalty for the child, between family of origin and caregiving family (Thoburn, 1997; 1989; Triseliotis, 1991). Moreover guardianship is one amidst a number of potential options for permanency planning (Taylor, 1997; Thoburn; 1997; 1989). Yet both Bruce and Andrea's comments about guardianship seemed to suggest this was the option most favoured by NZCYPFA. This finding adds cogency to the notion that the politically favoured option for permanency is the one of least cost to the state. The reader will recall that I first raised this issue in Angie's case study, the arguments advanced there can be reviewed by turning to chapter five of this thesis.

Returning to the practitioner's experience, that is, Christie, Andrea and Bruce, they identified a raft of organisational impediments they believed negatively affected their ability to provide an adequate service for children requiring long term care. These factors are listed next. The theme endemic to the features presented is their propensity to perpetuate and institutionalise ongoing inconsistency in permanency planning practices. This attribute has formally been associated with poor outcomes for children in care (Smith,1997).

Social Work Identified Constraints to Effective Permanency Planning

- Relocation of Permanency Planning (PP) to Community Based Agencies
- Volume of Work
- High Staff Turnover
- Resource Deficits
- High Rate of Organisational Change
- Fragmentation of Services
- Loss of Experience Staff with Knowledge and Skills in Permanency Planning
- Increase of Casework Complexity
- Difficulties with Staff Retention
- Recruitment of Inexperienced Personnel
- Constancy of Pressure on Time

- Absence of Organisational Training for Permanency Planning
- Changing focus of Social Work to a task of “Assessment only”²

Christie, the longest serving worker in this sample, averred that she had seen a substantial change in the organisation’s commitment to permanency planning over the last decade saying “I don’t see it up in flashing lights in the organisation anymore” but contended that it should be “flashing in front of your face all the time” given the national increase in the numbers of children coming into care rising from 2, 600 in 1997 to 3, 300 in 1998.³ Christie said she believed that the organisation’s shift away from permanency planning was a result of:

1. The philosophical change associated with the Children, Young Person and Their Families Act 1989 which directed social worker’s to support the family maintaining responsibility for their child.
2. The contracting out of placement services to community based welfare groups who were expected to respond to the varying care needs of children requiring placement.

In relation to the first point, the evidence from case studies presented in this thesis supports the view that for a small number of children, return home may not be a realistic goal (Smith, 1997; Thoburn, 1997), thus supporting the need for a dedicated placement service to cater for this group. Furthermore the case studies given indicate that pleading blind allegiance to statute may compromise the child’s ongoing safety and proclivity for relational security.

In relation to the second point, Christie reported that there were serious limitations to the type of care able to be offered by organisations contracted to provide placements. She averred that her practice experience and that of other

² The factors of constraint given here have also been reflected in NZCYPFA commissioned service evaluations (see Jakob-Hoff & Trlin, 1996; NZCYPFA 1996, to review these similarities).

³ The reader will note I am unable to make comment on these figures as the DSW statistics given for NZCYPFA (DSW Statistics, 1998) do not provide figures for the total number of children in care, nor do they discriminate between children in long term care compared with children provided care services through S.139 or S.140 of the 1989 Act. The latter care provisions are of relative short term duration. S.139 is a care service provision that permits a total of fifty-six days care while S.140 is a care provision that sanctions up to and inclusive of a twelve month period of care.

colleagues, showed that these organisations while being able to offer short term care for low risk cases had little ability, if any, to address the long term placement needs of children with substantial abuse histories.

She contended that inevitably these cases remained the ongoing placement responsibility of CYPFA social workers many of whom did not have the time, training or knowledge base to service these cases appropriately. Nor were they likely, given the drain of senior staff from the organisation to receive supervision from people experienced in this area of work. Christie evidenced this claim by asserting that “in the late 80’s, [and] no more than mid - 90’s there has been a substantial turnover in the more senior staff .of seventy odd staff .you’d have ten in excess of ten years service [and] fifty with less than five years service”.

She attested that the rate of senior staff exodus had major implications for practice in permanency planning because these people had been the one time carriers of organisational and practice knowledge pertaining to this field of work at a time when it had been ascendant within the organisation. She avowed that currently such knowledge was unlikely to be present even within the supervisory subsystem of the agency so “you’ve got a problem” because “who do you have to actually teach them?” (meaning inexperienced/new staff).

Attachment and permanency planning literature recurrently identify the importance of training in this field to ensure practice competency and consistency in order to promote positive outcomes for children requiring long term care (Smith, 1997; Or, 1995; Keck & Kupecky, 1995; James, 1994; Fahlberg, 1994; 1991; McFadden, 1993; Steinhauer, 1991; Terpstra, 1987). The structural picture presented here details an enormous gap between the type of practice likely to confront a child requiring long term care and the determinants of ‘best practice’ associated with this field of work. Yet theorising, research and statute in the field of child welfare and development show that children’s socio-emotional needs are best met by an enduring, sensitively responsive affective relationship with caregivers over time (Bretherton, 1996; 1993; 1992; 1991; 1990; 1987; Crittenden, 1995; 1994; 1993; 1992a; 1990; Keck & Kupecky, 1995; Triseliotis, Sellick & Short, 1995; James, 1994; Fahlberg, 1994; 1991; Howes & Segal, 1993; Marcus, 1991; Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969).

It has been further recognised that children and young people who require long term alternate care have a psychological⁴ need for and legal right⁵ to a secure base relationship with caregivers, who have been assessed, trained and resourced to carry out this task. These principles, underscored by attachment constructs, were key to informing policy in this area of social work practice, during the early to 1980s in New Zealand and internationally yet this research suggests that these principles appear to have been forsaken with the onset of the new managerialist drive for cost efficient (Cheyne, O'Brien & Belgrave, 1998; Thoburn, 1997; 1989; Taylor, 1997; McAuley, 1996; Triseliotis, Sellick & Short, 1995; Or, 1995; Hough, 1995; Barth, Courtney, Berrick & Albert, 1994; Hassell, 1994; Wald, 1988; Murray, 1984; Hess, 1982; Maluccio & Fein, 1983; Hamilton, Klier & Ward, 1980).

Findings from the international child welfare arena indicate that the current wave of new managerialism is leading to increasingly poor outcomes for children in long term care (Thoburn, 1997; Keck & Kupecky, 1995; Hough, 1995). The basic tenets of this philosophy comprise interventions that respond to human conditions of chronicity and longevity with short term, resource rationed, 'supply-led welfare' practices that have little to do with the presenting need of the client and in this case of children (Hough, 1995).

Hassell (1994) suggests that this state of affairs exists because children don't vote and "policy is inevitably shaped by others on their behalf" (p: 4). Thoburn (1997) exemplifies the operation of this philosophy by pointing to current practice findings emanating from Britain, which suggest that while children requiring care gain some form of placement, many of these are short term and unresponsive to presenting needs for long term care. Inevitably a care service that is solely attentive to the needs for short term care, by its function, places children at risk of serial placements. This is clearly evidenced by Cane's case, prior to long term placement. Additionally previous research has shown that multiple placements are injurious to a child's healthy growth and adjustment (Benbenishty & Oyserman, 1995; Katz, 1990; Thoburn, 1988; Pardeck, 1984, 1983).

⁴ See the United Nations Convention on the Rights of the Child 1989.

⁵ See the 1989 Children Young Persons and Their Families Act Section 14. (I).

Keck and Kupecky (1995) point to similar practices in the United States. My own practice experience within New Zealand, resonates highly with the international picture presented here and mirrors the descriptions of the social work participants involved in this research. This care strategy while being consonant with the tenets of new managerialism, is contrary to clinical findings, about children's need for relationship security. Furthermore the philosophy that undergirds this practice leads to the systematic institutionalisation of relational insecurity and disorganisation for children, whose needs would be better served by long term placement. Again I point to Cane's case as support for this view.

False Logic: Service Paucity = Higher Costs

In summary the current cost reductionist philosophy underpinning social work practice for children requiring long term care appears to be predicated on false logic. The case studies evidence this by showing that when children's needs are inadequately met, they are more likely to re-present for service and are more likely to require increasingly cost intensive interventions and at a similar time sustain compounding insults to their development with life long consequences. These costs appear to be directly associated with a shift in organisational focus away from providing a service dedicated to attending to children's long term care needs.

Ignoring the Needs for Long Term Care: A Costly Experience

Cane's experience is a case in point. His care needs alone, exclusive of other services utilised consequent to his decompensation, required "one ninth" of the site budget for a period of three years leading to a total expenditure in excess \$300,000 during this time.⁶ This story shows that contributing to the creation of a highly emotionally disturbed child is undisputedly expensive on several levels:

1. For the child and his caregivers emotionally
2. For the government financially

⁶ I re-emphasise here that these costs related to care provided since long term placement with Carne and Cassie and not to his care requirements prior to this time such as hospitalisation and institutionalisation.

3. For society in general given the sequelae commonly associated with the 'affectionless youth' such as crime and/or other manifestations of psychopathology (Fonagy, Target, Steele, Steele, Leigh, Levinson & Kennedy, 1997; Lyons - Ruth, 1996; Karen, 1994; Bowlby, 1944) .

With Security Comes Developmental Gains

Conversely, Cane's, Angie's and Byron's stories show that children are able to make sound gains when their specific needs for enduring affection and security are met. Notably the gains achieved by each of these children arose at the point that :

1. The organisation supported and mandated the practitioner to commit to the permanency planning task.
2. The placement was resourced.

Unfortunately these practices did not occur as a standard *modus operandi*. Rather they were occasioned by ad hoc responses until a precipitant crisis arose, namely in the form of a direct risk to the organisation. This finding suggests that permanency planning is not currently a priority for the organisation. Yet paucity in this practice has been shown, over decades, to result in poor developmental outcomes for children (Thoburn, 1997; Triseliotis, Sellick & Short, 1995; McFadden & Whitelaw Downs, 1995; Triseliotis, 1991; Maluccio & Fein, 1983).

Permanency planning, inclusive of its myriad of options, not simply the most politically favoured one, must be returned to the Agency's Agenda in order for children's long term care needs to be satisfied, in a timely and appropriate manner. This in effect is where the process of re-attachment starts: the child emits a need and the parent needs to make a sensitive and timely response. Myriad transactions along this trajectory, emission of a need: sensitive response, leads to relational reparation (Fahlberg, 1994; 1991; Blanck & Blanck, 1987; see also chapter two & three of this thesis). I assert this is urgently needed in light of the current practice ethos for permanency planning described by the social work participants in this thesis. If the organisation mandated to provide such care, can not weather the testing stair, who can?. I turn now to the final section of this thesis

which outlines recommendations for policy and practice.

Permanency: A Principled Approach

These outcomes are consistent with practices that have long been associated with the permanency planning movement. Advocates in this field suggest that it is naive to consider that 'love will be enough' to guarantee placement security for children requiring long term care, given that most of these children are likely to present with severe emotional disturbance because of their abuse and neglect histories (Thoburn, 1997; Cicchetti & Toth, 1995a; 1995b; Triseliotis, Sellick & Short, 1995; Triseliotis, 1993; Cattanach, 1992; Crittenden, 1992a; Webb, 1991; Marcus, 1991; Terpstra, 1987).

They aver that social workers are in a position to enhance a child's placement security by providing a comprehensive range of services inclusive of: caregiver assessments, on-going training for caregivers, direct work with the child, carers and significant others, provision and oversight of respite care when needed, being available and accessible for discussion and debriefing of caregiver(s) when required, being a conduit for ongoing relationships between the child, caregiver(s) and family of origin (Thoburn, 1997; 1989; Smith, 1997; McAuley, 1996; Triseliotis, Sellick & Short, 1995; Eagle, 1994; Fahlberg, 1994; 1991 Katz, 1990; Terpstra, 1987).

The case studies researched show that these functions are likely to be impeded by the factors set out in the section on the practitioners experience given earlier in this chapter, and if attended to are likely to be carried out in an ad hoc manner and then only in relation to a specific set of circumstances: caregiver demand, imminent placement breakdown, political action and/or media expose. These findings suggest that social work practice is largely informed and directed by influences current in the wider socio-political and economic environment as opposed to reliance on and application of a clinical knowledge base. This variance in practice must be ameliorated to ensure that children's needs for ongoing relational security receive the priority they deserve. To do less is failing in our role as advocates, on behalf of children and young people who require such care.

Attachment theory has demonstrated that sensitive attunement between child and parent is predictive of positive developmental outcomes over the trajectory of childhood, (Atkinson, 1997; Lyons-Ruth, 1996; Cicchetti, Toth & Lynch, 1995; Cicchetti & Toth, 1995a; 1995b; Ainsworth & Marvin, 1995; Elicker, Englund & Sroufe, 1992; Radke-Yarrow et al, 1985; Ainsworth, Blehar, Waters & Wall, 1978) thus supporting the need to make placements between caregivers and children that maximise the greatest potential for sensitive attunement (Howe, 1995; Howes & Segal, 1993; Marcus, 1991; Thoburn, Murdock & O'Brien, 1985).

The capacity for attunement in turn is dependent on each party's relational history as reflected in the case studies presented. Getting the mix right, as suggested here, is the first step in preparing the ground for placement stability. The social workers ability to fulfill this task will be affected by organisational commitment to permanency planning, the extent to which placements for increasingly difficult children are resourced, caseload size, the level of administrative and training support provided, the degree to which the organisation will tolerate and accept an enabling form of social work practice, in contrast to the current control oriented crisis intervention practiced.

This study shows that for social workers to be able to facilitate the development of a new attachment relationship between a substitute caregiver and preadolescent child requiring long term placement they need, in the first instance, to have some means of identifying the attachment contributions of each party to this relationship.

While it may be easy to draw global inferences about the attachment quality of children coming into care, the way in which these relational patterns get expressed, will vary from child to child. This will be in accordance with their relationship histories and in turn will have different meanings for the caregivers they are placed with, for similar reasons. Social workers need to be able to discriminate these differences and interpret their meaning in relation to the prospective placement under consideration. To perform this task effectively they need both assessment tools and a conceptual framework in order to make sense of the information they obtain. Bretherton (1995; 1993) avers that attachment theory can be helpful in this endeavour by translating this framework into a meaningful assessment device. It is on this basis, that the following recommendations for policy and practice are made.

RECOMMENDATIONS FOR POLICY & PRACTICE

1. Recommitment by the Organisation to the Essentiality of Permanency Planning For Children Requiring Long Term Care.

The study's findings indicate that children's long term placement needs are likely to receive a variable and tardy response from the organisation mandated to ensure their care and protection. This outcome appears to be related to a belief that community based agencies contracted to provide placement services are catering for the total needs of children coming into care. I note here that to date NZCYPFA's contract with these organisations by way of bed night funding⁷ appears to be predominantly targeted to short term care options consonant with S.139 (temporary care agreement)⁸, and S.140 (extended care agreement)⁹ of the 1989 Act. These care options, while maintaining the integrity of the 1989 Act by minimising state intervention in family life and holding firm the primacy of family reunification, do little to address the needs of children who require long term alternate care.

In fact, this gap in service provision is likely to be deleterious to these children as it has the potential to be systemically abusive by addressing children's long term care needs, through rotational shifts, through short term placements; the logical placement route when S.139's and S.140's are systematically activated to address children's needs for long term alternate care (Thoburn, 1997; 1989; Smith, 1997; McFadden & Whitelaw Downs, 1995; Triseliotis,

⁷ I note here that NZCYPFA's contract for bed nights to these organisations has been depleted over the last two consecutive years months before the end of the financial year. In social work terms this means that children's need for care and protection, per se, are simply not met. This short fall in funding appears to be attributable to funding contracts from Treasury, under the Public Sector Finance Act, 1989, in which Treasury purchases from CYPFA an established number of allowable care and protection investigations per annum. Included in this arrangement is also an established number of bednights for the provision of out-of-home care. When these provisions have been exceeded social workers are typically requested to desist from placing children in care. This arrangement may lead to children remaining in highly compromised situations or being returned to them.

⁸ Section 139, Temporary Care Agreement (T.C.A) permits a twenty-eight day care provision for the child or young person requiring out-of-home care. Care Policy allows for a maximum of three consecutive T.C.As at any one time and totals fifty-six days in out-of-home care (NZCYPFS Care & Protection Manual, 1998).

⁹ Section 140, Extended Care Agreement (E.C.A) provides for an out-of-home care arrangement for a period of no more than twelve months.

Sellick & Short, 1995; Triseliotis, 1993; Fein & Maluccio, 1992; Poulin, 1985; Pardeck, 1984;1983; Maluccio & Fein, 1983).

This practice leads to drift in care (the deleterious nature of this practice has been referred to in previous chapters of this thesis) and consonant with attachment theory is likely to consistently impair a child's ability to form new attachments by reinforcing their relational expectancies such as: trust nobody, sooner or later adults reject me and I'm not ok and neither is anyone else (Thoburn, 1997; Smith, 1997; Worrall, 1997; 1996; Crittenden, 1993; 1992a; Sable, 1992; Claussen & Crittenden, 1991; Terpstra, 1987; Pardeck, 1984; 1983; Maluccio & Fein, 1983; Maluccio et al, 1980). Angie and Cane's placement experience in some part reflects this process as has my own previous practice experience within NZCYFPA and that of current colleagues within the service.

This includes a practice shift by NZCYFPA, as reported by the social work participants to this research, away from permanency planning and as alluded to earlier in this section a single minded adherence to placement with family irrespective of the contextual conditions to which the children are likely to be subjected. Cane's case history is a case in point as too, is that of Byron and his older brothers.

These aforementioned practices contradict S.14(i) of the Children's Young Person and Their Families Act 1989 which supports the child's right to form a new psychological tie to an alternate caregiver when it is clear that this need cannot be met within the child's family of origin. The late Laurie O' Reilly, former Commissioner for Children, has suggested that poor practice, such as intimated here, has its origins in 'systemic factors' (O'Reilly, 1997; p. 92). For these to be remedied the system mandated to oversee and provide quality care resources for children requiring long term care, must reorient itself to addressing and resourcing these needs.

2. An Immediate Review & Update on Permanency Planning Practices within the Organisation

The social work participants in this study identified that their ability to carry out the task of permanency planning was seriously impeded by a number of

constraints (see earlier this chapter). Moreover they indicated uncertainty about policy documents underpinning this work and believed there was no current training offered for staff to ameliorate these knowledge gaps. These participants believed their experience was representative of an organisation wide response to permanency planning.

Permanency planning literature identifies that social workers practicing in this field need a comprehensive skill and knowledge base to fulfill this task (Thoburn, 1997; 1989; McAuley, 1996; Worrall, 1997; 1996; Smith, 1997; Triseliotis, Sellick & Short, 1995; Or, 1995; McFadden & WhiteLaw Downs, 1995; Howe, 1995; Fahlberg, 1994; 1991; James, 1994; 1989; McFadden, 1993; 1984; 1980; Triseliotis, 1993; Fein & Maluccio, 1992; Katz, 1990; Terpstra, 1987). The organisation can support this development by ensuring that social workers are well versed and resourced to carry out the agency's policy and protocol for this task. The knowledge gaps suggested here have negative implications for practice and need to be remedied urgently.

3. Remuneration of Caregivers

Smith (1997) has asserted that "The state has a responsibility to ensure the best possible care for children in care and without paying for it this will not happen" (p.79) (see also Worrall, 1997; 1996). Smith's (1997) words mirror the views of the social workers interviewed for this research. Each relayed stories of major difficulty in recruiting and attracting caregivers to care for children presenting with increasingly complex and challenging behaviours. They believed that the only way to attract people with the skills needed to care for such children was to acknowledge them financially rather than through the current board payment system. They believed by doing this, as in any difficult and demanding job, that this would lead to attracting people with skills and abilities suited to the care required to be given. Additionally, it was believed that it would also go some way to resolving the perceived national problem in recruitment and retention of foster parents.

4. Development of a Complex Case Policy

Inconsistent practice was identified by both the social work and caregiver participants as being a recurrent part of poor practice decisions affecting

children's long term care needs. The major contributor identified as being central to this practice was rapid staff turnover at both the social work and supervisory levels. This practice outcome is known to be deleterious to sound practice and has major implications for highly complex cases where several organisations may be involved with the same child at a similar time, Cane's case being an example in point. The organisation needs to have some mechanism to identify case complexity at its earliest point and to engage in a red flag action which may involve referral to the site's practice consultant who, given that their post excludes immediate responsibility for day to day front line work, may be better placed to act as a receptacle for practice consistency, casework discussion, formulation, intervention, resourcing, and regular monitoring than their social work counterparts. Thus, they are capable of ensuring timely and appropriate interventions in addition to possessing an increased capacity for follow through on case actions and follow up.

5. Compulsory Training in Permanency Planning practices for all Frontline Staff

This recommendation is consistent with the issues raised in point two and seeks to address knowledge gaps and practice inconsistency noted by the social work participants as currently existing in the field of permanency planning. The agency wide introduction of the Risk Estimation System (R.E.S) demonstrates how training can be effective in facilitating staff to implement agency supported objectives. This outcome also speaks to the issue that what gets focussed on gets done. It is assumed that this same process could therefore render similar successes for the task of permanency planning.

6. Development of an Attachment Theoretic Assessment Device for Intending Caregivers and Their potential Charges

Attachment and permanency planning literature identify that positive attunement or matching has a pivotal role to play in development of relational security between child and carer (Thoburn, 1997; Taylor, 1997; 1988; Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; 1985; Howe, 1995; Ainsworth & Marvin, 1995; Triseliotis, Sellick & Short, 1995; Fahlberg, 1994; 1991; Triseliotis, 1993; Howes & Segal, 1993; Katz, 1990; Marcus, 1991; Steinhauer, 1991; Thoburn, Murdock & O'Brien, 1985; Ainsworth, Blehar,

Waters & Wall, 1978). The type of relationship developed may in turn have a substantial positive or negative effect on placement security. Social workers need to be able to recognise, know and understand the determinants that contribute to this relationship and its subsequent meaning for a particular child: carer(s) dyad or family group. An attachment theoretic framework can provide these tools.

7. Development of an Attachment Theoretic Training Package for Staff and Caregivers

Training, as mentioned earlier, serves to provide information, orient and give meaning to trainees about a particular field. Crittenden (1993) avers that this is particularly important in the caregiving relationship as parents, or in this case parent substitutes, perceive, interpret and select a particular response in relation to a child's behaviour largely predicated on their own relational histories. These responses may well be shunned or aggressively acted against by the attachment disturbed child because of its relational history. It is likely then that exposing both social workers and caregivers to information from an attachment theoretic perspective will assist them in decoding, understanding, making sense of and fulfilling the often distorted signals of attachment emitted by the attachment disturbed child. This conceptual framework in turn may be one leg of the three legged stool that aids in supporting the continuance of a child's placement (Bronfenbrenner, 1979, p.12).

8. Provision of a Range of Safe and Effective Foster Care Services specific to Service Type, Developmental Age & Target Population.

The case studies presented in this research demonstrate support for the subsidiary contention that the child's quality of attachment would be instructive of the type of caregiving environment required by the child. Cane's case demonstrates that the greater the level of disturbance presented by the child the more skilled, supported and resourced the caregiving environment needs to be. Penzerro and Lein (1995) made a similar finding in their study where the adolescent group sampled possessed relational strategies consistent with an avoidant style of attachment. The findings of this study suggest that the more entrenched these relational patterns the greater the

likelihood of placement failure in family type settings. This points to the need for the development of a range of varying types of placements to cater adequately for the needs of children requiring long term care. Crittenden (1992b) has suggested that such services need to account for the age of the child and the particular difficulties presented.

9. A dedicated permanency planning term needs to operate on each site in order for social workers to be able to service the specific needs of preadolescent children requiring long term care.

This study's findings suggest that where casework complexity or longevity exists children are more likely to require and remain in the care of CYPFA recruited placements because community based placement agencies do not appear to be resourced or are reluctant to cater for the needs of difficult cases. This gap in service provision points to the need for CYPFA social workers to fill the breach. This position is supported further by the knowledge that placements for children between the age of six through twelve are at greater risk of breakdown than those of younger age groups (McAuley, 1996; Triseliotis, Sellick & Short, 1995; Prasad, 1986; 1975). This reinforces the need for a comprehensive and continuous placement service from the phase of caregiver recruitment to post placement support (Thoburn, 1997; Worrall, 1997; 1996; Smith, 1997; Triseliotis, Sellick & Short, 1995).

Social workers involved in this study indicated that their responses to a child's placement needs were likely to be highly variable given the constraints under which they worked (see earlier this chapter). Additionally they identified that when they did intervene it was usually a case of 'too little, too late'. A team dedicated to permanency planning may be able to work to ameliorate the reactionary and ad hoc responses reported here in addition to rebuilding the organisational 'stock of knowledge' relating to the task of permanency planning (Holstein & Grubium, 1995; Silverman, 1993).

- 10. Social workers mandated to service the needs of children requiring long term care need to be trained in an attachment theoretic knowledge base in order to assist them in developing a conceptual framework from which to interpret children's care needs.**

Unless social workers have a unifying attachment theoretic framework from which to recognise and interpret the relational needs of the preadolescent requiring long term care they are unlikely to understand or be responsive to these needs. The case studies presented suggest this is so.

- 11. Social workers providing a dedicated service for children requiring long term care need to be able to recognise the ideographic attachment strategies used by children requiring long term care and the attendant meaning these may have for prospective placements.**

Social workers in this study recognised the importance of placement stability and its positive impact on a child's development. However they were less clear about the differing attachment strategies that a child may bring to placement and the effects these attachment qualities may have on the placement made. Thoburn (1997; 1989) has identified that it is important for social work practitioners to be able to assess and understand the relational attributes brought to the placement experience by children requiring care and their caregiver "as attitudes are not likely to change by instruction alone" (Thoburn, 1989). Social workers inability to determine a child's attachment quality may unwittingly contribute to placement breakdown.

- 12. Social workers responsible for undertaking caregiver assessments for children requiring long term care need to have an assessment tool that will assist them in determining the attachment quality of varying caregivers and its meaning for their capacity to emotionally link with the child to be placed in their care.**

My research on the caregiver files indicated that while each caregiver had been through some form of social work assessment, these were highly variable in quality and sometimes had been completed long after the child had been placed. The findings from the file research supported the comments made by the caregivers, during our earlier interview sessions, about their

experience of the assessment process. One of the particularly striking features about this part of the research process was the relative lack of assessment information about the caregivers own attachment and developmental histories, the perceived effects these had on parenting their own child or the likely effect these histories may have on parenting a child placed.

Attachment literature has shown that this relational sequencing, albeit the last mentioned, has a profound affect on an adult's ability to attune to a child's needs (van IJzendoorn & Bakersman-Kranenburg, 1997; Atkinson, 1997; George, 1996; Bretherton, 1996; 1995; 1993; 1992; 1991; 1990; 1987; 1985; Crittenden, 1995; 1994; 1993; 1992a; 1990; 1985; van IJzendoorn, 1995; Ainsworth & Marvin, 1995; Main, Kaplan & Cassidy, 1985; Bowlby, 1988; 1984; 1982; 1980; 1979; 1973; 1969; 1961; 1960; 1958; 1951; Ainsworth, Blehar, Waters & Wall, 1978). Sensitive attunement, as previously cited, has been recurrently associated with a child's healthy growth and development. I would offer here, in line with the direct work undertaken with the children in this study, that sensitive attunement by caregivers also appears to facilitate children in reorganising their representational maps of relationships.

It would seem imperative then that social workers have access to tools that can assist them in assessing the inner working models of potential caregivers, their likely impact and contribution to the development of a new relationship with a child placed. An adapted version of the AAI was employed in this study to tap this information (see Appendix 4).

13. Social workers responsible for placing a child in long term care need to have an attachment schema from which to be able to interpret the level of attunement in the caregiver(s): child relationship.

Positive attunement has been associated with relationship security (Szajnberg & Crittenden, 1997; Geldard & Geldard, 1997; Pearce & Pezzot-Pearce, 1994; Fahlberg, 1994; 1991; Cattanaach, 1992; Muir, 1992; Steinhauer, 1991; Webb, 1991; Jernberg, 1989; Bretherton, 1987; Stern, 1985). For social workers to effectively intervene and support the development of positive attunement between preadolescent child and caregiver(s) they need to be able to recognise and understand each partner's contribution to this process.

The initial assessment is aimed at ensuring a sound basis from which positive attunement can be promoted but in the event problems arise social workers need to know how to conceptualise about misattunement. Attachment literature points to a number of conceptual schemata that may facilitate this task including: Fahlberg's arousal and relaxation cycles (1994; 1991), the Blancks' schema for parental responsivity (Blanck & Blanck, 1987), and Crittenden's (1993) parental information processing schema. These schema assist in focusing the practitioner's attention on the interactional elements that either support or detract from the new attachment partners achieving a positively attuned relationship. Intervening to support positive transactions and assisting in realigning negative ones may lead to enhancing placement security.

- 14. Social workers responsible for meeting the needs of preadolescent children in long term care need to be trained in a raft of child centred skills in order to both engage and facilitate the child in processing their grief and trauma following experiences of parental separation and child abuse. Such interventions are considered to assist children in reawakening and reorganising their representational models of relationships.**

A number of authors drawing on attachment theory point to the importance of supporting, developing or rekindling a child's capacity for attachment following experiences of child abuse and parental separation (Thoburn, 1997; McAuley, 1996; Howe, 1995; Cicchetti, Toth & Lynch, 1995; Eagle, 1994; Fahlberg, 1994; 1991; Cattanaach, 1992; Steinhauer, 1991).

They point to the fact that by assisting a child to integrate these experiences that it augurs well for the development of emotional coherence which may in turn permit them to be more available for the development of new relationships. This may lead to increasing the likelihood of placement security. Social workers in this study showed that they were unlikely to have any direct connection with the children for whom they carried casework responsibilities. The children's responses on the other hand demonstrated many unresolved feelings of grief, fear, ambivalence, confusion about past abuse and abandonment, confusion at their own behaviour, concern over loyalty to caregivers and parents, in addition to verbal and non-verbal expressions of

their desire for relational security.

The diametric opposition of these two experiences demonstrates with candour, in the words of the late Laurie O'Reilly (1997) that we are indeed "failing our children" (p.92). Moreover by default we are expecting foster families "to provide not only care, but also therapy" (O'Reilly, 1997, p.108). I would add to this contention that while being in a supportive family environment is itself of great therapeutic value caregivers should not be expected to do this task alone, particularly when confronted with the degree of emotional difficulty carried by the majority of children coming to the notice of the care system.

- 15. Social Workers responsible for the recruitment, selection, assessment and post placement support of caregivers providing long term care need also to be able to provide a comprehensive attachment theoretic training package for these caregivers which prepares them for, focuses on, and sensitises them to the affective relationship likely to be experienced following placement.**

Foster care literature over decades has purported that training foster parents is essential to orienting them to the issues they are likely to confront following placement. This preparation is believed to provide caregivers with a range of skills, strategies and information on which they can act and interpret their experiences within. In turn it is hoped that this preparation will contribute to placement security (Thoburn, 1997; 1989; Worrall, 1997; 1996; Triseliotis, Sellick & Short, 1995; McFadden & WhiteLaw Down, 1995; McFadden, 1993; Katz, 1990; Triseliotis, 1993).

The key informants interviewed for this research indicated they believed caregiver training needed to be more psychologically informed than it currently appeared to be in order to provide caregivers with a sound conceptual framework from which to understand and interpret the behaviours of the child placed. They believed such information was essential given the seemingly increased complexity in the problems of children being placed in private foster homes. Moreover they believed that in cases such as these caregivers should be selected on the basis of knowledge and skills not simply a desire to do a good turn or to augment family income.

The caregivers themselves voiced similar views identifying that personal attributes were important but in some cases additional knowledge was required. In relation to the training received most believed it was inadequate and was confined to focusing primarily on how the organisation operated and the differing roles involved in the fostering relationship. None recalled receiving information about the child's journey to forming a new relationship and the difficulties this may engender in the caregiving environment. Their comments also indicated that training was not an ongoing event. This finding is contrary to practice knowledge arising from the field of therapeutic foster care which suggests that the endurance of caregivers confronted with the task of caring for multiproblem children is bolstered by recurring training alongside the opportunity to meet with others providing similar care (Barth, Courtney, Berrick & Albert, 1994; Chamberlain & Weinrott, 1990).

16. Where it is clear that children can not be returned to their families of origin, social workers need to support the placements made by maintaining effective links with the child's family of origin.

Early foster care literature pointed to the notion that children could only form attachments to substitute caregivers following a period of mourning the loss of and withdrawing from a psychological connection to their primary attachment object(s). This notion is now summarily disputed in literature and has been replaced by the idea that children are capable of forming multiple attachments to significant others and seem to do better when their connection to their family of origin is protected (Eagle, 1994; Fahlberg, 1994; James, 1994; Steinhauer, 1991; Triseliotis, 1991; Webb, 1991; Proch & Howard, 1986; Poulin, 1985; Goldstein, Freud & Solnit, 1979).

Angie's case exemplifies this process although it is acknowledged that at times she still experiences profound emotional pain in relation to her separation from family.

17. Social workers can further support placement security by developing a network of regular respite carers for relief of the primary caregiver in situations requiring this intervention.

Caring for highly emotionally disturbed children is hard work and can leave caregivers emotionally exhausted. Cassie and Carne attest to this from their experience of caring for Cane “some days were just emotionally and physically draining where we just went to bed at night and felt quite, I’m glad today has gone and then in the next breath you may have to be getting up to him again”. Experiences of this nature are not atypical in the field of caregiving and it is thought that the lack of availability of respite support may contribute to placement failure (McFadden, 1984). Conversely this outcome may be circumvented with the support of regular respite backup. The child’s need for placement stability can continue to be accounted for through the recruitment of a regular network of respite carers dedicated to this task (Thoburn, 1997; Barth, Courtney, Berrick & Albert, 1994; Chamberlain & Weinrott, 1990).

This concludes the policy and practice discussion of this thesis. I turn now to making recommendations for future research. The thesis is then completed by way of a final conclusion.

AREAS FOR FUTURE RESEARCH

In line with Section 7 (2), (a), (b), (e), (f) and (g) of the Children, Young Persons and Their Families Act 1989 the Director-General is required to perform a range of general duties pertinent to the care and protection of children and young people cared for under the auspices of NZCYPFA.

More specifically the Director General is required to monitor the effects of social policies and social issues inherent to children and young people in care, to establish services that advance the welfare of children, to establish procedures to review actions taken in respect of children and young people coming to the notice of the care system, to ensure adequate training of people providing child welfare services and finally to monitor and assess the services provided under the 1989 Act. I draw on these responsibilities to buttress the recommendations for future

research made here and the concomitant action they demand. Foster care, when it is required, has been identified as being the most popular option for children under eleven years of age (Thoburn, 1997; 1989; McAuley, 1996; Triseliotis, Sellick & Short, 1995; Rowe, 1989). Yet simultaneously research has shown that there is a high rate of placement breakdown in the six through twelve year age group, the period of middle childhood (Thoburn, 1997; McAuley, 1996; Prasad, 1986; 1975).

The attachment theoretic assumption made is that this breakdown, is in some part - if not large part - attributable to the internal working models of relationships held by the child placed (Bowlby, 1988; 1982; 1980; 1979; 1973). There is little, if any research in the field of foster care that investigates the processes, characteristics or determinants integral to the transformation of a child's internal working model, from attachment insecurity to security (McAuley, 1996; Eagle, 1994). Understanding the processes involved in this transformation is likely to be fundamental to facilitating placement security. Moreover this knowledge is likely to assist in rationalising the limited fiscal resource available for placements by targeting funding to caregiving environments that possess the potential to maximise relational mutuality between caregiver(s) and children requiring placement. This variable has been identified as being instrumental to relational continuity (Bretherton, 1996; 1993; 1991; 1990; 1987).

I would also add here that in order to understand the processes attendant to transformation of a child's internal working model further research is also needed to explore possible age related differences on the effects of separation and loss encountered by children removed from primary kin and placed in long term care (see also McAuley, 1996; Eagle, 1994; Marcus, 1991). Furthermore, additional research is also needed in order to determine how these differences, if operant, might then effect the formation of an alternate psychological tie to caregivers in the face of extant attachments to primary kin.

Notwithstanding these recommendations, further research is also needed in regard to the processes attendant to the development of narrative coherence in children of middle school age. This characteristic has been related to attachment security among children of this age group but it is not known how or why this is so (Bretherton, 1996; 1995; Oppenheim & Waters, 1995; Cassidy, 1994).

Research into how social workers can support and/or facilitate this development is critical given the high placement breakdown rate associated with this age group particularly and to add to the clinical skills required by workers in this area of mandated social work practice. I emphasise this point as research in this area of social work practice consistently demonstrates that social workers rarely have contact with the children for whom they are charged with having casework responsibility (Thoburn, 1997; McAuley, 1996; Triseliotis, Sellick & Short, 1995; Fahlberg, 1994; 1991; Millham, Bullock, Hosie & Haak, 1986; Rowe, Caine, Hundleby & Keane, 1984). I note this is in defiance of New Zealand statute and child care and protection policy. Yet this thesis supports similar findings that social worker's are unlikely to have a direct working relationship with the child, and in the worse case scenario may have no contact at all (see chapter five this thesis Byron's case study).

A FINAL COMMENT

This thesis resolutely demonstrates that children's need for long term alternate state based foster care is being seriously compromised, systemically by the agency mandated to service these needs and professionally by social workers who in-large part do not have the time to effect appropriate or timely interventions that such care requires and in some cases may lack the skills, knowledge, training and supervisory oversight to implement this practice. More importantly in the larger scale of things it would appear that the paramouncy principle attendant to the New Zealand Children, Young Persons And Their Families Act 1989, aimed at upholding the 'best interests of the child' is nothing more than an ideologically derived flight of fancy.

I allege this on two grounds, firstly politics and fiscal policy have the upper hand in deciding who, how, when and under what conditions children's needs for care and protection will be met, not the presenting need of the child (see also Cheyne, O'Brien & Belgrave, 1998, in relation to this paradigmatic and philosophical shift in New Zealand's child welfare system).

Secondly, as a result of the point above, social workers in the field of child welfare have been forced to work in a resource deprived environment (a function of the new right regime that has operated in New Zealand for more than a decade),

whilst being expected to meet the diverse and increasingly complex¹⁰ range of care and protection needs presented by maltreating families.

The blend of limited resources and 'high risk' problems make for a lethal combination and in the words of Helen Clark are a sure fire mix for tragedy (Clark, 1999). This insight, when applied to the child welfare field seems chillingly real and resonates with the daily experience of many social workers who have come to accept that it is no longer 'if' a tragedy should happen but 'when'. In this stead practitioners at the coal face have come to view documentation as their record of proof and preparation for the potential death of a child to demonstrate that they have done the best for the children in whose lives they have intervened under the constraints imposed by working in a resource poor environment.

This practice, for some people, may be perceived as expeditious and the only way to assure indemnity in a no-win situation. I find this set of circumstances abhorrent as taken to its logical conclusion it is a systemically derived request for social workers to accept the expendability of children. This contrasts sharply with the ideology that holds children as the nation's taonga, the treasures of our future. By state and profession when children enter the care system, we are literally holding the future in our hands. These children - like all children - only have one childhood, timely and appropriate interventions at this life stage may circumvent the perpetuation of intergenerational child abuse and neglect. We have a political, moral and professional duty to ensure this happens.

¹⁰ I use the word 'complex' here to denote the change in characteristics of maltreating families presenting to NZCYPFA. This observation is supported by the DSW statistics for NZCYPFA, 1998 which shows a dramatic decline in the agency's Family/Whanau agreements since 1994 (see also chapter three of this thesis). These agreements represent the agency's low tariff interventions for work with maltreating families. Their substantial decline suggests that the majority of social work is now focused at the hard end of the spectrum for intervention in the lives of maltreating families. This form of practice is typically occasioned as a result of working with maltreating families that present with increasingly intractable problems.

Appendix: 1 Sample Copy of Caregiver Information Sheet

**Ties That Bind: Attachment Formation
in the Maltreated Preadolescent Child
Placed in Long Term Foster Care**

**INFORMATION SHEET
(caregiver)**

The Researcher

Shirley - Ann Chinnery

Address

c/ Thesis Supervisors as listed below

Supervisors

Dr Mike O'Brien
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The Project

This study aims to explore what attachment characteristics social workers need to attend to when

placing preadolescent children in permanent or long term care. The study is being undertaken in the first instance to complete the requirements of my Masters in Social Work. Secondly it is driven by my professional interest as a part time child protection social worker

Background Information

The experience of children and their caregivers are sought, as they know the day to day struggles of working to build a new relationship between strangers. The child's social workers views will also be canvassed to clarify what it is they do to directly support the developing relationship. Specialists in the attachment field will also be consulted to obtain their view on attachment relationships.

Participant Requirements

I am seeking your participation as a caregiver in my research. If you agree to participate in the research I would like to meet with you for an initial introduction of approximately thirty minutes. During this time I would like to organise 3 further meeting times. It is anticipated that these meetings will require 1-1½ hours of your time. The meetings will involve you participating in a series of interviews that focus on the relationship you have in caring for the child placed with you. I would also wish to audio taped the interviews. These tapes can either be destroyed, archived or returned to you at the end of the study.

Confidentiality

Everything you say in the interviews will be confidential unless you give me your express permission to discuss the information gained.

Use of Information Gained from Interviews

The information obtained through the interviews will be used in the Thesis and at a later stage for publication and seminar presentations. Prior to its use in the Thesis the information will be transcribed and sent to you for comment and review. Your name will not be placed on these transcripts but will be numbered to ensure maintenance of confidentiality. A copy of the final draft of the research will be sent to you prior to submission of the thesis in its final format.

Participant Rights

You have the right:

1. To decline to participate
2. To refuse to answer any particular questions
3. To withdraw from the study at anytime
4. To ask any questions about the study at any time during participation
5. To provide information on the understanding that your name will not be used.
6. To be given access to a summary of the findings of the study when it is concluded.
7. To request that the tape recording be discontinued at anytime
8. To withdraw the child from participating in the study

Abuse Disclosure

The proposed child interviews are focused on the child's experience of relationships. Should the child or yourself disclose concerns relating to past or current abuse during the interviews, which have previously been unknown, I am ethically bound to report these to the child's current social worker.

Appendix: 1 Sample Copy of Caregiver Consent Form**Ties That Bind: Attachment Formation
in the Maltreated Preadolescent Child
Placed in Long Term Foster Care****CONSENT FORM
(Caregiver)**

- I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- I understand I have the right to withdraw from the study at any time and to decline to answer any particular questions.
- I agree to provide information to the research on the understanding that my name will not be used.
- I agree/do not agree to the interview being audio taped.
- I also understand that I have the right to ask for the audiotape to be turned off at any time during the interview.
- I agree/do not agree to the accessing of my foster care file
- I agree/do not agree to participating in the three planned interviews
- I agree/do not agree to the child participating in the interview process
- I agree to participate in this study under the conditions set out in the information sheet.

Signed:**Name:****Date:**

Appendix: 2 Key Informant Interview Guide Sheet**Clinical Questions:**

1. What assessment schema currently exists within the attachment field that is targeted at the preadolescent age group?
2. How do these schema assess for quality and style of attachment in this age group?
3. How do these schema relate to the attachment disturbed child?
 - a) What are the critical components to an assessment of attachment
 - b) In an attachment disordered child?
 - c) How do you make sense of the different contributors to a child's attachment relationship such as the influence of individual traits, dyadic interaction between child and caregiver, the effects of the wider socio-political system?
4. What attachment behaviours would I expect to find in the maltreated pre-adolescent child-in-care?
5. How would an attachment disturbed preadolescent child be likely to respond to normatively attachment evoking situations?
6. What impact, do you believe, a consistently disturbed attachment cycle has on the growth and development of the preadolescent child?
7. Several attachment authors have indicated that attachment phenomena differ in children as a result of maturation. Younger children's responses can be more clearly inferred by their behavioural presentation. Conversely older children's behaviour may be more covert and therefore difficult to make

inferences about. What are the normative attachment characteristics associated with the pre-adolescent child? And how do these differ for the preadolescent who has been subject to consistent disturbance in their attachment relationships?

- a) What behaviours would I expect to see in an attachment disturbed preadolescent - one who has been subject to maltreatment?
 - b) What clinical processes are involved in assisting an attachment disturbed preadolescent to refine or modify the way they perceive themselves and their external world?
8. What are the typical behavioural indicators associated with a pre-adolescence defensive process as related to attachment phenomena?
 - a) What developmental pathways are likely to be disrupted by a disturbance in attachment?
 9. What functional difficulties are likely to be present in the social, cognitive, emotional, behavioural and moral development of an attachment disturbed pre-adolescent child?
 10. What role does temperament play in the development of an attachment relationship?
 11. What are the defensive processes typically associated with children taken into care and more particularly those that are operant in the pre-adolescent child?
 12. What caregiving conditions would be necessary to provide the child in care with a more secure style of relatedness?
 13. How do cultural differences impact on attachment style?
 14. How does maturation impact on attachment relationships?

15. What are the determinants of a new attachment relationship and how does this process occur?
16. What would you anticipate would occur when an attachment disturbed child encounters attachment raising phenomena?
17. How do you go about repairing and re-activating the attachment system in an attachment disturbed child?
18. What is the significance of the attachment relationship and how should this knowledge be used with the kids themselves?
19. What do you believe needs to happen in order to facilitate social workers translating attachment-based information into practice?
20. What does the agency, from within which social workers practice, need to do to support the process above?

Defensive Exclusion

1. How does the process of defensive exclusion affect a child's ability to update their Inner Working Model?
2. What reparative work needs to be undertaken with a child that consistently employs defensive styles of relating to others?
3. How do you address this need in practice?
4. What conceptual framework guides this practice?

5. What behaviours are typically associated with a child whose attachment system has been deactivated? (I am particularly thinking here of the preadolescent child)

Socio - Political Issues

1. What do you know about New Zealand's current foster care system in relation to addressing the needs of children in care? (I am specifically referencing children in long term care)
2. How do you think the "toll of impermanence" in the foster care system affects a child's capacity to attach?
3. What are the clinical directives that need to be heeded to inform an attachment sensitive policy for children in care?
4. What do you believe are the constraints to such policy development and for what reasons?
5. What do you believe creates the gap between what is known clinically and what gets done in practice? - (I am thinking here of the New Zealand child welfare system)
6. What impact do you believe that the policy for reunification has on a child's capacity to attach?
7. What implications does this have for the pre-adolescent in care?

Methodological Issues

1. Part of my study is undertaking a file review targeting attachment issues for the child in care. What data caption schema might you suggest would be helpful in eliciting and making sense of attachment related information?
2. What do you believe a researcher needs to do to accurately infer attachment sequelae from behaviour?
3. What research activities do you believe would elicit attachment information in the preadolescent child?
4. If you were looking to develop an interpretative understanding of a child's attachment narrative what conceptual tools would you use to make sense of the information gained?

Foster Parent Relationship

1. Attachment literature details that caregiver mutuality of attachment is critical to a shared sense of meaning between the caregiver and child. This finding would suggest that lack of mutuality may be a significant point of tension in the fostering relationship. What tensions do you believe might arise in the fostering relationship as a result of differences in attachment style?
2. Would knowing the caregivers attachment style and capacity for attachment prior to placement ameliorate these tensions?
3. How would such an assessment be carried out and what information would be central to it?
4. What role, if any, may the caregivers attachment style have on placement

stability?

5. What information do you believe a caregiver needs to both understand and support an attachment disturbed child?
6. What emotional processes do you believe a social worker needs to understand in order to facilitate the child-in-care's attachment to a new caregiver?
7. What elements do you believe are essential to assisting and strengthening the development of an attachment relationship between the child-in-care and their new caregivers?
8. What assessment dimensions need to be considered when interviewing prospective foster parents with the view to having them care for the attachment disturbed pre-adolescent?
 - a) Of the dimensions given, are some more critical than others, and if so why?

Theoretical Issues

1. What is the role of idealisation and fantasy in attachment theory?
2. How does the issue of critical periods relate to, or inform the rigidity of attachment in the attachment disturbed child?
3. What role if any does the use of a transitional object play in assisting the attachment disturbed child?
4. Is Winnicott's "False Self" a pre-runner to differing attachment styles as detailed by attachment theorists?
5. What is the current role in information theory as it relates to stability of attachment over time.

Appendix: 3 Social Work Interview Guide Sheet**S.1 - General Information**

1. How long have you been a social worker?
2. What social work training have you received and how has this training prepared you for the job you do?
3. How long have you been with NZCYPFS and in this time what work roles have you undertaken?
4. Does the role that you are currently in specialise in long term care for children?
 - a) If not what is your primary work role?
 - b) How does this fit with your responsibilities for addressing the needs of children in long term care?
5. What policy documents undergird your work with children in long term care?
 - a) What use of these documents do you make in relation to your practice?
 - b) What relationship, if any, do you believe case management has to permanency planning?
 - c) How do you think service delivery has changed or remained the same over the years?
 - d) What do you perceive to be the strengths or weaknesses of these developments?
6. What role do you believe social workers should have in relation to children in care?
 - a) What promotes or constrains this from occurring?

- b) Do you believe your view is similar to that of other workers in the field?, can you example your perception?
7. How critical to you believe a supportive management structure is to the delivery of quality service to children in care? Describe & example.
- a) Does this happen in practice in your view?
 - b) If it doesn't what are the reasons for this?

S.2 - Client Specific Information

1. How long have you been x/s social worker?
 - a) How many other social workers has this child had?
 - b) What is the longest period of time that this child has had the same social worker?
 - c) How important do you think it is for a child to have continuity in their relationship with a social worker?. Give reasons for your response
 - d) How did you come to be X's social worker?
 - e) How would you describe your relationship with x?
2. What do you know about X's early developmental history with particular reference to his/her separation from significant caregivers?
 - a) How did you come by this information?
 - b) What significance, if any, do you believe gaps in this history make?
3. How many separations from significant others has this child faced?
4. How old was the child at the time of this separation and of subsequent separations?
5. Do you know how the child reacted at these times

- a) If you witnessed one of these moves can you describe how the child was at this time?
5. What precipitated these separations?
6. What was the duration of each of these separations?
7. What planning occurred for this child during the interim period associated with each of these separations?
8. What do you know of this child's cultural world?
9. What do you know about this child's expectations of interpersonal relationships?. Describe & example.
- a) How did s/he respond do you when you first worked with her/him?
Describe & example the child's reaction, communication, etc.
- b) Has the child's response changed over time?. Describe & example
10. What pattern of relating, if any, does this child exhibit in interpersonal relationships?. Describe & example
- *** Following the response to this question give pattern form and ask for response to same.
11. When the child was first placed with their current caregiver, how did s/he appear to cope with this transition?. Describe & example.
12. What access, if any, has been established for this child with significant others?
- a) What is the rationale and purpose of this contact?

S.3 - Experience in Caregiver Assessment & Training

1. What training or experience have you received or gained for working with caregivers?
2. What experience have you had in assessing for caregivers? Describe & example
 - a) What caregiver skills, attributes, values or characteristics do you believe makes for a successful long-term placement of a child?. Describe & explain
 - b) What training and support do you believe is necessary for a long-term caregiver?
 - c) What factors do you believe contribute to breakdowns in long term placements?
 - d) How do you think this situation could be remedied?
3. What do you find are the general expectations caregivers hold of social workers? Describe & example
 - a) Are you able to meet these expectations?. Explain reason for response

S.4 - Understanding of Attachment Theory

1. Describe in your own words what you believe the concept of attachment is about?
 - a) What informs your definition?
2. How relevant do you see attachment as being in relation to children taken into care?. Describe & example
3. How would you go about assessing a child's attachment style - particularly that of a preadolescent?. Describe & explain
 - a) What do you believe contributes to the development of a child's

attachment style in the first instance?

b) How fixed or flexible do you believe a child's attachment style to be?

Describe & explain

4. What do you think would be the point of undertaking such an assessment?
5. What factors or processes do you believe operate in an attachment disturbed child?
6. How do you believe these factors or processes interfere with a child's ability to form attachments?. Describe & explain
7. What behaviours in a child would lead you to consider that the child was exhibiting disturbance in attachment?
 - a) How would you evaluate these as being indicators of disturbance?
8. What would you do to address the above disturbance?. Describe & explain

Appendix: 4 Caregiver Interview Guide Sheet.**General**

1. How long have you been fostering?
2. What led you into fostering?
3. What has sustained your interest in fostering over the years?
4. What changes, if any, have you noted in foster care over the time you have been a caregiver?
5. What type of caregiver assessment, if any, were you required to participate in before you were accepted as a caregiver?
6. What do you believe were the strengths and weaknesses of this process?
7. What training & support have you received since becoming a caregiver?
 - a) Who has provided this?
 - b) How helpful do you think it has been?
8. What differences, if any, have you noted between the training you received and the actual placement experience?
9. What, if any, training or support did you receive about x prior to his/her placement with you?
 - a) How helpful has this been for managing his care?
10. Generally speaking how important do you think attachment issues are in relation to children in care?

11. Have you ever received any particular training or information on issues of attachment pertaining to children in care? Please describe input and comment on its relevance for you
12. What kind of thoughts or feelings did you have about x prior to him/her coming to live with you in light of this information? (example)
13. What kinds of things did you do to prepare for his/her arrival in your home? (physical, emotional)
14. How did x fit or diverge from your original expectations of him/her since placement?
15. What types of behaviours did x display when first living with him/her?(detail example)
16. How have these behaviours changed or remained the same over the time you have looked after x?
17. What do you believe is responsible for setting off x difficult behaviours?
18. What stops these behaviours?
 - a) How does x treat others when these behaviours overtake him/her?
 - b) How are these managed? (detail and example)
 - c) How does x integrate back into family life as usual after these behavioural outbursts? (detail & example)
19. What has been enjoyable/fun about caring for x? (detail & example)
20. What has been concerning, worrying, and alarming? (detail & example)

21. What kind of thoughts or feelings do you have about x now?
22. Who do you believe x is closest to in this family? (give reason & example)
23. Who do you believe x is closest to in his/her own family? (give reason & example)
24. How did you go about helping x to feel as if s/he belonged in your family?
25. How did x respond to these overtures? (example and describe what he did)
26. How would you describe the process of attachment? (example)
27. How would you describe you describe your relationship with x now? (example)
28. How do you think your caring of x is different to the type of care he receives from his own family?
29. How does x get on at school, with peers? (Describe & example, elaborate on difficulties, typicality of them, what been done to manage difficulties?)
30. How is X's ability to empathise with others? (describe & example)

Placement Experience

1. How long have you been X's caregiver?
2. How did you come to be X's caregiver?
3. What information were you given about X's history prior to his/her arrival at your home? (Probe for: child's early history, subsequent development inclusive of: social, emotional, physical and cognitive functioning, abuse history/event, family history, nature of parent - child relationship, nature of parent(s) relationship and numbers of previous placements)
 - (a) What do you know about X's early developmental history in relation to his/her separations from significant others?
 - (b) How old was the child at the time of these separations?
 - (c) How many of these separations occurred in the first three years of the child's life?
 - (d) What precipitated these separations?
 - (e) How long was each period of separation for?
 - (f) Have you observed, or has anyone told you about how x reacted to those early separations?
4. How would you describe your early relationship with x? (example)
5. What thoughts or feelings did you have about x prior to his/her coming to live with you?
6. What did you do to prepare for his/her arrival in your home? (physical & emotional preparation)
7. How did x fit with or diverge from your original expectations about him since placement?
8. How did you go about helping x to feel as if s/he belonged in this family?

How did x respond to these overtures? (example)

9. How did x cope with the transition to living with you? (describe, example)
10. What has changed or remained the same in your relationships with x over time?
11. What do you believe are the differences or similarities in your response to x compared to other children in your home in relation to being:
 - understanding
 - affectionate toward
 - comforting or soothing of
 - communicating with
 - doing joint activities together with

How similar or different are x/s responses to you in relation to these same dimensions? (Detail & example)

12. What do you know about this child's expectations of relationships in relation to: Mother, Father, Siblings, Peers, and Caregiving relationships?
 - Describe expectations and give examples
 - Identify if there are similarities or differences in these expectations

13. Are you aware of any pattern to these expectations? (describe)

*** Present List and ask caregivers to identify which in their view typifies the child's reaction in relationships.

14. Who does x spend the most time with in this family/ in his/her own family?

- a) Who does x go to when s/he is having difficulties? What is it, do you believe, that s/he is seeking at these times?
15. Who do you believe x is closest to in this family? (reason & example)
- a) How is this reciprocated by this/these family members?
- b) In your opinion how easy or difficult is it for x to get close to people? (example) What do you think s/he is feeling, thinking at these times?
16. What do you observe x to say or do that confirms your view?
17. Can you think of times when x has been ill, tired, frightened, hurt, had to face separations from important others(detail occasion & example):
- a) How has s/he reacted at these times?
- b) What expectations about relationships do you think s/he exhibits at these times?
- c) How typical are these reactions of x over time in similar situations? (detail & example)
- d) Who does s/he turn to for support, comfort, nurture, reassurance, on these occasions?
- e) If s/he doesn't do any of the above, what does he typically do in these circumstances? (detail & example)

How do you respond to these reactions (detail & example)?

18. What is your experience of separations from this child?
- a) Describe the child's reaction
- b) Describe the effect that this reaction had on you

*** Check to see if caregivers knew how child was after these experiences

19. What type of contact does x have with his/her own family?

How does x behave prior to this contact and after it?

20. How does your care of x differ from or is similar to the care he received in his/her own family?
 21. How does x get on with his/her peer group? (describe & example)
 22. How is X's ability to empathise with others?
 23. How would you describe your relationship with x now?
 24. What has been concerning, worrying or alarming about caring for x?
 25. What has been enjoyable or fun about caring for x?
-

Adaptation of Adult Attachment Interview for Caregiver

1. How many people were in your own family?
2. Choose five adjectives that would best describe the type of relationship that you had with your own parents in childhood. (Describe & example for both parents)

Probe: what made you choose those adjectives?

3. Who would you say that you felt closest to in childhood?(clarify why)

Probe: How did you come to feel this way?. Describe occasions, check to see if there were occasions when this sense of closeness wasn't experienced

4. Can you recall times in your childhood when you were either hurt, afraid, unwell or upset? Describe the times you recall and tell me what you did to cope with these situations and who if anybody you sought to help you?
5. Can you recall any times during your own childhood when you experienced separations from your parents or separations had been threatened? (Describe & example). Can you recall and describe the feelings, thoughts or actions that went with these experiences?. (Probe for feelings of aloneness, rejection: check out how these experiences were handled who was turned to.
 - (a) In light of the information just given, are there any similarities in the way you experienced those early life events that continue today?
(Example & describe)
6. How do you think these experiences above have shaped or influenced the development of your personality?

7. How has your relationship with your own parents changed or remained the same over the course of time?
8. What other people were important to you in childhood, other than your direct family members?
 - a) What did you gain from these relationships that was different from relationships with family members?
 - b) What did/does this/these relationships mean to you then (now)?
 - c) Do you have a memory of an important relationship that ended? (example & describe)
 - d) How did this relationship end, how did you feel about it then, now?
9. What are some of the earliest statements that you recall others made about you: begin "you are"
 - a) If you were to make a list of true statements about yourself what would it include?
10. How easy or difficult do you find getting close to people? (example & describe)

What in your opinion makes this so?
11. What expectations are you aware of, if any, that you carry about relationships where emotional closeness is important?
12. What kind of friend, daughter, son, worker, parent, lover are you? (example & describe)

Appendix: 5 The Squiggle GameThe Squiggle Game

The squiggle game is essentially a rapport building game for children and young people of any age. It was designed by D. W Winnicott (Paediatrician & Psychoanalyst) in the late sixties early seventies. The game has no rules and requires only a pencil and paper. These items are shared by the worker and child. The worker commences by drawing a line on the paper and making the line into something. The worker then gives a story about the line. The child is invited to take the next turn. The turn involves beginning with the last line drawn by the previous player. The child makes a squiggle and tells a story about the squiggle. The game continues with each player taking non-consecutive turns.

The greater import of this game is its contribution to facilitating a relationship between worker and child. It is with this goal in mind that I have included the game as a necessary instrument in the research process. Therapeutically it is believed to facilitate a communication pathway between child and worker while allowing the child the space to be safe from revealing any immediately painful material. The squiggle game promotes what is referred to in object relations' terms the potential space. The potential space is posited as being the nexus for therapeutic connection (Winnicott, 1971).

Appendix: 6 **Child Interview Guide Sheet (1)**

1. Thank child for choosing to participate.
 - * Go over information sheet and questions.
 - * Go over consent form and sign

2. Introduce child to materials for session. Identify what going to do in session: Feeling faces, symbols, memory prompt sheet, sandtray & toys, genogram.
 - * Control of time: Introduce child to timer and its use.

3. Establish rules 1. Private, 2. Permission for talking with others, 3. Respect. No destroying toys or hurting each other.

4. Squiggle game.

5. Show feeling faces: get children to name faces: recall time when felt one of these describe it.

6. Use feeling symbols to aid description - Body do; Head think; Heart feel.

7. Show mask after getting child to think of a time that they told somebody something different from how their head thought, heart felt, body did.

8. Show feeling symbols: Hand (closeness), Heart (love), Skull & Cross (hate) bones. Get child to recall families lived in and recall a time when they have felt close to and cared about, where they have felt loved and loving toward, where they have felt hateful of and hated by.

9. Use memory prompt card: Person, Location, Event to assist with remembering and description for above.
10. Use feeling symbols to aid in what head thought, body did, heart felt in this situation. Check to see if this experience is similar to others at different times.
11. Introduce child to sandplay.
12. If necessary in this session start genogram work.

Appendix: 7 Family Map & History Questions

Implementation Note: These questions were asked at the same time as placing the information on an Eco-Map with the child. The rationale for using this instrument was twofold. Firstly, while it relied on direct verbal interchange about specific and sensitive information, it also provided the shelter of non - direct focus between myself and child by utilising the potential space created by the activity itself (Winnicott, 1971). The mapping process also served this age group well by providing a concrete visual schema to organise the information given.¹ Moreover the task also was of the value as it elicited collaboration between participants thereby reducing the distance frequently typified by the adult: child relationship (for further discussion on the value of utilising the Eco-Map see Hartman, 1978).

Questions For Eliciting Family Composition, Boundaries and Placement details

1. Can you remember the last time you lived in your own family?
2. How many people have you lived with since then and where you are now?
3. How many people might you have lived with before then?

¹ The reader is reminded that the age group of interest is that of preadolescence (9-12 years). The sample selection was originally designed to be weighted to the younger end of this continuum that is generally associated with the period of concrete operational thought. The more concrete the medium the more likely the child will understand its purpose and comprehend its value.

4. Let's return now to your own family can you remember how many people lived with you there? (Draw picture).
5. Who were they? prompt Mum, Dad, Sibs, Grandparents, Cousins, and Friends.
6. What things did your family do when they weren't at home? prompt work, school, church, sports etc.

Questions For Eliciting Child's Global Perceptions about Family & Prior Placements

7. So far you have told me that you have lived in X number of families since you were X years old. I wonder what was good, bad, sad about living in these families?. Lets start with this family first. Remember what you tell me here is private between you and me unless it turns out to be a big worry. Then you and I discuss what needs to happen next.

Now I am going to take out our reminder card .I showed you this earlier and it is meant to help in re----- what happened in the past.

8. You're doing really well remembering all this information. I have been wondering what it was like for you when you had to leave each family and go to a new place to live?. Here's our head think, body do, heart feel card remember this card is to help in remembering what your head thought then, your body did then and your heart felt then, when you had to leave to go somewhere new. Show me with the toys what you recall about these leaving and arriving times.

- * I looked to direct the children to use toys at this point for two reasons. Firstly I anticipated that this question might increase the child's level of emotional arousal. Literature identifies that when children recall events of potential trauma their ability to give verbal expression to these events decreases dramatically (Cattanach, 1992; Terr, 1991; van der Kolk, 1990; James 1989). Secondly the toys provided a symbolic medium to reconstruct or represent an event which gives voice to the effect and impact of the experience remembered (Pearce & Pezzot-Pearce, 1994; Cattanach, 1992).

8(a). I asked the children, after they had completed the question above, if the face they showed people they were leaving and arriving at, differed to the feelings they had inside. I concretised this question by showing the children a picture of a mask and asked them to describe what people used masks for? I followed their responses by explaining that masks are used in play-acting because they let a person play lots of different roles. This use of masks can be fun but sometimes in real life people act as if they have a mask on by behaving in ways that are different to how they really feel inside.

This explanation was followed by: I wonder whether you have ever had this experience of acting different to how you've felt inside like when you had to leave places you had lived for new homes?. The children in this study were quick to comprehend the mask concept and where fitting gave examples of this in themselves and caregivers. These results are discussed in chapter five of this thesis.

Questions For Eliciting Child's Perception of Emotional Climate in Family

9. You've told me a lot about your experiences in families and now I want to go back again to your own family because I want to know how people got on then.

General

- Who got on with each other the best in your family?
- Who was closest to whom?
- How do you know that x & x were closer to each other than x & y?
- How did problems get solved in your family?
- Who had the most arguments?
- Who gave the most hugs?
- Who received the most hugs?
- Who took care of discipline in your family?

Specific

- Who took care of you when you were unwell?
- Who cuddled you when you were unhappy?
- Who cared for you when you were hurt?
- Who tucked you in at night?
- What would you do if you woke up in the middle of the night and couldn't get back to sleep?
- Who would you go to in the middle of the night if you were frightened?
- Who would you go to in your family when you felt scared?
- How would that person take care of your fear?
- Who would you go to in your family when you felt sad?
- How would that person take care of your sadness?
- Who would you go to in your family if you were really worried about something?
- How did that person take care of your worries?
- Who did you feel the safest with in your family?
- Who did you feel the happiest with in your family?
- Who did you feel the most angry with in your family?

- Who made you feel important in your family?
 - Who did you feel the most relaxed with in your family?
 - Who did you feel ignored you most in your family?
 - Who did you feel unhappy with in your family?
 - Who did you feel most close to?
 - What things did this person do that made you feel close to them?
 - Who would you have liked to be closer to you in your family?
 - What do you think people need to do to get closer to each other?
 - How do you think X could have changed so they could have been more close to you?
 - What might you have needed to do to get more close to X?
 - Who understood you the best in your family?
 - Who do you wish understood you better?
 - What is it that you would have wished they understood better?
10. Can you remember how old you were the first time you left your family to live in another family?
11. What happened in your family to bring the social workers to visit?
12. Who was the first person to tell you that you would have to leave your family?
13. What did this person/people say about having to leave your family?
14. What did your head think then, body do, heart feel?
15. Who did you go with when you left your family for the first time?
- a) Where did you go?
 - b) Can you remember what your head thought then, body did then, heart felt then?

16.
 - a) What kind of contact do you have with your family now?
 - b) What kind of contact would you like to have?

17. What things do you think it is important for social workers to do for kids when they have to live in families other than their own?

18. The questions in point nine are to be repeated in relation to their current placement family.

Appendix: 8 Attachment Qualities Flash Card**(A)**

Has difficulty in forming or maintaining close relationships, behaves in a manner that shows high distrust of close relationships, experiences minor frustrations as major emotional events, consistently works out this distress in highly aggressive ways, demonstrates low capacity for empathy in relation to others, can be highly impulsive, comes across as being cool, aloof and not requiring any major emotional input from others, is typically rejecting and hostile toward other peoples feelings, demonstrates low self esteem, becomes rigid and controlling when faced with changes to routine events, demonstrates a propensity for being manipulative in relationships, is superficial in the way significant others are related to, typically relates to people from the vantage point of using them for what they can provide.

(B)

Friendly without being indiscriminate, is capable of forming close relationships and sustaining them over time, consistently demonstrates empathy in relation to others, presents as being responsive in relationships and demonstrates an ability to reciprocate in relationships, possesses feelings of self confidence and worth, copes with mildly stressful situations without becoming anxious or angry, is socially competent with peers, turns to people for support and comfort in times of distress, demonstrates a capacity for trusting others.

(C)

Recognises the need for being close to others but behaves in a manner that would suggest that closeness in relationships isn't to be relied on, shows and/or expresses anxiety when significant others are not able to be constantly available to give reassurance over routine events, displays inconsolable distress on occasions when separations from significant others are unavoidable, demonstrates high levels of jealousy and possessiveness in relation to significant others giving attention to other people, constantly seeks the attention of significant others, frequently checks in with significant others in a manner that would suggest the child is perpetually scanning their environment to assess the availability and accessibility of their significant others, behaves in an ambivalent manner with significant others one moment being intensely demanding in order to get as close to the significant other as possible the next acting in a way that ensures distance from the significant other.

(D)

Demonstrates high distrust of others, appears to emotionally close down in the face of relationships that require closeness, deals with relationships demanding closeness by becoming highly controlling or punitive in relation to significant others, displays high anxiety in the face of close relationships, displays confusion in relation to the need for close relationships, possesses low self worth, experiences difficulties in being responsive or reciprocating in close relationships, displays poor skills in relating to peers.

(E)

Is highly distrusting of others, has low self esteem, is rigid and controlling in relationships, shows no ability to reciprocate in relationships, responds to relationships in a superficial manner, when relationships are formed they appear to occur instantaneously, flies into rages when access is denied to things that the child believes to be important, failure to comply with these needs leads the child to discard or aggressively turn on the individual who, in the child's view, is withholding much wanted goodies, relationships requiring intimacy can lead to violent outbursts by the child.

Appendix: 10 Confidentiality Declaration For Transcriber**Declaration of Confidentiality**

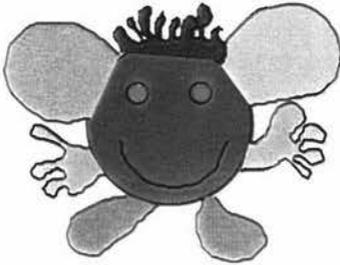
I hereby declare that as a transcriber of the recorded conversations between the interviewer and participants that any information contained in the tapes will not be divulged to any party whatsoever. The tapes and transcriptions will be handed to the researcher immediately that they have been completed.

Signed:

Transcriber.

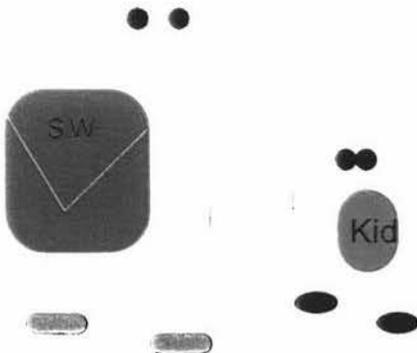
Appendix: 11 Sample copy of Children's Information Sheet

The What I need to know
Form For Kids



I am really interested to know how kids feel, act and think when they find themselves in a new family. I know lots of kids who have had to move into new families because things haven't worked out so good in their own families. I have met these kids in my work as a social worker.

Hi, my name is Shirley -Ann I am a student at Massey University. University is like a big school. The teachers give classes on important subjects. The subject that I am studying is about how kids get on when they can't live in their own families.



I guess you know what a social worker is, but just to be sure its a person who tries to make sure that kids are looked after well and that they are happy and safe. Social workers also listen to kids when they have big worries that are better shared than kept to yourself.

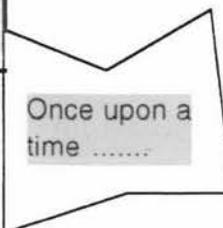
I would like to know if you would be interested in meeting with me to help in my study?. Remember if you don't want to meet with me you don't have to. But if you do decide to I would like to meet with you about our times. The first meeting will be short so you and I can meet each other.



1. The first time we meet we could play the squiggle game. This game is real fun to play, all you need is some paper, a pencil and an idea.

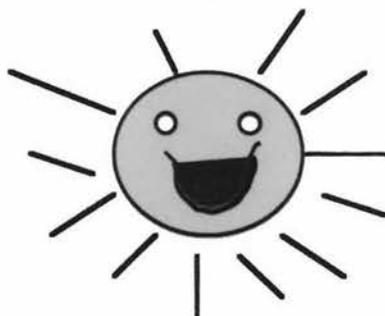


2. The second time we meet we could tell some stories



3. The third time we meet we could make things in the sand.

4. The fourth time we meet we might do one of the things we've done before



5. I would like to take a video of the work we do together so that when our time is up I can go back over what we have done.

Now I have told you what I would like to do when we meet. You have a think about it and then decide what you would like to do. If we do meet there are some rules and rights that are important for you to know.

Rules

1. You only see me if you decide to
2. If you tell me something that feels like a big serious worry to me, we will talk about it together and then share it with your Social Worker

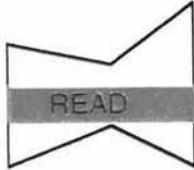


Rights

1. You don't have to meet me if you don't want to
2. You don't have to answer any questions if you don't want to
3. You can decide not to see me again
4. You can ask me questions about what we do in our work together
5. You can tell me stuff and as long as it is not a big serious worry, I won't tell anyone else unless you tell me I can.
6. You and your caregivers will be given a copy of what I write about
7. you can ask me to switch the video tape off if you want to

Appendix: 11 Sample copy of Children's Consent Form**The YES or No Form for KIDS**

I have



and talked with Shirley - Ann about what I will need to do if I say yes to helping with her school work.

THINGS I KNOW

1. I know I can ask questions if I want to at anytime in any meetings I have with Shirley - Ann
2. I know that I don't have to go to any meetings if I don't want to
3. I know that I don't have to answer questions if I don't want to
4. I know that I don't have to say yes to being on video, and can get it stopped if I want to

Yes/ No I have decided that I can/cannot help Shirley - Ann with her school work

Signed

Name

Date

**Appendix: 12 Checklist for Caregiver for Behavioural Change in Child
Preamble**

The research plan and process for this project has been subject to the scrutiny of two Ethics Committees. The first of these was the Academic Ethics Committee of Massey University Palmerston North and the second was the Ethics Committee of the New Zealand Children Young Person and their Families Service. Both of these committees have determined that the work to be undertaken in this study meets the central requirement of doing no harm to intending participants.

My work with the children in this project is to include the use of sandplay, story telling, interviewing and diary recording. The work itself focuses both directly and indirectly on issues of attachment. This work, while not intending to create any form of risk to the child, may by its nature have an unintended effect on the child. I need to be aware of any such effect and for this reason I have given the behavioural checklist below.

Behaviour Checklist

This checklist needs to be considered both in light of the child's current functioning and in regard to any other event that may produce an emotional effect on the child. Should you however note clear and obvious changes in the child's functioning as a result of my contact I need to be made aware of these changes.

1. Increase in behavioural difficulties within the home, school or other setting frequented by the child. These reactions may include intensification of behaviours that are typical for the child or appearance of behaviours that are

unexpected or uncharacteristic of the child.

- a) Acting out
- b) Appearing withdrawn, depressed
- c) Displaying Anger/ rage
- d) Lying
- e) Stealing
- f) Being aggressive/disruptive with peers in school or toward people at home
- g) Displaying hypervigilance
- h) Being hyperactive
- i) Displaying negative/pessimistic moods
- j) Displaying signs of distress typical for the child
- k) Emotionally distancing self from others
- l) Experiencing food related problems: i.e. hoarding, overeating, etc.
- m) Changes in or additions of autoerotic behaviours

*** Please note this list is to be used as a guide for behaviours to be aware of. It is non-exhaustive and you may be aware of others that are specific to and more relevant for the child in your care.

Appendix: 13 Sample Selection Criteria

Case Number: Yin (1994) avers that for purposes of analytic generalisation two or three cases are required for the case study design. Additionally Patton (1990) instructs that information emanating from limited case numbers can be strengthened by drawing on purposefully strategic sampling processes. I request this sampling process be applied to the three cases needed for this study. The systematic selection strategy detailed by Patton (1990) includes the following steps and I would request that these be applied to the sample drawn for this study:

1. That an initial pool of potential subjects be drawn up on the basis of pre-established criteria
2. That the prescribed number of cases then be randomly selected from the greater finite pool of potential participants.

Geographical Location: I request that the initial pool of respondents be located within the North Island but exclude the Auckland area. The first request is based on economic factors and the second is a directive of the Academic Ethics Committee. The latter was requested on the basis that I not perform the research activity in the same locality within which I work.

Legal Criteria

1. I further request that the three cases selected meet the principle criteria of S.13 (h) of the New Zealand Children, Young Persons And Their Families Act 1989.

S.13 (h) Where a child or young person cannot remain with, or be returned to, his or her family, whanau, hapu, iwi and family group, the principle that the child or young person would be given an opportunity to develop a significant psychological attachment to the person in whose care the child or young person is placed.

2. That the children be in the sole Guardianship & Custody of the D.G

Gender: I request a gender mix given that attachment insecurity does not discriminate by gender (Cicchetti, Toth & Lynch, 1995).

Age: I request that the three cases be drawn from a similar age group within the preadolescent stage of development. I have chosen 9 - 12 years as the operational definition of preadolescence consistent with literature. I would prefer that the age selected be at the lower end of the age continuum. This request is based on the potential confounds of maturation and changes in cognitive ability associated with children nearing the end of preadolescence.

Length of Placement: That the child has been in the current placement for a period of no less than eighteen months. This request is in accordance with the research ethic of 'do no harm' and foster care literature which suggests that placement stability is typically associated with a period of eighteen months or more (Thoburn, 1991; Prasad, 1986; 1975).

Numbers of Placement: That the child has had at least **three different** caregivers since entering the care system. This criteria is based on Prasad's (1986; 1975) notion of disruption and typicality of placement experience prior to the process of permanency planning.

Time of Placement: That the child's first placement was made within the first five years of life. This request is made in relation to attachment theory

Notification Rate: That the child was first notified to the Service within the first two to three years of life and was subject to subsequent notifications prior to placement.

Ethnicity: That the children selected be designated NZE.

Maltreatment Type: That maltreatment has been substantiated in accordance with any one of the grounds listed in S.14 of NZCYPFS 1989 Act; And where S.14 (i) has been documented as a care concern at any time in the process of investigation.

Appendix: 14**Children's Homework Diary**

Remember to use this book to write about the following things:

- Times When You Are:
- Unwell
- Really tired
- Afraid/Worried
- Have Hurt yourself
- Been Away: like staying over at a friends, visiting other family members,
- Been Upset

Use the memory signs to help you write:

- Who were you with
- What was happening
- Where you were
- What you were doing

Use the feeling symbols to help you write:

- What your head thought
- What your heart felt
- What your body did

Remember the other symbols too

- Hands for closeness and feeling cared about

- Heart for being loved and feeling loving toward
- Skull & Crossbones for feeling hateful toward

Think about the Mask

Did you say something that was different to what your head thought, heart felt, body did?

Appendix: 15 Separation Narratives & Question Probes**Picture 1**

This picture shows Sammy the lamb in a paddock. Sammy is a young lamb who usually spends her time in the company of her mother and other family members. However on this day Sammy decided to be adventurous and on spying a hole in the fence she squeezed through to the next door paddock. Once there she ran all over the place and ate the long sweet grass eventually she tired and settled down for a nap when she awoke she couldn't believe her eyes she was all-alone. She made for the fence where she had last left her mother and other family members but there was no one in sight. It was true she was completely alone. Sammy stood by the fence looking searchingly in the direction that she had last seen her mother.

Questions:

- a) How do you think Sammy felt when she realised that she was completely alone?
- b) What thoughts do you think went through Sammy's head when she realised she was all-alone?
- c) What do you think Sammy wanted to do right at this moment?
- d) What do you think Sammy could do to get out of this situation ?
- e) Where do you think the Mother went?
- f) Why do you think the Mother went off without Sammy?
- g) What do you think the Mother might have been thinking about at the time she left Sammy?
- h) How do you think the Mother might have been feeling then?
- i) How do you think the Mother should deal with this situation?
- j) What do you think Sammy would want her Mother to do?
- k) What do you think Sammy wished for when she stood at the fence looking for her Mother?
- l) If you were Sammy what would you have felt, thought, done?

- m) If you were Sammy what would you have liked the Mother to do?
- n) If you were Sammy what do you think the Mother should have done?
- o) If you were Sammy what would you have expected to happen?

Implementation Note: Picture one is to be kept on table until the last sentence of the second narrative. Present second picture as narrating the last sentence.

Picture 2

Sammy stood by the fence and bleated loudly desperately trying to attract her mother's attention. She kept standing by the fence hoping that she would be heard. Lo and behold when Sammy next opened her eyes there before her stood her mother.

Questions

- (a) How do you think Sammy felt when she saw her mother at the fence?
- (b) What do you think Sammy thought when she saw her mother?
- (c) What do you think Sammy felt like doing when she saw her mother?
- (d) What do you think the mother thought, felt, did when she saw Sammy?
- (e) How do you think Sammy and her Mum got on after they were reunited again?
- (f) If you were Sammy what would you have expected to happen when the mother returned?

Picture 3

Chrissie had been put to sleep in his cot for the night but only a few hours later he woke up. He realised that he was on his own and began to cry loudly but nobody came. He stood up in his cot and shook the rails as he cried.

Questions

- (a) What do you think Chrissie felt when he realised he was on his own?
- (b) What do you think he wanted to have happen?
- (c) What do you think he might have been thinking to himself at this time?

- (d) If you were Chrissie what would you have done, felt, thought?
- (e) If you were Chrissie what would you have expected to happen?

Picture 4

Chrissie's loud crying brought his mother to his room. Mother picked Chrissie up and spoke softly to him. She then carried him down to the kitchen where she prepared Chrissie a bottle. Mother checked the milk to make sure its temperature was just right and then she cradled Chrissie in her arms and feed him.

Questions

- (a) How do you think Chrissie felt when he saw his Mum?
- (b) What do you think he thought when he saw his Mum?
- (c) What do you think he did when he saw his Mum
- (d) What do you think Chrissie's Mum thought when she heard him crying?
- (e) What do you think she felt?
- (f) What do you think she should have done?
- (g) If you were Chrissie what would you have thought, felt, done?
- (h) If you were Chrissie what would you have expected to happen in this situation?

* Where father has been primary caregiver exchange picture used and apply same questions.

Picture 5

Jess is a police officer who had been called to the home of Mr and Mrs Green by Ann the social worker. Jess had gone to Mr and Mrs Green's home because someone told Ann that Mr and Mrs Green had been hurting their two children. Ann the social worker believed that it was no longer safe for the children to remain at home. Jess tried to talk with Mr and Mrs Green but they were very angry.

Questions

- a) What do you think Mr and Mrs Green felt when Jess the police officer arrived at their home?
- b) What do you think Mr and Mrs Green thought when they saw Jess arriving at their home?
- c) What do you think Mr and Mrs Green did when Jess was at their home?
- d) How do you think Mr and Mrs Green felt about the children when they knew someone had told Ann the social worker that they had hurt the children?
- e) What would you expect Mr and Mrs Green to do?

Picture 6

Jess the police officer succeeded in getting Mr and Mrs Green to go inside and talk with Ann the social worker. The children were in the house as well but they were in a different room to their parents, Jess and Ann.

Questions

- a) What do you think the children felt when all this talking was going on?
- b) What do you think the children thought about when all this talking was going on?
- c) What do you think the children wanted to do when all this talking was going on?
- d) What do you think the children expected to happen when all this talking was going on?
- e) How do you think Mr and Mrs Green were going to react to their children following this talk?
- f) If you were a child of Mr and Mrs Greens what would you have felt, thought, done when the talking was going on?
- g) If you were a child of Mr and Mrs Greens what would you have expected to happen after the talking was over?

Picture 7

Ann talked with Mr and Mrs Green for a long time. They were angry with Ann and believed they looked after their children well. Mr and Mrs Green would not agree to anything Ann suggested and Ann still believed that if she left the children with their parents they might be hurt. So she organised to take the children to a new home for a few days until she could talk with Mr and Mrs Green further. Ann took the children by the hand as she walked them down the path toward her car.

Questions

- (a) How do you think the children felt when they realised they were going to leave their Mum and Dad?
- (b) What do you think the children thought then?
- (c) What do you think the children did then?
- (d) What do you think the parents did, thought, felt then?
- (e) What do you think the parents should have done?
- (f) What do you think Ann should have done?
- (g) If you were a child of Mr and Mrs Greens what would you have felt, thought, done then?
- (h) If you were a child of Mr and Mrs Greens what would you have expected to happen then?

Picture 8

After many meetings between Ann the social worker and Mr and Mrs Green the children were allowed to visit their parents.

- a) (a) How do you think the children felt when they visited their parents for the first time after being taken away from their home by the social worker?
- b) What do you think they thought and did on seeing their parents?
- c) What do you think the parents felt, thought, did when they saw their kids?
- d) If you had been one of Mr and Mrs Greens children what would you have liked

the parents to have done when they saw you again for the first time since being taken away by the social worker?

- e) If you had been one of Mr and Mrs Greens children what would you have expected to happen in this first visit?
- f) How do you think the children would have felt, thought, done when it came time to go back to their foster parents?

Appendix: 16 Sample Copy of Key Informant Information Sheet**Ties That Bind: Attachment Formation
in the Maltreated Preadolescent Child
Placed in Long Term Foster Care****INFORMATION SHEET
(Key Informants)****The Researcher**

Shirley - Ann Chinnery

AddressWork: NZCYPFS
59 Lake Road
Takapuna**Supervisors**Dr Mike O'Brien
Dept. Social Policy & Social Work
Albany Campus Massey University

Ph:(09) 443 - 9768

Ms Jill Worrall
Dept. Social Policy & Social Work
Albany Campus Massey University

Ph:(09) 443 - 9667

The Project

This study aims to explore what attachment characteristics social workers need to attend to when placing preadolescent children in permanent or long term care. My interest in this research is derived from my practice as a child protection social worker and also by course requirements for the completion of my Masters in Social Work.

Background Information

The key informant interview is one of the methods in my research design. This method has been chosen in order to access those persons who have been identified as holding specialised knowledge in the attachment field. Information obtained from the Key informant will be used to inform the interview guide schedule to be used with the study's other participants: Social Worker, Caregivers and Child. This guide sheet will also be used for clarifying observations and recordings as documented by the child's current social worker.

Participant Requirements

I am seeking your participation as a key informant in my research. If you agree to participate in the research I would like to meet with you on one occasion in a small group consisting of three other professionals who are participating in the research as key informants. I envisage that this meeting will require no more than 2 hours of your time. This meeting will involve you participating in an open-ended discussion, which focuses on the specialised knowledge you possess in the attachment area. I am specifically interested in your clinical opinion and experience as they relate to the maltreated, preadolescent child placed in long term care. I would also wish to audiotape the interviews for recording purposes. These tapes can either be destroyed, archived or returned to you at the end of the

study.

Confidentiality

Everything you say in the interviews will be confidential unless you give me your express permission to discuss the information gained.

Use of Information Gained from Interviews

The information obtained through the interviews will be used in the Thesis and at a later stage for publication and seminar presentations. Prior to its use in the Thesis the information will be transcribed and sent to you for comment and review. The alterations, if any, will be noted for study purposes. Your name will not be placed on these transcripts but will be numbered to ensure maintenance of confidentiality. A copy of the final draft of the research will be send to you prior to submission of the thesis in its final format.

Participant Rights

You have the right:

1. To decline to participate
2. To refuse to answer any particular questions
3. To withdraw from the study at any time
4. To ask any questions about the study at any time during participation
5. To provide information on the understanding that your name will not be used unless you give permission for me to do so.
6. To be given access to a summary of the findings of the study when it is concluded.
7. To request that the tape recording be discontinued at any time

Appendix: 16 Sample Copy of Key Informant Consent Form**Ties That Bind: Attachment Formation
in the Maltreated Preadolescent Child
Placed in Long Term Foster Care****CONSENT FORM
(Key Informants)**

- I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- I understand I have the right to withdraw from the study at any time and to decline to answer any particular questions.
- I agree to provide information to the research on the understanding that my name will not be used without my permission.
- I agree/do not agree to the interview being audio taped.
- I also understand that I have the right to ask for the audiotape to be turned off at any time during the interview.
- I agree/do not agree to participating in a small group interview with other key informants
- I agree to participate in this study under the conditions set out in the information sheet.

Signed:

Appendix: 17 Checklist for Social Worker's Perception of Suitability for Child's Inclusion in Research

I seek the following information from yourself as caseworker for this child in order to ascertain their suitability for inclusion in the current study. Should you be aware of other information not asked for here that may effect the appropriateness for this child's inclusion please place it at the bottom of this form or alternatively inform the study's broker of your concerns.

1. Who currently carries guardianship responsibilities for this child? If you know the legal status by type e.g.: s.110 please scribe it here.

Comment:

2. How long has this child been in the current placement?

Comment:

3. Would you describe this child as being settled in their current placement? Please give behavioural descriptors if settled.

Comment:

4. What type of access do the child's parents currently have to the child? Please comment about frequency.

Comment:

5. Does this child function at a cognitive level similar to same aged-peers? If you possess information about school or intellectual functioning please provide it here.

Comment:

6. What type of therapeutic or other specialist service is currently active for this child?

Comment:

7. How many placements did this child have over the first three years of life? Please indicate if they were with this service, kin, friends or community based placements.

Comment:

Appendix: 18 Sample Copy of Social Worker Information Sheet**Ties That Bind: Attachment Formation
in the Maltreated Preadolescent Child
Placed in Long Term Foster Care****INFORMATION SHEET
(Social Workers)****The Researcher**

Shirley - Ann Chinnery

Address

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The Project

This study aims to explore what attachment characteristics social workers need to attend to when placing preadolescent children in permanent or long term care. My interest in this research is derived from my practice as a child protection social worker and also by course requirements for the completion of my Masters in Social Work.

Participant Requirements

I am seeking your participation in my research in your capacity as a professional social worker. If you agree to participate in the research I would like to meet with you on one occasion for approximately 1-1½ hours. This meeting will involve you participating in a semi-structured interview and will focus on clarifying issues related to file documentation pertaining to the child subject. Additionally discussion will focus on your clinical observations about the attachment relationships of the child in question. I would also wish to audiotape the interview for recording purposes. These tapes can either be destroyed, archived or returned to you at the end of the study.

Confidentiality

Everything you say in the interview will be confidential unless you give me your express permission to discuss the information gained.

Use of Information Gained from Interviews

The information obtained through the interview will be used in the Thesis and at a later stage for publication and seminar presentations. Prior to its use in the Thesis the information will be transcribed and sent to you for comment and review. The alterations, if any, will be noted for study purposes.

Your name will not be placed on these transcripts but will be numbered to ensure maintenance of confidentiality. A copy of the final draft of the research will be send to you prior to submission of the thesis in its final format.

Participant Rights

You have the right:

1. To decline to participate
2. To refuse to answer any particular questions
3. To withdraw from the study at anytime
4. To ask any questions about the study at any time during participation
5. To provide information on the understanding that your name will not be used unless you give permission for me to do so.
6. To be given access to a summary of the findings of the study when it is concluded.
7. To request that the tape recording be discontinued at anytime

Abuse Disclosure

The proposed child interviews are focused on the child's experience of relationships. Should the child or caregiver disclose any concerns relating to past or current abuse that have previously been unknown I am ethically bound to report these to yourself in your role as the child's social worker. This Rider has also been identified to the child and caregiver.

Appendix: 18 Sample Copy of Social Worker Consent Form**Ties That Bind: Attachment Formation
in the Maltreated Preadolescent Child
Placed in Long Term Foster Care****CONSENT FORM
(Social Workers)**

- I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- I understand I have the right to withdraw from the study at any time and to decline to answer any particular questions.
- I agree to provide information to the research on the understanding that my name will not be used without my permission.
- I agree/do not agree to the interview being audio taped.
- I also understand that I have the right to ask for the audiotape to be turned off at any time during the interview.
- I agree/do not agree to assisting with access to the child's personal file.
- I agree/do not agree to participating in the planned interview.
- I agree to participate in this study under the conditions set out in the information sheet.

Signed:

Name:

Date:

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