FOSTERING RELATIONSHIPS:

The organisation of attachment in foster care

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ABSTRACT

Externalising behaviour is known to compromise stability and continuity of care for children who have been maltreated, and who may enter statutory care with insecure or disorganised attachments. The objective of this study was to increase understanding of the significance, function and development of enduring relationships between substitute caregivers and children in need of care and protection. The study examined the contribution of foster parent relational qualities and specifically whether adult attachment dimensions are implicated in the potential for security and stability in fostered children. It also sought to identify children's behaviour that may contribute to the development of the relationship. In the Eastern Bay of Plenty, 24 fostering relationships were examined via self report questionnaires and interviews with foster parents, children and social workers. The children in care were aged between 6 and 12 years. Bi-variate correlations and linear regression analyses indicated that secure attachment in adults contributed significantly to felt security and potential stability for children and was also associated with the children's increasing capacity for self regulation and the children's own ratings of self worth. Findings overall appear to indicate that the organisation of attachment in foster care in this study is a function of both adult and child factors. In particular, the potential for stability and security was greater for children who were expressive of distress at the time of transition into the placement and who could subsequently initiate relationship interactions, compared to avoidant children. Results are discussed in terms of practice models for intervention and foster care.

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PREFACE

At the outset of this research I reflected on my observations of a specific population of children and speculated about an escalating social crisis in New Zealand, before turning to the literature of social work, the developmental theory of attachment and the science of psychology for answers.

The persistence of child abuse and the increasing evidence of social pathology in some young people are deplorable and seemingly inter-related realities in New Zealand. Both may have fatal consequences. As a nation we are unable to tolerate the death of children, or death caused by children. At such times, media attention alerts us to the need for change and questions are publicly raised about breaking the cycle of abuse. Much of the debate focuses on "poor parenting skills". Although government initiatives have directed funds into community resources, the abuse of children is not abating. In fact, recently reported current affairs suggest that the cycle may sometimes have accelerated. Apparently none of this is new. Child abuse has been around for a long time. A global media watch also informs us that in many countries the losses of children to violence are commonplace along with a daily struggle for survival. Such communities must have to adapt defensively to distress and despair, yet in New Zealand we are able to take a comfortable and conservative perspective on what normal should be. We can still identify psychopathology, such as conduct, mood or post traumatic stress disorders, as deviations from our western norms of health. Strangely enough, despite New Zealand's historic reputation for innovative social reforms, in the relatively complacent security and isolation of an island with the potential advantages of all the knowledge in the world, it seems we are now unwittingly sliding into the worst the world has to offer. I believe we could intervene more effectively by giving more attention to attachment theory and specifically to the aetiology and sequelae of the construct of attachment disorganisation.

My thesis acknowledges the heritage of the welfare state. Our national system of care and protection holds statutory power to intervene on behalf of children who are vulnerable because of violence and neglect, and to consult through the mechanism of a Family Group Conference. The principles of the regulations acknowledge the importance of biological ties and recognise children's needs for relationships. This

recognition means that removal of children from their families is a last resort. If they are removed, they may be returned to their families following reparative interventions.

Parenting programmes, anger management, drug and alcohol counselling, are among the conditions placed on parents before their children return. If the conditions are satisfied, then separated children may experience a period of grief and anxiety but will eventually be re-united with their families. If parents are non-compliant with the conditions, then representatives of the state attempt to call together a small community of relatives and other interested people to decide where the children should live and who should care for them. Sometimes they are sent to family members who they do not know, removed from their friends and other significant people who may have made a difference but who are unable to make a long term commitment. In this way, they may have emotional attachments to people with whom they are unable to live, and from whom they may become separated. Sometimes they are sent to live with strangers. Sometimes the wrench and upheaval is unbearable and the children are unable to contain their distress in socially approved ways. They express it in many forms and may become stigmatised as "damaged" social welfare children. If the new caregivers are unable to make a connection with these children, then they will be unable to help them to manage their distress or bring their behaviour into line with what is acceptable, regardless of their parenting skills. If the children move on, the distress escalates internally and often spills over into the world around them. If they survive to become parents then they most likely will lack a model of how to be regular, predictable and safe parents. In this way, our statutory intervention may sometimes perpetuate the cycle of disorganised and abusing relationships rather than break it. This is not to discredit the work of hard-working social workers - allies and colleagues who get more than enough negative attention despite their sometimes astounding commitment to children. I have focussed on the characteristics of this small population of children knowing that the reduction of risk for psychopathology and antisocial conduct in any part of the population would be a desirable goal for any social service profession.

The design of the thesis evolved from clinical observations of children in care and led to speculations about the reciprocal process of attachment and bonding between such children and their non-familial caregivers. Although some children may drift through the system, others appear to thrive. After a time in their new home, some children may be observed behaving in ways reminiscent of a younger child, and eventually reports of improved everyday social behaviour seem to indicate an increase

in felt security. The children's own accounts of the relationship show signs of beginning to trust and accept their foster parents. The non-familial relationship often becomes redefined by the language of kinship. At the same time the foster parents talk about the child in increasingly more protective ways and begin to take stronger action on their behalf. Sometimes they begin to find fault with the care plan, or become more distressed about the failure of the biological parent/s of the child or children. Speculatively, these events seem to indicate a number of sequential phenomena relating to core concepts of attachment theory as a system of survival: - the child's unique and lonely response to fear and management of grief, followed by the gradual attainment of a workable model of attachment and the reciprocal association of the attachment system in the child with the activation of the caregiving system in the adult.

The relevance of attachment theory is that it has always been concerned with care and protection in times of environmental stress, and that these are the factors of main import to the government welfare system. It is a developmental description of the way behaviour, cognition and affect are activated and modified by protective factors in dyadic relationships. It is a behavioural control system, an inner working model, an affect regulating system. It is a classification system of constructs that endure and evolve throughout the life span to predict resilience and vulnerability. There is also an ecological parallel in social epidemiology where trust, consistency and reciprocity, principles similar to those of attachment, are implicated in security, resilience, reduction of violent crime, health and longevity in communities.

As a predictor of individual resilience, security of attachment has components of self worth, a belief in the availability of others, and a capacity for the protective care of others. Deviation from an internal sense of felt security indicates a causal link from problems that, at worst, include the trauma of inter-familial abuse. The disorganised classification in particular is associated with unresolved states, a helpless caregiving style under stress, and the perpetuation of vulnerability to psychopathology, the cycle of abuse and self-inflicted mortality.

In foster care, what does break this cycle of expectations of insecurity? My contention is that it is the quality of the care and protection provided in an exemplary and interactive way with a sensitive, consistently available and resilient adult who will recognise, meet and advocate for the child's needs.

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1. INTRODUCTION

Attachment is not synonymous with the total relationship between child and caregiver. It is an *organisational construct* (Sroufe & Waters, 1977) that describes particular interactions generated by sets of beliefs and expectations about the ability of specific relationships to comfort and protect. This review will elaborate on the core themes of attachment theory that are pertinent to the care and protection of children; essentially derived from the view that the experience of fear activates attachment behaviour. The presence of a specific attachment figure not only reduces the child's anxiety in a stressful situation but also promotes confident exploration of the environment (Ainsworth & Wittig, 1969, Bowlby, 1969/1982). It can be inferred that the child feels secure in a relationship when distress results from the separation from the attachment figure and reunion with that particular person evokes pleasure (Ainsworth, Blehar, Waters & Wall, 1978; Main, 1991; 1996). When the attachment figure is repeatedly available, the pattern of interaction and regulation is reinforced (Belsky, 1999a; Main, Kaplan & Cassidy, 1985; Stern, 1985). Detrimental consequences are indicated when fear persists and when attachment schemas do not develop in an organised way (Erickson, Sroufe & Egeland, 1986; Greenberg, 1999; Kobak, 1999; Lyons-Ruth, 1996; Perry, 2001; Solomon & George, 1999a).

Attachment as an Evolutionary Model

From the outset, attachment was seen as an ethological control system that was activated by threat and was essential to survival. This original framework was constructed from a synthesis of evolutionary theory, ethology, biology, systems theory, cybernetics and cognitive science (Bowlby, 1957; 1960; 1969, 1973, 1982).[1] The need for a comforting and protective relationship appeared to be a universal evolutionary theme, supported by findings that infants became attached to mothers who abused or did not feed them; and from classic observational studies where rhesus monkeys clung to familiar non- feeding cloth "mothers" rather than a wire feeder (Cassidy, 1999; Harlow & Harlow, 1969).

[1] For a documented history of the development of the field, see Karen, 1994).

The theory was anchored to observations that major disruptions in the mother-child tie had detrimental outcomes. Consequently, maternal sensitivity was promoted as the catalyst for an optimum experience of felt security in infancy and the development of autonomy and psychological resilience (Bowlby, 1961,1982).

Research diversified into areas of developmental, social and clinical psychology (Belsky, 1999b; Simpson, 1999). One of the empirical markers, the 30 minute Strange Situation procedure (SS; Ainsworth & Wittig, 1967; Ainsworth, Blehar, Waters & Wall, 1978), observed interactions between mother-infant dyads during conditions of manipulated stress. It established the concept of a *secure base* and produced the classification system that became an enduring reference point for subsequent research. The utility of the SS was enhanced with the identification of a group of children who did not have organised attachment strategies (Main & Solomon, 1986, 1990). In the Adult Attachment Interview (AAI; George, Kaplan & Main, 1985), discursive analysis was used to identify states of mind with respect to attachment that would predict the classifications obtained from the Strange Situation. The current study was inspired by the convincing relationship between these two procedures, and of both with a complementary caregiving system (George, 1996; George & Solomon, 1996; Solomon & George, 1996).

Among the additions by developmental and social researchers are studies that demonstrate the significance of experience in the development of attachment patterns, and longitudinal studies that show continuity of the early patterns across the life span (Ainsworth & Marvin, 1995; Bretherton, 1985, Cicchetti, Cummings, Greenberg, & Marvin, 1990; Grossmann & Grossmann, 1991; Sroufe, 1988; Sroufe & Waters, 1977; Sroufe & Fleeson, 1986). There are now many measurement variants including classifications from summations of observed behaviour (Waters & Deane, 1985; Bimler & Kirkland, 2002); assessments of children's representations in structured playroom settings (Gaensbauer & Harmon, 1981) or in language (Bretherton, Ridgeway & Cassidy, 1990; Green, Stanley, Smith & Goldwyn, 2000) or family drawings (Fury, Carlson & Sroufe, 1997); as well as a venture into adult romantic attachment based on self report social and personality measures (Hazan & Shaver, 1987 and a projective measure of adult attachment (George & West, 2001).

To reiterate, attachment is not about the existence or quality of a bond, but is about that part of a relationship that is activated to increase the chances of physical, social and psychological survival in the face of environmental threat or stress. The function of attachment behaviour is to maintain the availability of the attachment figure and to activate caregiving behaviour. Even when attachment is viewed through the lens of research into the development of the brain (Schore, 2000), it is still about survival. The primary attachment figure has a key role in affect regulation, in the development of mental representations and in influencing the growth of neurobiological structures. The consequences of loss, maltreatment, and neglect within that primary relationship have influenced the study of a wide range of childhood and adult problems.

In particular, children who have been maltreated have been well represented in clinical populations (Cicchetti & Toth, 1995; Lyons Ruth & Jacobvitz, 1999). Some research has acknowledged the importance of recovery through foster care relationships (Dozier, Stovall, Albus & Bates, 2001; Eagle, 1994; Kates, Johnson, Rader, & Strieder, 1991; McCauley, 1996; Marcus, 1991). There are indications that treatment-oriented foster care in the United Kingdom and the United States has had positive effects on children's social skills (Reddy & Pfeiffer, 1997). However, no research has been found that defines the process or requirements for assisting children in alternative care to reorganise attachment representations following maltreatment.

The current study aimed to provide such research in a New Zealand context. An outline of the current welfare of New Zealand children is followed by summaries of relevant New Zealand and international foster care literature; an explication of the constructs of attachment theory, including those known to predict trajectories of resilience and vulnerability; and an investigation of the notion of continuous replication of attachment patterns. Following a review of studies that address the themes of new relationship formation for maltreated children in foster care, this study speculates about characteristics of foster parents that positively transform the attachment environment. Finally, an overview of the current study is provided.

The State Of The Nation's Children

The influence of politics on children's welfare is evident in a UNICEF report entitled, "When the Invisible Hand Rocks the Cradle; New Zealand Children in a Time of Change." This report describes the consequences of a decade of rapid reforms prior to 1995 (Blaiklock, Kiro, Belgrave, Low, Davenport & Hassell 2002). Concurrently, Action for Children and Youth Aotearoa (2002) found failure in New Zealand to fully implement two specific care and protection recommendations of the United Nations Committee on the Rights of the Child[2] regarding corporal punishment and the recovery of child victims of abuse. This report not only found unacceptably high rates of violence towards children but also found inadequacy in recognition of their rights. Criticism of the level of resourcing extended to the care and protection system and to community prevention and intervention. Combined statistical sources show that:

- Twenty three per cent of the total population are children under 15, proportionally higher than many other countries. Children's cultural diversity has been recorded as 75% European, 24% Maori, 11% Pacific people and 7% Asian;[3] 33% of households had children (average 1.9 per household); 69% were 2 parent families; 31 %, 1 parent (Statistics New Zealand, 2001).
- One in 10 children live in poverty. Twenty one per cent of NZ children born in 1993 spent at least five of their first seven years in a main income tested benefit. Households with children are now likely to have income in the bottom 40%.
- The rate of childhood injuries and poisoning is the 5th highest in the OECD.

One in 10 child deaths are from communicable diseases associated with poverty, such as rheumatic fever. The infant mortality rate dropped from being the 5th lowest in the world in 1960, to 22nd in 1987, and slightly improved to 19th by 2000. Since 1986 there has been an average mortality rate of 10 children per year, and hospitalisation of around 250 per year because of injuries inflicted by others. Of the violence experienced by children, 80% occurs in the family home.

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[2] For a review of the statutory implications of UNCROC in the New Zealand context, see Taylor (1997).
[3] Multiple endorsements were allowed.

- The 6709 substantiated cases of abuse and neglect in 1998/99 increased slightly to 6833 the following year. Notifications of abuse average 25,000 per year. Cultural differences continue to appear in reported rates of 7.2 Maori and 4.9 non-Maori per 1000 under 17yrs (Ministry of Social Development, 2002).
- Over three years to June 2002, the number of under five year olds placed in care increased by 15% to 795; the number of one year olds increased by 48 to 296, and six children were removed at birth.[4]

Foster Care in New Zealand

Many reports prior to the CYP&F Act, 1989, are of historical interest for their enduring recognition of a disproportionate number of Maori children in state care, the need for foster parent preparation and support, and the problem of multiple placements (Department of Social Welfare, 1978; Gandar, 1984; Worrall, 1983). An early study found up to 90 % cent of placements ended prematurely, with two years being the criteria for success at the time (Stirling, 1972, cited by Prasad, 1986).

Other surveys found that 24 % of placements lasted three months, 83 % less than 12 months and that fostered children averaged 6.5 placements over five years (MacKay, 1981; Prasad, 1986). A survey of children in departmental family homes found that 8% were there due to placement breakdown, and of those, 27 % had two to four placements, 16 % five or more (Donnell & Wright, 1988). One report from an intensive foster care project found that foster parents were more likely to attribute the need for care to children's behaviour, not to detrimental family environments (Mackay, 1988; von Dadelszen, 1988; Whitney, Walker & von Dadelszen, 1988).

The mental health risks of such detrimental environments, and multiple placements were recognised by Prasad (1986). An ecological framework for foster care training and practice, based on Bronfenbrenner (1979), was developed to acknowledge multi-systemic needs. A shift in resources was required, but not forthcoming, as more emphasis was placed on the role of biological parents and on agency responsibility for needs assessment and provision of appropriate services.

[4] Worrall (1996) says that current processes of the Children Young persons and Their Families Act (CYP&F Act, 1989) may not reveal the actual number of children living away from their families.

In the past decade, the focus of research and practice has been aligned with the increased allocation of responsibility to family, whanau, hapu and iwi for children in need of care and protection, and youth justice, following the CYP&F Act, 1989. The change appeared to address relevant concerns held by Maori and Pacific Island people in spite of philosophical differences in placing the best interests of the child ahead of the group (Mason, Kirby & Wray, 1992). Early outcomes were variable, but the emphasis on family decision making meant that it was regarded by some as an act of empowerment, and recognised internationally as innovative (Connolly, 1994; Bartholet, 1999). On the other hand, there was evidence that this innovation, perhaps accompanied by shifts in economic policy, had perpetuated invisible physical, social and emotional costs for many families (McKenzie, 1996; Worrall, 1996).

Research that raised concerns about intergenerational effects indicated that the preference for family placements had not diminished problems. Kinship carers could equally be strangers, with inadequate supports in place, and multiple stressors were just as likely to maintain the problems of drift through kinship care as foster care (Worrall, 1996). A lack of oversight was also identified (Connolly, 1994).

A critique of the CYP&F Act identified the failure to monitor conditions essential for success. These conditions included foster parents' commitment, the quality of relationships between the child and caregivers, support and oversight for the new care arrangement, and the lack of outcome evaluation (Hassall, 1999). On the other hand, some promising developments have evolved.

A salient example is that more attention has been paid to increasing the understanding of experiences of foster care and the recognition of children's views and rights (Duffin, 1985; Mason, Kirby & Wray, 1992; McKay, 1981; Mackay, 1984; O'Reilly, 1996; Smith, 1997; Whitney, Walker & Von Dadelszen, 1988). The Children's Issues Centre in particular has focused on the rights of children in care (Smith, Gollop, Taylor & Atwool, 1999; Smith, Gollop, & Taylor, 1998, 2000). New Zealand is now said to have stronger mechanisms of child advocacy, perhaps to attend to "*societal structures and processes that perpetuate the phenomenon*" of child abuse (Hassall, 1997, p. 413).

Among them, the Brainwave Trust[5] and Children's Agenda appear well networked with Doctors for Sexual Abuse Care, who have played a key role in enabling leading international developmental and trauma researchers to disseminate their work (Perry, 2001; Siegel, 2001). Government initiatives have produced documented strategies such as the Agenda for Children and the Care and Protection Blueprint (Ministry of Social Development, 2002, 2003).

In New Zealand, as overseas, the issues impacting on optimal experiences for children and the practice of foster care have wavered between the personal and the political. There have been tensions between existing adult legislation and new declarations of children's needs (O'Reilly, 1996; Atwool, 1996). Now, broader understandings of risk and resilience can potentially bring about more consistent provision of multi-systemic resources. This may ensure that children develop the trusting relationships and their sequelae upon which psychologically secure and socially resilient communities are based (Berkman & Kawachi, 2000).

The experience of being "nobody's child" was recognised prior to the introduction of the CYP&F Act, 1989 (Duffin, 1985) which in turn delineated the rights of children to form relationships. Currently, when children's rights to relationships appear in international and New Zealand social policy statements, the desirability of an organised attachment system is implied, but seldom explicitly given full discussion and consideration.

One of the key proponents for the integration of attachment theory into social work practice in New Zealand urges recognition of children's perspectives, the context of the relationship and the systemic issues on which it depends (Atwool, 1999, 2000). Morris (1997) adopts a similar approach with the child in a central position in therapeutic and systemic processes.

The enquiry into relationship development for fostered children is informed by a review of general predictors of risk and stability from international studies, before considering the implications of the findings in the light of attachment theory.

[5] The Brainwave Trust website provides links to latest research on formative aspects of development, see www.brainwave.org.nz

2. THE ENDURING PROBLEM OF SERIAL PLACEMENTS

Internationally, as in New Zealand, there are similar themes: an increase in child maltreatment, escalating numbers of referrals to foster care, the detrimental consequences of multiple placements, long term placements that were initially intended to be short term and an ideological focus on care by kin and culture in the best interest of the child (Colton & Williams, 1997; Thoburn, 1990). This section considers one of those themes, placement breakdown, and reviews the contributory roles of children and adults in the success or failure of foster placements.

The Contribution of Children's Behaviour to Breakdown or Stability

Although failure to stabilise a child in care can be attributed to a combination of child, adult and placement factors, many studies highlight the significance of behaviour problems posed by children (Pardeck, 1982; Berridge & Cleaver, 1987; Penzerro & Lein, 1995; McCauley & Trew, 2000).

Research has consistently indicated behaviour and social problems to be higher for fostered children than for community populations of children (Landsverk & Garland, 1999; McIntyre and Keesler, 1986; Marcus, 1991). In a comprehensive longitudinal study, psychological disturbances were found in a high percentage of fostered children. Better foster relationships were possible when there were fewer internalising problems, and when children's externalising problem scores were within the normal range (Fanshel & Shinn, 1978). In a recent longitudinal study, higher externalising problem scores rated by foster parents at four months predicted disruption within two years (McCauley & Trew, 2000).

Similarly, a follow up study of children at four months into care found that alternative options were required for a group of disruptive older children with more than one previous placement (Barber, Delfabbro & Cooper, 2001). Multiple placements were a common predisposing factor for admission to one adolescent residential treatment centre, consistent with the finding that children with conduct problems and a history of separations were more likely to re-enact and provoke rejections (Penzerro and Lein, 1995). Such findings implicate the loss of early attachment relationships in the dynamics of re-enactment and behavioural disruption.

Two interrelated attachment themes are significant: the loss of the primary attachment figure and the strategic failure of the attachment system. Without expectation that the foster home is a haven of safety, children may experience the move itself as a threat that undermines *"...interpersonal trust, sense of mastery, and control over events within the environment"* (Kates, Johnson, Rader & Strider, 1991, p. 585). Such a threat may provoke difficult and disoriented behaviour.

The review of attachment theory and research (Chapter 3), and the review of literature relevant to the integration of attachment theory in foster care (Chapter 5), will revisit these issues. A summary of what is known about foster parents follows.

Foster Parents Contributions to Stable and Continuous Care

Personal characteristics of foster parents associated with successful placements are to be over 40 years of age, with training and preparation prior to undertaking the work (Berridge & Cleaver, 1987; Thoburn 1990). Motivational factors known to predict success are: wanting a child, being able to identify with the child's situation and having a philosophy of social concern and altruism (Dando & Minty, 1987).

Family Context

In a study where 65% of foster children had been maltreated, the characteristics of successful families were as follows: enjoyment, experience, family centred, a strong marriage, well differentiated sex roles, self reliance, tolerance of others, fairly conventional views, relaxation about achievement, open communication about concerns, strictness and persistence (Thoburn, Murdoch & O'Brien, 1985).

More stability and positive relationships between carers and children were indicated where bonds were retained between children, biological parents and foster parents (Prasad, 1986; Berridge & Cleaver, 1987; Shealy, 1995; Steinhauer, 1991).

Sense of Commitment and Permanence

A sense of commitment featured in successful placement outcomes in Otago (Smith, Gollop, Taylor & Atwool, 1999). This research added validity to overseas findings that a reported sense of permanency appears to be a better indicator of success than legal permanency (Thoburn, 1990, Thoburn, Murdoch & O'Brien, 1985).

Role Clarity and Support

Role confusion and unrealistic expectations predict breakdown as reviewed by Prasad (1986). In New Zealand, stress in the caregiving family had negative effects on placements (Smith, 1997). In turn, caregiver well-being was associated with higher levels of social work support (Murphy, 1999). Support needs for social workers have also been indicated as high rates of change in caseworkers have been linked to multiple placements, and social workers attitudes have been linked to placement outcomes (Pardeck, 1982). Supportive relationships are clearly beneficial.

A Developmental View of Relationships

A recommendation was made to shift the research focus from the breakdown of placements to the process of relationship formation (Berridge and Cleaver, 1987). Accordingly, a developmental framework was applied in one study into children's perspectives on developing relationships (McCauley, 1996; McCauley & Trew, 2000). The complexity of multiple interpersonal contexts was highlighted in a review that concluded that clarification of all relationships within a family protection system is a central therapeutic task (Kates, Johnson, Rader & Strieder, 1991). With those ideas as a background, the next section will focus specifically on the developmental view of attachment as a survival promoting system within a care and protection environment. This is done to provide a context for the behaviour and relationship needs of children in foster care as it relates to the current study.

3. ATTACHMENT THEORY AND RESEARCH

The Strange Situation brought new attention to qualitative aspects of behavioural organisation within relationships (Ainsworth, Blehar, Waters &Wall, 1978; Sroufe & Waters, 1977; Bretherton, 1985, 1992, 1995). The cognitive and emotional aspects of attachment have received increased focus in subsequent research, providing "... *elaborations of how different patterns of experience are built in the child's particular experiences in seeking to use the mother as the secure base"* (Ainsworth and Marvin, 1995, p.19).

Attachment Behaviour

Attachment behaviour is "...*any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world"* (Bowlby, 1980, p.668). In the attachment system, attachment behaviour may be elicited by threatening stimuli, internal states, and the external presence, absence or rejection of the mother. The behavioural response is de-activated in the presence of a terminating stimulus, such as contact with the attachment figure (Sroufe & Waters, 1977). Beyond infancy, children increase the repertoire of behaviour that maintains the dynamic equilibrium between caregiver availability and interaction with the environment.

The attachment system is understood to interconnect with the child's fear, exploration and sociable systems for the purpose of biological adaptation. Responsiveness of the attachment figure was required for attachment to develop in the secure form, in turn encouraging confident exploration in the absence of fear (Bowlby, 1989; Cassidy, 1999; Weiss, 1991). In this model, where the attachment figure is accessible, the activation of the sociable system provides more evolutionary protection. Individual and cultural variations have been found (Bowlby, 1969/1982; Cassidy, 1999; Grossmann & Grossmann, 1991; Main, 1990; van IJzendoorn & Kroonenberg, 1988).

Attachment as an Affectional Bond

An attachment tie is an affectional bond[6], but an affectional bond is not always an attachment tie. An affective tie does not necessarily function as a control system. There are a number of viewpoints on this distinction (Ainsworth, 1991; Sroufe and Waters, 1977; West and Sheldon Keller, 1994). Bowlby (1977a, 1977b) contended that affectional bonds described the psychology and psychopathology of emotion. Maintenance of the bond is thought to enhance love and security while renewal brings joy (Bowlby, 1980). Because of the *secure base effect* the bond is seen to be emotionally significant, persistent, specific, and requires the maintenance of proximity. Separation elicits distress (Ainsworth, 1989, Weiss, 1991).

The Attachment Dyad

The Attachment Figure

Bowlby (1980) initially proposed that the presence of the attachment figure was all that was required for the attachment system to be activated. Ainsworth (1989, 1991) emphasised the value of sensitivity. This was defined as the ability and willingness to recognise, interpret and respond to emotional states from the infant's point of view. Bretherton (1985) equated the attachment figure with a haven of safety. Stern (1985) saw the task of the attachment figure as emotional attunement, while Fonagy and Target (1997) asserted that a reflective parent is essential for the development of self organisation. Similarly, Kobak (1999) concluded that the quality of the caregiver's response was more important than mere physical presence. The reciprocal role of the attachment figure in managing external threat and regulating the internal experience of fear has been highlighted by neuro-biological studies (Schore, 2000; Siegel, 2001)[7]. In any view, one important factor is the continuity of the attachment relationship (Cassidy & Kobak, 1988; Ainsworth & Marvin, 1995).

Unavailability of the attachment figure

Bowlby (1989) concluded that separation anxiety occurs because of the inability to

[6] "*... the propensity of human beings to make strong affectional bonds to particular others*" (Bowlby, 1977, p. 201)

[7] For a review of findings in this field, see Schore (2001).

terminate attachment behaviour when the attachment figure is unavailable. Defensive processes of deactivation, cognitive disconnection and unresolved segregated markers were named and incorporated into classification systems (Bowby, 1980; George & Solomon, 1996; George & West, 2001). Sequential responses to separation were identified; namely, protest, despair and detachment. Interestingly, this provided a foundation for viewing grief as a process of attaining a new identity (Bowlby, 1960, 1961, 1963; 1969/1982; Sroufe, 1986). Many research practitioners have recognised the implications of unresolved mourning for well-being (Ainsworth & Eichberg, 1991; Goldberg, Muir & Kerr, 1995; Main & Hesse, 1990b; West & George, 2002).

Bowlby (1989) suggested that mourning was incomplete without actively working through rage at the separation. In this model a heightened expression of anger, fear and sadness, and refusal of alternative figures, may follow the protest. The young person withdraws into the environment, and may reconnect with any figure with increased apathy and with reduced joy. This coping phase of detachment is viewed as especially problematic, in that it is thought to lead to difficulties in reunion with primary attachment figures.

The dynamics of attachment and loss have been found to persist in spite of alternatives to inaccessible attachment figures (Weiss, 1991)[8]. Research has shown that substitutes have not compensated for such loss and congruently, that the absence of subordinate caregivers elicits less distress in infants (Ainsworth, 1989; Cassidy, 1999). The implication that the strength of the protest is determined by the attachment figure's place in the hierarchy is also pertinent to the foster care field.

The Infant/Child as an Active Participant

Bowlby (1969) described the adult caregiving system as reciprocal, responding to phases of purposeful behaviour in the infant attachment system.[9] Signalling invites approach, such that smiling, and even crying, serves the purpose of eliciting caregiver attention and care. Around three months of age, the infant can sustain attention to facial features, follow complex changes in speech, and tolerate

[8] Specificity effects are that the attachment figure can "... *never be wholly interchangeable with or replaceable by another*" (Ainsworth, 1989, p. 711).

[9] A current preference for describing the relationship as complementary rather than reciprocal may make the power differential between adult and child more explicit (West & Sheldon-Keller, 1994).

excitement. From about six months, the absence of the specific attachment figure can be better tolerated, because of cognitive advances such as object permanence (Bowlby, 1979; 1989; Piaget, 1954). By 12 months, the infant tends to organise behaviour around a specific attachment figure, and actively pursues, anticipates and adjusts to the preferred figure. Realisation that the attachment figure has a separate, self-directed existence marks the next phase. The relationship is eventually appreciated as existing over time and space (Bretherton, 1999). By this point, the quality of interaction has led to identifiable patterns of behaviour. These determine the impact of subsequent events, and the child is said to become an active participant in the construction of experience (Sroufe, Carlson, Levy & Egeland, 1999).

Attachment as a Classification System

Individual differences that were identified in the Strange Situation show the effectiveness of the attachment figure as a secure base for the infant (Ainsworth & Wittig, 1967; Ainsworth, Blehar, Waters & Wall, 1978). Four interaction scales describe infant reactions to caregivers during two reunion episodes: proximity seeking, contact seeking, avoidance, and resistance to interaction. Three classifications were validated against home observations and then a fourth, from 15 % who were initially difficult to classify, was added (Main & Solomon, 1986).

The first three types had coherent strategies to access or maintain caregiver availability. Secure (Type B) infants curtailed exploration in favour of proximity to the attachment figure; Avoidant (Type A) infants diverted their attention away from threatening cues and Ambivalent (Type C) infants intensified attachment behaviour. The fourth, Disorganised (Type D) lacked a coherent strategy (Main & Solomon, 1986, 1990; Main & Hesse, 1990a; 1990b; Lyons-Ruth & Jacobvitz, 1999).

Classifications based on the SS were found to be stable for 12 and 18 months, into the pre-school years through to adolescence (Bretherton, 1985; Cassidy, 1988, Main, 1991; Main & Cassidy, 1988; Main, Kaplan, & Cassidy, 1985; Waters, 1978). Reliability, stability and predictive validity of classifications has been established in the US and Western European populations (Bretherton, 1995; Main, 1990; Solomon and George, 1999b; van IJzendoorn & Kroonenberg, 1988).

A renewed emphasis on danger as a catalyst for behaviour has highlighted the distinction between organisation and disorganisation (Crittenden, 1999). In the

dynamic maturational model, behavioural patterns that evolve to reduce danger are continually re-organised. Beyond infancy, separations can be sustained with the capacity to make more complex appraisals of self competence, and of the environment. More diverse strategies are used in negotiating the balance between intimacy and autonomy (Cicchetti, Cummings, Greenberg & Marvin, 1990; George, 1996; Grossmann et Grossman 1991; Weinfeld, Sroufe, Egeland & Carlson, 1999). Some of these are noted in Table 3.1. Representations of experience thought to be the foundation for these strategies were metaphorically described as Internal Working Models (IWM; Bowlby, 1969/1982).

Table 3.1. *Attachment classification systems from infancy to childhood* (Adapted from Solomon & George, 1999a)

	Secure- Autonomous **Type B** ***(Defence: None)***	**Insecure** **Avoidant Dismissing** **Type A** ***(Defence: Deactivation)***	**Insecure** **Ambivalent Preoccupied** **Type C** ***(Defence: Disconnection)***	**Disorganised** **Disoriented Type D** Main & Solomon, 1988
INFANT ATTACHMENT CLASSIFICATION ***Ainsworth et.al 1978*** **Observational**	Uses mother as secure base for exploration Signs of missing parent during separation Actively greets parent with smile, sound or gesture If upset, signals or seeks contact with parent. Once comforted, returns to explore	Explores readily, little display of affect or secure-base behaviour. Responds minimally, little distress when left alone Looks away from, actively avoids parent on reunion, focus on toys If picked up may stiffen, lean away Seeks distance from parent, interest in toys	Visibly distressed on entering room, fretful or passive Unsettled, separation distress May alternate bids for contact with signs of angry rejection, tantrums or may appear passive, or too upset to signal, make contact. Fails to find comfort in parent	Behaviour lacks intention - contradictory sequences or simultaneous displays ; Incomplete interrupted movement; stereotypies; freezing/stilling; direct indications of fear of parent; confusion; disorientation lack of coherent strategy
Toddlerhood	Secure-Optimal	Defended-Disengaged	Dependent Deprived – Coercive	Controlling - Confused
Preschool ***Cassidy & Marvin, 1989*** **Observational**	**Secure** Initiates and responds positively to interaction Pleased to see parent, relaxed at reunion Share information from time of separation	**Insecure-Avoidant** Maintain and increase neutrality, physical distance, ignore parental behaviour and initiations, Absence of spontaneous conversation, minimal orientation to mother, neutral affect	**Ambivalent /Dependent** Includes immature behaviour, needy then resistant, passivity separation distress, pre-occupied with parent but at expense of exploration	**Insecure-Controlling** Controls re-union interaction. *Controlling punitive* shows hostility and rejection, *Controlling Caregiving* –overly solicitous, false cheerfulness *Controlling –general* (Insecure –other – extremes behaviour)
Middle childhood ***George, 1996*** **Representational assessments of IWMs**	**Secure** Stories reflect activation of the behavioural systems, adults that were responsive and protective, resolving the danger, and engaged in full greeting or re-integration. Fears come to conscious awareness, integrated and resolved.	**Avoidant** Stories show nonchalance about separation, reunions show psychological unavailability of attachment figures Immobilise the system by scanning, sorting and excluding fear pain and sadness from conscious awareness	**Ambivalent** Children were busy during parental absence but acknowledged sadness Delays and distractions prohibited integration of the family Separation of positive and negative information allows it to remain accessible but Children were uncertain how to integrate disconnected fears, sadness and pain with happiness at reunion	**Disorganised** Parents failed to provide protection and safety Adults are frightened, frightening, chaotic and helpless, physically and psychologically unavailable or abusive Children unable to seek help, control their behaviour or events around them, Dangerous events were unresolved, stories ended in chaos or self and family disintegration

Attachment as an Internal Working Model

Internal Working Models described " *...how the physical world may be expected to behave, how his mother and other significant persons may be expected to behave, how he himself may be expected to behave, and how each interacts with the other"* (Bowlby, 1969, p. 354). IWMs are regarded as modifiable templates of mental representations of the self and the environment that influence future interactions (Bowlby, 1969/82; Bretherton, 1999). The two key aspects are: *"(a) ...whether the attachment figure is judged to be the sort of person who in general responds to calls for support and protection; [and] (b) whether or not the self is judged to be the sort of person towards who anyone and the attachment figure in particular, is likely to respond in a helpful way"* (Bowlby, 1973, p. 204).

A narrative view saw IWMs as *scripts* for interactions (Bretherton, 1995). Maturation brings increasing complexity to these scripts. Short term anticipation derived from instinctual sensori motor and affective experience diversifies to patterns of verbal interaction and the conscious capacity to plan and create alternative strategies (Bowlby, 1980; Bretherton, 1985, 1999; Siegel, 1996).

The supposition that IWMs existed outside of awareness was confirmed with clarification of differences between conditioned, implicit-procedural, and conscious, evaluative-declarative, organisation (Bowlby, 1980, Main, 1991, Siegel, 1996, 1999; Zimmermann, 1999). Mental representations of the self and other have been found to connect with sensory, information processing, memory and language functions. In addition, neurobiological studies have described the biologically based regulatory function of attachment (Bretherton & Munholland, 1999; Grossmann, Grossmann & Zimmermann, 1999; Stern, 1985; Schore, 1994; Siegel, 1996, 1999, 2001).

According to Zimmermann (1999) when the appraisal process results in arousal, the IWM regulates the response. The specific connections between the fear activating stimulus and the behaviour (proximity seeking, contact-maintaining, avoidance or resistance) are re-activated in accordance with the emerging pattern of self regulation (Main, 1990; Zimmermann, 1999). Again, the responsive and predictable availability of the attachment figure is thought to be essential.

Attachment as an Affect Regulating System

The identification of critical periods of brain development reinforced the significance of maternal sensitivity, producing allied terms such as attunement (Stern, 1985), contingent responsivity (Siegel, 1996), reflective parenting (Fonagy, 1999), affective synchrony (Schore, 2000) and psycho-biologically attuned caregiving (Schore, 2001). Inter-subjectivity is theorised to occur outside of awareness and to be required for pro-social impulse control, self regulation, empathy and altruism (Schore, 2000). Infant initiatives invite such responses.

Infant Initiatives, Maternal Reciprocity and Self Formation

Neonatal visual perception is cued to patterns of light and shade, which become, specifically, the face of the primary caregiver. Observations have detected that, at speeds of milliseconds, infants set the pacing of interaction. This is regulated by potent signals in the mother's facial expressions, particularly around the eyes, the area of the orbitofrontal cortex. One function of joint attention transactions is to maintain security by reducing the intensity of arousal (Siegel, 1996; Stern, 1985). Matching an affective state with an alternative sensory response provides the experience of affective attunement. This state of *feeling felt* is also said to be critical to overall self development (Siegel, 2001). Such resonance may increase in a mutual way with pleasurable outcomes, including increased curiosity and play (Grossmann, Grossmann & Zimmerman, 1999; Stern, 1985). Stern (1985) also asserted that language acquisition required consistent experiences of attunement.

That is not to say that occasional experiences of mis-attunement or stressful asynchrony are always detrimental. Conversely, these opportunities for interactive repair promote tolerance of normal frustration and precede the development of a functional capacity for self soothing (Briere, 1992; Herman, 1992; Schore, 1994; Schore, 2001; Siegel, 1996). However, constantly dysregulated, fearful or avoidant parental behaviour does cause long term harm. Parental intrusion or inconsistency creates a model of uncertainty. Children who are the disconnected from attuned mental states may become adults who lack the capacity for self reflection or self management (Fonagy & Target, 1997; Siegel, 1996).

The Neglectful Absence of the Regulating Function

According to Schore (2001), while infants are regulating their own internal states they can do nothing else. If the caregiver fails to respond to the escalating arousal and distress of the sympathetic nervous system, then dissociative acts of numbing, avoidance, restricted affect and "freezing" may follow. The deepest level of defence mechanism, that is, the infant avoids attention by becoming "unseen", is thought to have psychiatric sequelae (Perry, 2001).

If there is constant asynchrony in the relationship, the inescapable paradox of approach and avoidance activates inconsistent, yet over the long term, stereotypical behaviour. Children are known to respond to separation and reunion with dissociative states and chaotic, sometimes self destructive behaviour. The risk for disorders of self regulation, attention and short term memory is increased (Lyons-Ruth & Jacobvitz, 1999).

The lack of a responsive attachment figure has been found to result in more dysfunctional emotional reactions (Kobak, 1999). Ethological studies have shown that aggression and dysregulation increase in intensity without the learned capacity to regulate arousal (Fischer-Mamblona, 2000; Kraemer, 1997). Cicchetti, Ackerman and Izard (1995) promote the idea of a developmental model of emotional regulation in understanding psychopathology. The neurobiology of social behaviour has begun to take a central position in such explanations (Grossman, Carter & Volkmar, 1997; Kirkpatrick, 1997).

Attachment and Neurobiology

The dynamics of attachment are simply that fear and discomfort initially activate the expression of need, and higher levels of cortical control evaluate the effectiveness of the expression. The identification of the attachment related structures of the brain has added credibility to attachment theory, including the idea of a biologically based control system; identified the mechanisms of imprinting; and situated the constructs of the IWM within a biological framework. It has also amplified the seriousness of maltreatment in critical periods of brain development (Schore, 1994, 2000, 2001; Siegel, 1996; Stern, 1985).

Critical Periods of Vulnerability

There are times when infant and parent display more receptivity to the visual, auditory and gestural cues of the other. Arousal levels associated with increased metabolic energy have been linked to brain growth (Brazelton and Cramer, 1990; cited by Schore, 2001). The critical period for myelination and maturation of limbic and cortical association areas is between seven and fifteen months. If a formative event is encoded during implicit procedural development, primitive non-linguistic responses may be subsequently activated by threat (Siegel, 1996; Siegel, 2001). The reliance on procedural memory systems is particularly relevant for those children characterised by the disorganised form of attachment, who may be cued to react to aggressive and fearful facial expressions (Schore, 2000; Siegel, 1999).

The cortical and subcortical limbic areas mediate the capacity to cope with novelty and stress. Face to face synchrony influences the imprinting of this area. A major maturational change around 10 to 12 months precedes a critical period of growth before the end of the second year. The earlier maturing right hemisphere dominates stress responses in the first three years of life and ultimately interacts with the left hemisphere. The foundations of thought, language, skills and perceptions are also established by that time. Subsequent growth spurts may correspond with unconscious revision, relevant to social experience (Schore, 2001).

Schore (2001) also asserts that the right hemisphere plays dominant and mediating roles in empathy, spontaneous play, attention, inhibition and in storage and access to the IWM. The orbitofrontal cortex is involved in appraisal of meaning, rational decision making, emotional regulation and interpersonal communication; and in reflective function, the mind-sight that mediates empathetic cognition and perception in others of emotional states and their inferences (Baron-Cohen, 1995; Fonagy & Target, 1997).

In summary, the concepts of attachment as a behavioural system, as an internal working model, as an affectional bond and as an affect regulation system are reflected in neurobiology. The capacity to make a coherent self-and-other appraisal depends on the experience-dependent maturation of the brain and whether that experience is consistent and predictable over time (Perry, 1995). In turn, the quality of this experience is dependent on the attachment figure.

4. THE CRUCIAL INFLUENCE OF ADULT ATTACHMENT

The Adult Attachment Interview investigates representations of childhood attachment relationships, and is empirically linked to the Strange Situation [AAI; George, Kaplan & Main, 1985.][10] Analysing the coherence of the narrative produces distinct classifications which, like the SS can be refined into subcategories. They are rated Dismissing (D), Preoccupied (E) and Autonomous (F); those who are considered Unresolved (U) in respect to loss and trauma, and Cannot Classify (CC) for those with no single state of mind with respect to attachment. Dismissing adults claim strength and independence yet strategically limit the influence of, and exposure to, attachment experiences. Pre-occupied adults show a weak sense of personal identity, are unconvincingly analytical about past experiences and are said to be passive, vague, fearful, overwhelmed, angry and conflicted. Autonomous adults can be objective in evaluating the influence of attachment experiences. Patterns of attachment assessed on the AAI and infant patterns observed in the SS have been linked in longitudinal studies of child and parent development across linguistic and cultural boundaries (Grossman and Grossman, 1991; Sroufe, 1988). Adults classified as Autonomous were consistently found to have securely attached children. Other representations have matched the pattern of attachment developed in infancy, both in terms of security-insecurity and disorganisation (Fonagy, Steele & Steele, 1991; Main, 1995; Main, Kaplan & Cassidy, 1985; Steele and Steele 1994; van IJzendoorn, 1995). Thus, representations of childhood attachment experience were predictive of intergenerational effects and the quality of responsive caregiving. These are outlined in Table 4.1.

Also, as depicted in Table 4.1, a caregiving system was theorised to share the function of protection with the attachment system (Ainsworth, 1978; Bowlby, 1982).

[10] In respect to the longitudinal evidence for consistency of this relationship, Main (1996) emphasises that *"...what has been uncovered is the predictability of discourse usage in life history as it evolves out of early interaction patterns".*

Table 4.1. *The relationship of classifications of observed child and caregiver behaviour in infancy to categories of adult attachment and representations of caregiving*

INFANT ATTACHMENT TYPES Ainsworth et. al., 1978	**OBSERVATIONS OF CAREGIVING** Ainsworth et al., 1978	**ADULT ATTACHMENT STATUS** Main et. al., 1985	**MENTAL REPRESENTATIONS OF CAREGIVING** George et.al., 1996
Secure	Sensitive Accepting Psychologically available	***Autonomous*** Value attachment relationships and have objectivity	***Secure Base*** **Content:** Willingness to respond, Effectiveness of care giving strategies, ability to read and understand **Process:** Ability to process information and affect without defensive exclusion
Avoidant	Rejecting Psychologically unavailable	***Detached*** Attempt to limit the influence of attachment relationships	***Rejection*** **Content**: Unwilling to care for child **Process**: Cognitive deactivation excludes some information from awareness
Ambivalent	Noncontingently responsive Insensitive to cues and child's need for autonomy	***Enmeshed*** Confused and conflicted by past experiences	***Uncertainty*** **Content:** Uncertainty **Process:** Cognitive disconnection of negative feeling
Disorganised/ Disoriented Main & Solomon, 1988	Non responsive Lack of sensitivity Lack of tenderness Childlike and helpless	***Unresolved*** Cognitive disorganisation regarding loss or trauma	***Helplessness*** **Content:** Helpless to protect or provide care **Process:** Dysregulated information processing system without defensive strategies

Note. Table adapted from Solomon and George (1999b)

The Reciprocal Nature of the Caregiving System with Childhood Attachment

Consequently, a caregiving model was developed that was based on attachment related information processing, affect regulation and defensive processes. Dimensions of sensitivity, acceptance, co-operation and accessibility led to categories of Secure Base, Rejection and Uncertainty. These categories, like the three main infant patterns, are though to be strategically organised for survival. A fourth category, Helplessness, corresponded with Disorganised attachment in failing to show coherent strategies. Under stress, the activation of unresolved states is seen to disable the caregiving system (George & Solomon, 1996; Lyons-Ruth & Block, 1996). This has great relevance for children who come into foster care.

Significant associations between individual differences in child attachment and maternal evaluations and representations of caregiving indicated that these patterns had evolved from working models of childhood attachment (Bretherton, Ridgeway and Cassidy, 1990; George, 1996; George & Solomon, 1996; Main, Kaplan & Cassidy, 1985; Solomon & George, 1996). Research showed that the classifications corresponded with those on the AAI and the Strange Situation. Hence, the Secure Base caregiver became associated with the Autonomous adult in the prediction of Secure attachment, positive self evaluation and resilience. Longitudinal studies have shown that Secure Base effects persist into adult life (Roisman, Madsen, Hennighausen, Sroufe & Collins, 2001). Some of these effects are now reviewed.

Research based on Adult Peer Attachment Styles

Social psychology verified that people select partners in accordance with beliefs about relationships. Attachment motivations were found in adult peer romantic relationships, namely in the seeking of proximity, a comforting secure base, and in the expression of protests around loss. Additionally, adults with an accessible and responsive partner were found to be more confident, able to seek reciprocal support from partners and to be viewed by peers as warm, nurturing and well adjusted. Obviously, security continues to indicate resilience (Asendorpf & Wilpers, 2000; Feeney, Noller & Hanrahan, 1994; Shaver, 2001).

Self report measures in this area of personality research have been derived from statements that capture the ideas from the categories of infant attachment (Bartholomew 1990, 1991; Bartholomew & Shaver, 1998; Hazan & Shaver, 1987; West & Sheldon-Keller; 1994). Similar dimensions were then produced using positive and negative appraisals of self worth and the availability of others (Bartholmew, 1990; Bartholomew & Horowitz, 1991). As depicted in Table 4.2, the intersection of these appraisals with dimensions of anxiety and avoidance create categories of Secure, Preoccupied, Dismissing and Fearful-Avoidant[11].

[11] For a review of the association of Fearful-Avoidant with mental health outcomes, see George & West (1999).

Table 4.2. *The four dimensional model of adult relationships*

SECURE **Positive Model of Self. Low anxiety** **Positive Model of Other. Low avoidance** Internalised self worth and Comfortable with intimacy and autonomy Expects others to be responsive	**PREOCCUPIED** **Negative Model of Self. High anxiety** **Positive Model of Other. Low avoidance** Self reproach allows for maintenance of positive view of others Seek to gain security and acceptance Preoccupied with relationships
DISMISSING **Positive Model of Self. Low anxiety** **Negative Model of Other. High avoidance** Avoids closeness Maintains self worth by denying importance of close relationships Negative expectations of others	**FEARFUL/AVOIDANT** **Negative Model of Self. High anxiety** **Negative Model of Other. High avoidance** Depends on acceptance but Socially avoidant Expects others to be Untrustworthy and rejecting Fearful of intimacy

Note. Table adapted from Bartholomew (1991).

Self-Reported Recall of Care and Protection

The Parental Bonding Instrument (PBI; Parker, Tupling & Brown, 1979) is also based on attachment theory. It shares the assumption that adverse childhood relationships tend to predict problems. Constructs of care and overprotection are used (Kendler, 1996). Some associations have been found between the maternal, but not paternal, scales of this measure and the AAI. Participants who were rated Autonomous were found to have the most optimal results on the PBI scales, being high Maternal Care and low Overprotection. The Unresolved participants had the least optimal PBI results, lower Maternal Care and higher Overprotection (Manassis, Owens, Adam, West, & Sheldon-Keller, 1999). Although not a classification tool, the PBI may be useful to screen for transmission effects, especially with the addition of items that may tap abusive childhoods. This most recent variant is a Measure of Parenting Styles (MOPS; Parker, Roussos, Hadzi-Pavlovic, Mitchell, Wilhelm & Austin, 1997).

Intergenerational Transmission

Evidence for the predictive validity of the AAI is compelling. Research has linked adult representations on the AAI with infant patterns on the SS, so strongly that the prenatal administration of the AAI predicted infant classifications at 12 months (Fonagy, Steele & Steele, 1991). Another study matched pregnant women with 75% of their own mothers on the AAI, and predicted up to 81% of their SS infant classifications (Benoit & Parker, 1994, cited by Stein, Jacobs, Ferguson, Allen & Fonagy, 1998). As pointed out in earlier sections, the organisation of cognitive, affective and behavioural aspects of attachment relationships confers certain characteristics throughout the lifespan that may advance through generations (Bretherton, 1992; Bartholomew and Horowitz 1991; Fonagy, 1999; Main, 1996; van IJzendoorn & Bakermans-Kranenburg, 1997). Whether there is an inevitable intergenerational transmission of patterns of vulnerability or resilience is one of questions relevant to the current study.

The Trajectory of Resilience

Resilience[12] has been described as "normal development under difficult conditions" (Fonagy, Steele, Steele, Higgitt & Target, 1994, p. 233). One of the strongest associations in the Minnesota Mother-Infant project was between secure attachment and ego resiliency. Secure children were rated as more empathic and socially oriented. In peer group environments, secure children showed more curiosity, tolerance of frustration, enthusiasm in problem solving, and positive peer and teacher relationships (Sroufe, 1989). Bretherton's (1985) review also found better attention and persistence in securely attached children.

Sroufe, Carlson, Levy & Jacobvitz (2001) contend that the dynamic developmental view has demystified the concept of resilience. Factors that follow secure attachment are higher socio economic status, the absence of neuro-psychological problems, an easy temperament, positive social supports, good educational experience, a higher I. Q., planning and problem solving abilities, task

[12] The capacity to "*...flexibly engage the environment, maintain organized behaviour in the face of high arousal, and to recoup following stress*" (Sroufe, 1988).

related effectiveness, self esteem, autonomy and self control, social awareness and empathy, and sense of humour (Howe, 1995; Roisman, Bahadur & Oster, 2000).

In the acquisition of social understanding, the capacity for self reflection and flexibility of thought enables more tolerance of ambiguity and uncertainty (Fonagy, Steele, & Steele, 1991; Main, 1991). Fonagy (1999) asserts that security increases with the acceptance of inner experience, and when the behaviour of others is understood to be intentional and organised by perceptions, beliefs and affective states. Attachment may not be the whole relationship, but security of attachment appears synonymous with a well integrated self.

Flexibility and Reflective Capacity

The function of reflective and flexible parenting in intergenerational transmission has been supported. Studies have shown that the coherent organisation of attachment information fosters flexibility in interpretation, feelings, behaviour and adaptive emotional regulation (Block and Block, 1980; Bretherton, 1999; DeHart, Sroufe & Cooper, 2000; Main, 1991; Sroufe, 1989; Zimmermann, 19990.

Similarly, secure mothers were found to be able to reflect the mental state of their children, appreciate need from their perspective, tolerate the emotional expression of their discomfort and provide availability and open communication pertaining to events. The reflective self function has been found to be a pre-natal predictor of children's secure attachment at two years of age. It has also been shown to be a significant resilience factor in conveying security from mother to child in spite of social disadvantages (Fonagy, Steele & Steele, 1991; Fonagy, Steele, Higgit & Target, 1991).[13]

There are mutual influences in the relationship between secure attachment and reflective self capacity. The ability to describe past relationships coherently and with constructive regret may disrupt the cycle of disadvantage (Fonagy, Steele, Steele, Higgett, & Target, 1994; Grossmann & Grossmann, 1991). The context of stability of attachment representations is now reviewed.

[13] For a review of resilience factors in children, see Fonagy, Steele, Steele, Higgit & Target (1994).

Stability and Discontinuity

Longitudinal studies show that alterations in the environment can change attachment patterns. For instance, beyond infancy, a shift from secure to insecure may come with the birth of a sibling (Cichetti, Cummings, Greenberg & Marvin, 1990) or, at adolescence when there is less need for an attachment figure (Ammaniti, van IJzendoorn, Speranza & Tambelli, 2000). Several studies show that attachment vulnerabilities persist without significant environmental change.

The studies show that combinations of stress and availability of supports account for variations in adaptation from infancy to early adulthood. Continuity, particularly of security, is dependent on the stability of relational and environmental conditions (Cassidy 1988; Grossmann and Grossmann 1991; Grossmann, Grossmann and Zimmermann, 1999; Waters, Weinfield & Hamilton, 2000). Two studies that found continuity also found consistency in attachment related events and life experiences (Hamilton, 2000; Waters, Merrick, Treboux, Crowell & Albersheim, 2000). Another study did not find continuity, but a shift to insecurity following adversity. Less stability has been found in high risk samples, where disruptive effects have shifted attachment towards insecurity through changes in home circumstances, parenting practices, maternal psychopathology and divorce (Vaughn, Egeland, Sroufe & Waters, 1979; Weinfield, Sroufe & Egeland, 2000).

Sroufe, Carlson, Levy & Egeland (2001) contend that early measurements are less predictive than a cumulative history of the caregiving environment and surrounding networks. A number of writers agree that supportive relationships and growth enhancing environments assist in the overcoming of adversity (Belsky & Nezworksi, 1988; Main, Kaplan & Cassidy, 1985; Rutter 1989).

Ainsworth and Marvin (1995) concur that a compensatory secure relationship can develop, if given time. Main, Kaplan, and Cassidy (1985) found that concrete experience was required to shift deficits in attention, behaviour and emotional expression. This is supported by knowledge that some patterns in deeper brain structures cannot be reached by conscious cognitive means (Perry, 1998).. Adolescence may be a neurologically advantageous moment for maximising the shift to earned security. Some reasons for this are mentioned in the following section.

A time to re-organise the working model

In the analysis of the AAI, Main Kaplan and Cassidy (1985) reported that those who resolved difficulties to become secure-autonomous could recall a period of adolescent rebellion. Ammaniti, van IJzendoorn, Speranza and Tambelli (2000) found considerable stability over four years for Secure attachment, and less so for the Preoccupied and Unresolved categories. Adolescents who showed more dismissing strategies reported more rejection from their parents. It was presumed that some distancing from the attachment figure was required for personal identity achievement. Adolescent ego-centricity is an outcome of an accelerated amount of brain re-organisation in favour of the strongest experience-based neural pathways and more activation of the amygdala in the identification of emotional expression Apart from the expansion of the right brain, and more complex integration with the left, there is more plasticity and capacity for further dendritic and synaptogenetic growth. The latter implies that the areas of stress regulation are capable of more complexity, that is, the increased ability to manage more uncertainty (Schore, 2001; Siegel, 2001).

Presuming that this knowledge is somehow embedded in the principles of dynamic maturation that Crittenden (1999) proposes, the positive re-organisation of the attachment environment might be optimal prior to adolescence. For children in middle childhood, the placement breakdown rate has been recorded as high as 46% (Berridge & Cleaver, 1987). The importance of findings related to discontinuity is highlighted in the potential of insecure or disorganised attachment relationships to increase or decrease psychopathology in later childhood, adolescence and adulthood.

5. THE TRAJECTORY OF RISK AND VULNERABILITY

There is consensus that attachment classifications are not tantamount to psychiatric diagnoses but can significantly predict problems and well-being (Atkinson, 1997; Bowlby, 1982[14],1988; Howe, Brandon, Hining & Schofield, 1999; Rutter, 1997; Sroufe, Carlson, Levy & Egeland, 1999; Zeanah, Boris & Larrieu, 1997). Insecure attachment has appeared in higher rates in clinical populations compared with controls (Greenberg, Deklyen, Speltz & Endriga, 1997); while disorganisation has appeared in 60% of clinical populations, up to 76% specifically in major conduct disorder and 80% in maltreated infants (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Cicchetti & Toth, 1995; Lyons-Ruth, 1990). In addition, the highest cortical levels and heart rates, indicators of increased stress, have been found in disorganised disoriented attachment classifications (Schore, 2000).

Sroufe (1988) noted broad influences on family functioning and ultimately concluded that the longer an anxious child is in a detrimental environment, the more likely the development of pathology (Sroufe, Carlson, Levy & Egeland, 1999). In low risk populations, the link between insecure attachment and behaviour problems has been considered inconclusive, while in populations deemed to be high risk, 50% to 80% of children have been estimated to be unable to organise their attachment behaviour and to experience social problems (Carlson, 1998, Lyons-Ruth, 1996).

Disorganised Attachment: Strategic Failure and the Transmission of Harm

Maltreated children feature strongly within the Type D disorganised/disoriented attachment classification, and both are associated with economic deprivation (Belsky, 1993; Crittenden, 1983). Severe maternal mental health history also predicts this type (Boris, Fueyo, and Zeanah, 1997; Carlson, 1998; Goldberg, 1997). More generally, parents of disorganised children may be unable to monitor their own metacognitive processes, or to regulate their own affect (Cicchetti, 1989; Solomon & George, 1999a). In turn, disorganised attachment has a role in the aetiology of severe personality disturbances (Fonagy, 1996, Liotti, 1991,1996).

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[14] *"...adverse childhood experiences have effects of at least two kinds. First, they make the individual more vulnerable to later adverse experiences. Secondly, they make it likely that he or she will meet with further such experiences"* (Bowlby, 1982, p. 617).

Parents of these children may be hostile, intrusive, negative, abusive, dangerous, role reversing, emotionally unreachable, and substance abusing. From the child's perspective, this may mean that there are no certain signalling options. Avoidance as a strategy for evading anger may have the unfortunate consequence of provoking more negative caregiving responses. A wide range of contact seeking, avoidant, controlling, coercive, parentified and aggressive behaviour may thus result from the dilemma of being caught in the conflict between threat and threatening attachment figures (Cassidy & Kobak, 1988; Crittenden & Ainsworth, 1989; George & Main, 1979; Main & Hesse, 1990).

For such children, the IWM of the environment may be hostile or unresponsive, and the self may be inadequate and unworthy. In studies into continuity, that rated narrative fluency and responses in six year olds, disorganised children responded to imagined situations with distress, silence, irrational thought or occasional self destructive behaviour. Such incoherency was said to indicate the existence of multiple working models (George, 1996; Main, 1991; Main, 1999; Main, Kaplan & Cassidy, 1985; Main & Cassidy, 1988).

Main (1996) identified disorganisation, incoherence and organised forms of insecure attachment as risk factors for the development of disorders. Fonagy, Steele, Steele, Higgit and Target (1994) stressed the importance of the capacity to reflect on personal and other mental states without self reproach. The inability to do this can be a disabling consequence of maltreatment that equally reduces the capacity to manage distress, conflict and social failure (Fonagy & Target, 1997). Symptomatic expressions of aggression, anxiety or sadness are likely (Kobak, 1999). Reduced competence leads to failures in problem solving strategies, and school achievement problems – poor control of thought and discourse, poor performance in tests of formal reasoning, and more frequent dissociative responses (Liotti, 1996). Compensatory measures take the form of excessive self reliance, recklessness, and aggression, or conversely, inhibited exploration, compulsive compliance or caregiving (Lyons-Ruth, 1996, Solomon & George, 1999a). Further social failures follow from disorganised attachment, where the lack of self reflection and regulation can lead to a range of anxiety, mood, personality and externalising disorders.

To review, secure attachment is the context for the acquisition of metacognition, where the caregiver's capacity for reflection fosters attachment and the child's own acquisition of mind and mindedness. This development is clearly undermined by maltreatment. When the capacity to reflect on the mental states of self and others is compromised, and there is no likelihood of empathic concern, anti-social behaviour including inter-personal harm becomes more likely.

The Protective Role of Empathy

Empathy has been found to be influential in the regulation of physical violence towards children. Abusive parents have been found to have lower ratings of empathy with spouses, and lower sensitivity to the distress of others (Feshbach, 1989). Affective empathy itself is reliant on cognitive factors. These include the ability to discriminate affective cues in others, the skill of assuming the perspective and role of another person and the affective ability to experience emotions. Since an empathic parent can astutely identify children's feelings, and can appreciate a child's perspective, the likelihood of conflict induced abuse is reduced. The likelihood of creative parental management is increased. In foster care, empathic identification with a maltreated child may increase protectiveness (Feshbach, 1997).

Organised Attachment Strategies

One viewpoint suggests that developmental capacities are organised around patterns of defences, becoming more elaborate and complex with time. In other words, when attachment behaviour fails to access a responsive attachment figure, there are strategic ways to cope. Anxiety can be reduced by excluding, distorting, redefining or avoiding the experience. Attempts to reduce hostility in a parent may be to adopt a more socially compliant form of signalling, or even caregiving when the parent's own caregiving system fails. The actively seeking mode becomes increasingly ambivalent, resistant and aggressive at the same time. An increase in aversion may result in excessive reliance on the self (Belsky & Nezworksi, 1988). Causal factors are unresolved losses, lack of open communication and frightening parental behaviour (Schuengel, van IJzendoorn, Bakermans-Kranenburg, & Blom, 1998; Sroufe, Carlson, Levy & Egeland, 1999). The strategies themselves are described.

Compulsive compliance

To reduce the risk of harm, children selectively inhibit responses that are not preferred by the parent. Rapid compliance with parental requests, hypervigilance and the use of false positive affect may be an outcome of maternal depression, inconsistent parental demands, and hostile rejection of children's initiatives. This conditional bind may lead to caregiving behaviour on the part of the child if this is reinforced by the parent (Crittenden, 1985; Crittenden & Ainsworth, 1989; Crittenden & DiLalla, 1988; Crittenden, 1999).

Compulsive caregiving

Where there is lack of parental responsivity, the child organises behaviour to access parental attention (Crittenden, 1999). Ainsworth observed that older siblings may play a caregiving role and become supplementary attachment figures to younger siblings. This may reduce distress for both if separated from parents (Ainsworth, 1991). It has been suggested that caregiving replaces the anger of failed early childhood relationships with co-dependent needs. Children with low self esteem behaving in this way are thought to feel responsible for meeting the needs of others. They are said to be driven by compulsion and defensive denial, with anger and resentment never far below the surface (Cermak, 1990, cited by Howe, 1995).

Compulsive self reliance

Self reliant behaviour is thought to be a characteristic of those here, including Dismissing adults, who have difficulties in sustaining close bonds and find intimacy threatening. They may be yearning for warmth and affection. Insecure self-reliant children, have less self reflective ability, are disconnected from feelings, avoid emotional engagement, and are unlikely to seek support in times of stress. There may also be underlying resentment (Cassidy & Kobak, 1988). However, this does not mean that they are not yearning for warmth and affection. This strategy appears in part to be a function of the abusive or neglectful environment.

Abuse and Neglect

A study of resilience and vulnerability in infant maltreatment found overall developmental delays and behavioural differences as a consequence of the type of maltreatment. Abused infants subjected to intrusive parenting were more aroused and angry, while neglected infants were passive and helpless (Crittenden, 1985).

Perry, Pollard, Blakley, Baker and Vigilante (1995) found that the neuro-endocrine response to neglect is to shut down, that is, failure to thrive. Kobak (1999) reported that neglect elevates anxiety and results in emotional disturbance. If the child's history contains more active abuse, such as physical and sexual abuse, witnessing parental conflict, and threatened or actual separations, the most likely response may be hyperarousal of the central nervous system (Perry, 1996).

The freeze, fight or flight response

Violence and fear impact on the central nervous system of developing children with the activation of "freeze, fight and flight" responses. Dissociation and enduring hyperarousal are at each end of the arousal continuum (Perry, 2001). Following maternal attachment disruptions, seriously disturbed boys had both externalising problems and more dissociative symptoms in middle childhood (Kobak, Little, Race & Acosta, 2001). Such problems appear to develop in a logical developmental sequence.

Developmental and social problems

For example, an underdeveloped neurobiological reward system is a risk factor for substance abuse; one that is de-sensitised more often leads to somatic complaints (Perry, 1998). Symptoms of withdrawal, somatic complaints, anxiety, helplessness and dependence may lead to dissociative somatoform, anxiety and major depressive disorders. Physical signs of hyperarousal in increased muscle tone, low grade increase in temperature, increased startle response, profound sleep disturbances, affect regulation problems, and generalised or specific anxiety lead to diagnostic options that include post traumatic stress disorder, complex post traumatic stress disorder, attention deficit hyperactivity disorder and conduct disorder (Herman, 1992; Perry, 2001).

Learning and school problems are prevalent in those who have had early experiences of maltreatment or developmental neglect. Arousal as the result of hypervigilant sensory systems prevents focussed and sustained attention to learning tasks. Children are sensitised to non-verbal cues and specifically to misreading cues such as eye contact. A state of prolonged internal alarm is known to accentuate the verbal/performance IQ split (Briere, 1992; Perry, 1996; Perry & Pate, 1994).

Some studies of the behaviour of maltreated children towards teachers and foster mothers have described increases in avoidant behaviour as well as aggression (George & Main, 1979; Lamb, Gaensbauer, Malkin & Shultz, 1985, cited by Howes & Segal, 1993). Educational delays and less general knowledge have been found in less confident and exploratory children with insecure attachments. Variations in language and cognitive processing have been related to attachment (Cichetti, 1989).

Attachment and Psychopathology

As discussed earlier, attachment problems were regarded as antecedents to psychopathology (Boris, Fueyo & Zeanah, 1997). Atkinson (1997) noted that many disorders are transgenerational, with different ages of onset. As for definitions of such problems, some are clear, while others have been controversial. For instance, in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) the predisposing role of attachment is implicit in Separation Anxiety Disorder and some of the phobias of childhood, including school refusal problems. However, the clinical diagnosis of Reactive Attachment Disorder has been less acceptable (Boris, 1999; O'Connor & Rutter, 2000; Rutter, 1997; Zeanah, 1996). Hanson and Spratt (2000) argue that the diagnosis captures the clinical picture and context for children who have received pathological care. A newer diagnostic label that subsumes symptoms of impaired affective and social regulation and cognitive processing is Multiple Complex Developmental Disorder (Ad-Dab'Bagh & Greenfield 2001). Whatever the diagnostic option, the features of disorganised attachment are significant. A core manifestation of insecure attachment is anxiety. Anxiety is also at the core of many childhood disorders, and maturation brings complicating effects. The next section looks at the relationship found between attachment and psychiatric problems.

The Continuity of Disorders of Social Uncertainty

Infants assessed as anxious/resistant in the Strange Situation are considered more likely to develop child and adolescent anxiety disorders than those rated secure (Warren, Huston, Egeland, & Sroufe, 1997). At 42 months, anxiously attached children showed less ego resilience, independence, compliance, empathy, social competence and self esteem than securely attached children. Very disturbed children were less capable of resolving injustice in fantasy play (Harris, 1994, cited by Howe 1995). Avoidant children showed either provoked aggression, or became emotionally detached. They were typically bullies and ambivalent resistant children were their victims. By mid childhood, aggressive children with low social sensitivity are likely to experience rejection (Carlson & Sroufe, 1995, cited by Main, 1996).

This pattern persists in varying degrees. Anxiety disorders were found in 28% of adolescents earlier labeled insecure/resistant on the SS (Warren, Huston, Egeland & Sroufe, 1997). Adolescent depression has been linked to attachment insecurity and to preoccupation with relationships due to unresolved loss, even when using different methods of measurement (Fonagy, 1996; West & George, 2002). Anxious ambivalence towards an unavailable attachment figure was found to increase the risk of adolescent suicidal behavior (Adam, Sheldon-Keller and West, 1996). Suggested interventions for those with suicidal ideation consequently include the strengthening of maternal and peer ties (DiFillipo & Overholser, 2000).

Anxious avoidance, and an inability to respond to psychobiological markers, has been found in eating disorders (Cole-Detke & Kobak, 1996, cited by Kobak, 2003). In another study, those rated Dismissing were more likely to be diagnosed with conduct and substance abuse disorders; those rated Preoccupied, affective disorders (Wilson, 2001). In substance abuse disorders, those rated Preoccupied tended to use drugs for peer acceptance and those rated Dismissing used drugs to escape feelings and social anxiety (Howe, Brandon, Hining & Scholfield, 1999).

Many studies link coercive attachment strategies with oppositional defiant disorder and the development of major conduct disorder (Cicchetti & Toth, 1995; Crittenden, 1985, 1999; Greenberg, DeKlyen, Speltz & Endriga, 1997; Lyons Ruth, 1996). Consistent with other reports, one study showed ADHD was over represented in physically abused children (Moore & Fombonne, 1999).

Attachment related dynamics have been identified in adult disorders such as: agoraphobia, eating disorders, substance abuse, depression, personality disorders and maladaptive patterns of adult relationships including partner abuse (Cicchetti & Toth 1995; Fonagy, 1996; George & West, 1999; Liotti, 1991, 1996; West & Sheldon-Keller, 1994). The inextricable link between non-responsive or abusive caregiving, disorganised attachment and adjustment problems has serious transgenerational consequences (Lyons-Ruth, 1996; Lyons-Ruth & Jacobvitz, 1999). This is an issue in foster care. The next chapter reviews some potential benefits and risks of new relationship formation for maltreated children in this context.

6. FOSTERING ATTACHMENT

The maltreated child coming into foster care must manage a complex interplay of an impaired sense of self, failed trust in others, separation distress and the threat and uncertainty of the new living situation. Additionally, the child will try to make sense of similarities and differences between the foster family and the one they have just left. Kates, Johnson, Rader and Strieder (1991) suggest that the therapeutic tasks here are to integrate conflicting models of representation and to facilitate a secure identity. This approach places foster parents in an active, ego supportive role with a therapeutic commitment to developing secure attachment. The review turns to knowledge of relevant literature that might also inform the current study.

Aspects of Relationship Formation in Foster Care

As reported, children who are brought into foster care are likely to have been raised in families where unresolved aspects of the parent's own relationship history have had a detrimental influence on parenting (Carlson, Cicchetti, Barnett & Braunwald, 1989; Cicchetti, 1989; Main & Hesse, 1990b; Main, Kaplan & Cassidy, 1985; Rutter, 1989; George & Solomon, 1996; Lyons -Ruth, 1996). It has been recognised that insecurely attached and maltreated children have a less well developed self reflective ability than children with secure working models (Fonagy & Target, 1997). Impaired affect regulation, impulse control and self monitoring are also detrimental consequences of lack of attunement and contingent communication. These effects are prevalent in foster care (Moore & Fombonne, 1999).

Mourning: The Loss of the Primary Attachment Figure

Children's behaviour coming into care may follow a potentially organised sequence of protest, despair and re-organisation (Eagle, 1994; Howe, 1995, 1996; Kobak, 1999). The expression of grief may go unnoticed or misunderstood and complicate the formation of the new relationship (Kates, Johnson, Rader, & Strieder, 1991; Eagle, 1994). Attainment of object permanence, appreciation of the finality of the loss, the nature of the tie and the loss, the availability of a surrogate figure, and the capacity to grieve, are requisites for mourning detailed by Eagle (1994). The need for a model of mourning acknowledging individual pacing and capacity to hold

complex multiple representations has been provided by Steinhauer (1991). For instance, research has shown that infants can overcome early attachment disruptions and organise their behaviour around the new caregiver's state of mind by eighteen months (Albus & Dozier, 1999, Dozier, Stovall, Albus & Bates, 2001).

Durability of Attachment

The continuing significance of primary attachments in spite of interpersonal violence has been documented in studies that describe the silent persistence of the attachment figure (Crittenden, 1983; Shealy, 1995). In a New Zealand survey, foster mothers underrated the proportion of children who wanted to return home and the number of natural parents who wanted their children back (Whitney, Walker & von Dadelszen, 1988). Children may also expect ongoing insensitivity. In one study, the IWMs of children who entered foster care for the first time after sustained maternal abuse were predictive of their views of relationships with foster mothers and influenced their behaviour (Milan & Pinderhughes, 2000). In a study of maltreated toddlers, insecure-avoidant attachments were made to alternative caregivers in spite of the sensitivity ratings of caregivers (Howes & Segal, 1993). However, one review found evidence that fostered children can strongly identify with their foster parents (Gardner, 2002). This implies that attachment can be transferred from biological to foster parents and as reviewed earlier, may take time to change.

The Child's Right to a Biological Family

Taking findings from the previous sections into account, there are better outcomes from continued contact with the biological family (Shealy, 1995). One study found more placement stability when biological parents were included in preparing children for the move (Palmer, 1996). On the other hand, longitudinal research has described increasing detachment from biological parents for children who were frequently visited but not reunited with their families at the end of five years (Fanshell & Shinn, 1978). Relationships formed with the foster family may also diminish over time because of the primacy effects of the biological family (Gardner, 1996). Idealisation of non-visiting parents is another complicating factor (Steinhauer, 1991). For example, only 33% of children could represent their own family in a family drawing; most drew fantasy families (Fanshel & Shinn, 1978).

A Sense of Family Membership

One study showed the importance of a sense of family for children and foster parents. The child's desire for family membership was matched by a combination of patience in the foster parent, and the child's ability to recognise and respond to caring behaviours (Hallas, 2002). There is increased risk of breakdown when there is a biological child of similar age to the fostered child in the family (Thoburn, 1990).

Recognition of the Loyalty Bind

Failure to identify significant attachments exacerbates difficulties in planning residential changes for a child. A sensitive evaluation of the threat of loss to either biological or foster parents is required. Sometimes the child's eagerness may mask anxiety surrounding the return to an unsafe family home (Pilowsky & Kates, 1996).

Dysregulation and Repair

Defensive adaptation will preclude an investment of hope or commitment to the new relationship. Angry and rejecting responses from new parents will justify such wariness. Disorganised children may be ambivalent, yet sometimes superficial, over-compliant, irritable, and rejecting. There may be tearful reconciliations, but limited mutuality in the relationship (Rutter, 1997).

Foster parents in Otago reported that children's emotional and behavioural difficulties made attachment difficult, and that this was somehow connected to the implied requirement of the role to love children "*damaged*" by others (Smith, Gollop, Taylor & Atwool, 1999). In another New Zealand study 71 % of caregivers reported behavioural and emotional difficulties in fostered children and 44.8 % were uncertain how to respond to these difficulties (Murphy, 1999).

The effective management of such problems is said to provide opportunities for re-working attachments (Fahlberg, 1991; Thoburn, Murdoch & Brien, 1985).. Fahlberg (1991) describes an arousal and relaxation cycle that has provided a framework for case evaluation (Chinnery, 1999; Morris, 1997). Parental response to this cycle is based on understandings of reciprocity, regulation and open communication. This can be viewed as a process of attachment formation where dysregulation is followed by re- attunement (Hughes, 1999, Schore, 2000).

Self Reflection and Positive Parental Involvement

Attachment research informs us that transmission of parenting patterns does happen. A meta-analysis of research into children's disruptive behaviour found predictive parenting dimensions: the inconsistent use of discipline, failure to use positive reinforcement and excessive use of corporal punishment (Frick, Christian & Wootton, n.d.). Desirable parental qualities would therefore equate to positive, consistent and involved practices without the use of physical discipline. These might be based on attunement, open communication and reflective parenting.

In a study of children in care with special needs the use of the AAI indicated more than the expected proportion of foster parents in the Dismissing category (52%), but strongly indicated resilience for 96% of the group who had experienced, but resolved, a significant loss. The study concluded that the AAI would usefully identify foster parents who were unlikely to repeat adverse parenting patterns (Macaskill, 1985, cited by Steele, Kaniuk, Hodges, Haworth & Huss, 1999).

Empathy and Affection

Marcus (1991) described better quality attachments in children with foster parents who had higher empathy scores. This meant that these children were able to show more physical affection compared to children with less empathic carers. Chinnery (1999) has also suggested that the construct of sensitivity might enable caregivers to respond better to testing behaviours. Howe, Brandon, Hining and Schofield (1999) strongly supported the utility of the original factors of sensitivity, acceptance, cooperation, accessibility and availability of caregivers in this population of children.

Reactive Attachment Disorder

Hughes (1999) described Reactive Attachment Disorder and its impact on fostered children. He saw these children as having little empathy, limited awareness of consequences, no remorse, poor discrimination in relationships, with poor and inconsistent regulation of body functions, emotions and behaviour. His contention was that there would be a prevalence of defensive processes before children could experience secure attachment in foster care. These would include the need to minimise and deny feelings, and to reject affection and playful interactions.

Recommendations based on a synthesis of psychodynamic theory and neurobiological explanations of the development of the self, were made. These were for parents to provide shared affective experiences and convey empathy, acceptance, affection, curiosity and playfulness, and to use this attitude to encourage the child's responsiveness when placing limits on behaviour. Research examining these ideas was not found.

Claiming

The importance of an enduring relationship led Fahlberg (1991) to recommend that parents initiate positive interactions and behaviour that claims the child as a family member. The current study used the idea that if there is a relinquishment of the child by the biological family, perhaps "claiming" by another family is an anchoring point that would contribute to the prevention of drift.

The Value of Consultation

The longitudinal Children's Study, where children entered care with histories of several forms of abuse and/or neglect underlined the value of soliciting the views of the foster parent early in the assessment of the placement. For example, as discussed earlier, higher externalising scores rated by both foster parents at four months were predictive of disruption within two years (McAuley & Trew, 2000).

Summary: Breaking the Cycle of Interpersonal Harm

The following summary of relevant constructs from the fields of attachment, maltreatment and foster care precedes the presentation of interrelated hypotheses regarding stability, security and reciprocity in fostering relationships.

Attachment and Survival

The study of attachment evolved from observations of conditions that were necessary for survival. The attachment behavioural system is activated in response to threat, and the optimum outcome is felt security. The protective factor of felt security has been observed and confirmed over time, regardless of different research traditions. An intergenerational link has been demonstrated between adult representations of attachment, caregiving style and attachment styles of children.

Psychological resilience has also been indicated where security in adulthood is conceptualised as low anxiety and low avoidance in relationships.

Maternal sensitivity, attunement, affective synchrony and reflective thought play a significant role in the development of a secure and predictable relationship. Empathic concern is a protective factor against child maltreatment. Unpredictable and frightening parental behaviour creates uncertainty about the availability of attachment figures, so the child may behave in a way that can be classified as disorganised. The formative influence of abusive early experiences on brain development can be an enduring hyper arousal of the central nervous system, resulting in hypervigilance to threat.

As a metaphor for the imprinting of early experience, the internal working model of the maltreated child carries the expectation that all relationships will fail to be consistently caring and protective. The child may develop an adaptive and self reliant denial of the need for an attachment figure, or become overly compliant or caregiving themselves, to ensure that an attachment figure remains accessible. In all events, hypervigilance remains high. Research outcomes point to problems of attention, socialisation and conduct in this population of children. The developmental trajectory that is indicated by the lack of organisation in early attachment may be interrupted by placing the child in a growth enhancing, stable environment.

Existing attachment relationships can be disrupted when the statutory care system acts on behalf of maltreated children whose family care and protection system has failed. The promotion of security through stability in new attachment relationships becomes a central issue and is pivotal to this enquiry. These children may challenge their new caregivers with mood and conduct disturbances as a consequence of earlier developmental trauma and the absence of continuous, responsive and predictable experience. Further changes in care may perpetuate uncertainty and insecurity and accelerate the trajectories of risk, including the increased potential for various forms of psychopathology.

The Attachment Void

The child brought into foster care from a maltreating environment enters an attachment void and meets a stranger in a strange situation. Unlike the controlled Strange Situation procedure (Ainsworth et al., 1978), there is no certainty of a returning attachment figure, there is only the distress of an enduring separation anxiety that cannot be resolved. The child suffers the loss of one who may not have been reliable but nevertheless was the one at the top of the attachment hierarchy. The author of the current study contends that this void is something like the void of inter-subjectivity in infancy, and that the child will revert to primitive survival responses to elicit protection. Avoidance of intimacy, where the kind intentions of the foster parent cannot be understood, or are misinterpreted, may also result in an unexpected display of aggression or other forms of problem behaviour. This has been observed in infants in foster care, along with indiscriminate friendliness. If the absence of the attachment figure is attributed to the foster parent then that may be very threatening indeed (Albus & Dozier, 1999).

The Crucial Role of Foster Parents

Foster parents are in a critical position to promote change. Secure base effects may increase the child's potential for security and stability. If such effects are present, foster parents may be more likely to have a willingness to respond with effective care giving strategies and the ability to read, understand and process information and affect without maladaptive defenses. In this way, the child's inner working model of insecurity or attachment disorganisation might be disconfirmed (George & Solomon, 1996). A number of factors related to this theme are worth investigating.

The potential for stability has been demonstrated from higher ratings of social competence and lower ratings of externalising problem behaviours. Other research has shown that the child's ability to self-soothe through regulation of their own distress and behaviour is a determinant of acceptance, and an indicator of attachment consistency through integration into family life. Stability has been indicated when foster parents can report a sense of a permanent relationship, even though this might not be legal fact. This study assessed stability as inferred from

foster parent's reports that they have claimed the child, and whether they report a more protective response as a consequence.

When the child's history has already a compromised sense of trust and security and predictability, a new secure base caregiver must also hold knowledge and awareness of likely variations in behaviour during the adjustment to loss of the original family, sensitivity to attachment cues, the knowledge that dysregulated behaviour is an opportunity for relationship repair through responsive parenting, and the ability to regulate highly aroused, maladaptive emotional states.

This is most likely to happen if the caregiver has a capacity to tolerate anxiety; a capacity to regulate affect and arousal in the child without experiencing this as a personal threat; a reflective parenting function that can convey a sense of recognition; the ability to talk openly about relationships and about experience; and a non-judgemental attitude to the child's own family in recognition of the child's right to biological connections. Such capacity may reflect the existence of a secure base caregiving style. Caregivers may recall secure attachments in childhood, or at least be able to discuss childhood experiences. If the experiences were adverse, but resolved, empathic understanding may be present.

The Current Study

The overarching goal of the project is to increase understanding of the significance, function and development of relationships between substitute caregivers and children in need of care and protection. The aims are to identify:

1. How security, conceptualised as an adult attachment dimension, might specifically relate to felt security in children and increased continuity of the foster care placements;
2. In what way the children's behaviour, as reported by foster parents, contributes to the development of an enduring relationship;
3. What protective factors are contributed to fostering by the relational qualities of foster parents;
4. Whether there is a pattern between recall of parental relationships through childhood, adult attachment, empathy, and positive and involved parenting;

5. Whether foster parents can report experiences of claiming the child and an increased advocacy role and whether this is indicative of attachment and stability for children.

Hypothesis One: Security

Security in adult relationships conceptualised as a positive sense of self-and-other and low anxiety and avoidance will:

a) be reflected in attachment behaviour indicative of increased felt security in the children, contribute to stability in the placement and result in a positive sense of self and other in the children;

b) lead to non-familial transmission of other attachment patterns appearing in children's behaviour and self ratings

Hypothesis Two: Reciprocity

Reciprocity will be evident when the focus is on the child's contribution to security and stability, in that children will initiate attaching behaviour, the availability of a secure adult will increase the children's capacity for self regulation, and the children will more likely then report positively on themselves and their social supports.

Hypothesis Three: Stability

Stability will be an outcome of adult qualities, in that recall of optimal experiences of childhood care and protection will:

a) contribute to secure adult relationships, empathic sensitivity, and positive, involved and consistent parenting practices,

b) a combination of these adult factors will contribute to the child's increased potential for stability in foster care.

7. METHOD

Participants

The foster parents were approved care-givers and currently caring for a child for the Department of Child, Youth and Family in the Eastern Bay of Plenty. The children were aged from 4 to 12 years and had been in the current out-of-family placement for more than four months. This replicated the criteria used in the Children's Study reported in the introduction (McCauley & Trew, 2000). The Child Youth and Family social workers were responsible for care and protection decisions on behalf of the child, including legal aspects of consent to participate in the research.

The recruitment process identified 53 foster parent families. After excluding volunteers who were only available for respite care, or where the child's age did not meet the criteria, the number of fostering relationships available for inclusion was 27 (n = 21 parents) . Of these, three parents elected not to, and one child was unable to, complete self report questionnaires. Ultimately, there were 24 relationships (n =18 parents and 15 children) where complete information was available from interviews, adult self report measures, child behaviour ratings and the children's self reports. With the inclusion of 4 social workers and 2 caregiver liaison co-ordinators from CYFS, 42 participants are represented in this sample. Demographics and variability in the sample pertaining to previous findings in foster care research are more fully reported in the Results section.

Measures

A semi-structured interview and questionnaire were developed for this research in addition to the inclusion of eight validated measures. More detailed descriptions and rationale for the inclusion of each measure are provided later in this section. The following facets of the relationships were accessed from these procedures across multiple sources.

Foster Parent Self Report

While the needs of the child were central to the research project, the characteristics and perceptions of the foster parents were predictor variables for testing the hypothesis concerning stability. Five self report measures were selected to provide

(a) recollections of relationships with their own parents (Parental Bonding Instrument); (b) adult peer attachment styles (Relationship Questionnaire and Relationship Scales Questionnaire); (c) empathy towards partner and child (Parent Partner Empathy Measure); and (d) their own parenting practices (Alabama Parenting Questionnaire).

Interview with Foster Parents

The semi-structured interview was designed to gather broad information and to study attachment themes within the fostering experience regarding a particular child. The questions were directed towards awareness of attachment disruption, management strategies, and the level of disorganisation or felt security in the child, as well as the perceived durability of care, protection and commitment. Other relationships within the care system were examined. The specifics of the interview are outlined later in this section. The full measure is in Appendix A.

Foster Parents Ratings of the Child

The Child Behaviour Checklist was the standardised measure used in the collection of information about the child's emotional and behavioural functioning.

Child's Self Report

Ideas of self worth and social support were gathered in two related questionnaires (Harter's Self Perception Profile for Children and Harter's Social Support Scale). The children were also asked to identify a significant relationship by way of a "Desert Island" question.

Social Workers Reports on the Relationship

Social workers were asked to provide brief and relevant historical information about the child and an evaluation of the placement (Foster Placement Evaluation Scale).

Qualities of Adult Relationships

Parental Bonding Instrument

[PBI: Parker, Tupling & Brown, 1979].

This measure elicits childhood memories of parental influence over the first 16 years of life. As reported in the introduction, the PBI has a theoretical link to attachment theory. Its utility in this study lies in the assumption that adverse childhood experiences may lead to problems in fostering. In its present form, there are 30 self report items scored on a 4 point likert scale (1= very like; 4= very unlike) and classified into scales of Care (e.g., *Appeared to understand my problems and worries*), Overprotection (e.g., *Tried to make me dependent on her/him*) and a more recently added subscale, Abuse, (e.g., *Made me feel in danger*) pertaining to both parents. The measure has demonstrated internal and test-retest reliability and concurrent validity on the original two factor model (Parker, Tuping & Brown, 1979; Parker, 1994). A number of studies have supported its validity in the measurement of both predicted and actual parenting (Parker 1979). The addition of the abuse factor has strengthened its predictive validity pertinent to mental health outcomes (McCranie & Bass, 1984; Parker, Roussos, Hadzi-Pavlovic, Mitchell, Wilhelm and Austin, 1997; Parker, Tupling & Brown, 1997).

Specific items surmised to capture constructs of theoretical relevance for this study were descriptors of emotional warmth (#4), understanding (#14) the ability to regulate emotional distress (#17) as well as two items from the abuse scale which related to predictability (#27) and the presence of safety (#30). Alpha reliability using the current sample for the five maternal items was .79; paternal items .74 and for the combined items, .76.

Relationship Questionnaire

[RQ: Bartholomew & Horowitz, 1991].

This two-part measure identifies individual differences in adult peer romantic relationships. It firstly invites a single choice between four descriptive statements pertaining to internal working models of close adult peer relationships: - Secure, Fearful, Pre-occupied and Dismissing. For instance, low anxiety and low avoidance is reflected in the Secure choice -"*It is easy for me to become emotionally close to*

others. I am comfortable depending on them and having them depend on me, I don't worry about being alone or having others not accept me". The second section of the RQ is a seven point likert scale for rating each of the prototypes (1= very unlike; 7= very like). Test-retest stability is moderate over 8 months: .71 (Secure); .69 (Fearful); .59 (Preoccupied) and .49 (Dismissing) (Crowell & Treboux, 1995). Internal consistency is acceptable at alpha greater than .80 (Becker, Billings, Eveleth & Gilbert, 1997). Construct validity has been demonstrated in comparison with multiple measures (Griffin & Bartholomew, 1994). The RQ was selected for its simplicity, the conceptual correspondence to previously identified prototypes arising from the same theoretical origins (Hazan & Shaver, 1987; Main, Kaplan & Cassidy, 1985) and that it was one of three comparable measures found to be free of unconscious defensiveness in spite of social desirability bias (Leak & Parsons, 2001).

Relationship Scales Questionnaire

[RSQ: Griffin & Bartholomew, 1994].

The RSQ is a frequently used measure that identifies individual differences in adult relationships. It was designed particularly for research purposes as a continuous measure of adult attachment rather than a categorical measure. It contains 30 short items rated on a 7-point likert scale (1= not at all like me; 7= very much like me) that are allocated to four dimensions by taking the mean of items for each. Examples of items are Secure (*I know that others will be there when I need them*), Fearful (*I worry about being abandoned*), Preoccupied (*I worry that others don't value me as much as I value them*) and Dismissing (*I am comfortable without close emotional relationships*). A further 13 items correspond with other measures (Collins & Read, 1990; Feeney & Noller, 1990; and Simpson, 1990, cited by Griffin & Bartholomew, 1994). Test retest reliability was .49 for men, .53 for women over eight months and internal consistency ranged from .41 (Secure) to .70 (Dismissing) (Griffin & Bartholomew, 1994). As reported, research into the psychometric limitations of self report measures recommend dimensional models and that this measure be used in combination with the RQ (Perlman & Bartholomew, 1994; Crowell & Treboux, 1995; Griffin & Bartholomew, 1994; Steele & Steele, 1994; Bartholomew & Shaver, 1998; Brennan, Clark & Shaver, 1998).

Parent Partner Empathy Measure

[PPE; Feshbach, 1989].

This research instrument was designed to assess discrimination of affective cues, role taking skills, emotional expressiveness and general empathy towards the spouse/partner and child. The 40 items in 4 point likert format (1= always true; 4 = never true) produce five scores - Cognitive, Emotional Expression, Spouse/Partner, Emotional Distress, and a Total Empathy score.

In its original form, the Cognitive factor contains 13 parental/partner discrimination and role taking items (e.g., *I have difficulty understanding how my child feels*). Emotional Expression contains 10 items about personal expressiveness that are mainly directed towards children (e.g., *I like my child to keep his/her feelings to themselves*).The Spouse/Partner empathy factor contains 9 cognitive, affective and general empathy items (e.g., *Even when I don't agree with my partner I try to understand their point of view)* and Empathic Distress has 7 items reflecting shared reactions to distress or discomfort in others (e.g., *I find it hard to be in a good mood when my child is sad*). One item does not load on any of these factors but was retained to balance child and partner ratings. The measure acquired from the author for the current study had one item removed, as a result of factor analysis, from the Cognitive scale and two that did not load onto any factor (Feshbach, 2001). The applicability of this measure had been determined by an analysis of construct validity showing systematic correlations of pro-social child behaviour (e.g. Total Empathy to child self control (r= .49) and factor analysis that implicated empathy as a relevant factor in child abuse (Feshbach, 1989).

Because of the questions central to the thesis, a separate scale was derived by clustering items with relevance to affect attunement and regulation of the child. The items reflected ease of understanding (#5); immediacy of recognition (#8); value placed on understanding (#17); sensitivity to mood (#24); discrimination of affect (#25); acceptance of affective expression (#28) and attentiveness (#33). The alpha reliability of these items using the current sample was .56.

Alabama Parenting Questionnaire

[APQ; Frick, 1991] .

The Alabama Parenting Questionnaire (Shelton, Frick and Wootton, 1996) measures parental management of disruptive behaviour in children from 6 to 13 years. A 42 item self report scale produces five dimensions rated on a 5-point likert scale (1= never; 5 = always). There are ten items on the Parental Involvement subscale *(*e.g., *You talk to your child about his/her friends*). The Positive Parenting subscale has six items (e.g., *You let your child know when he/she has done a good job with something)*; Poor Monitoring and Supervision has nine items (e.g., *Your child is out with friends you do not know*); Inconsistent Discipline has six items (e.g., *You feel that getting your child to obey you is more trouble than it is worth)* and Corporal Punishment has three items (e.g., *You slap your child when he/she has done something wrong*). Seven items measure responses to difficult behaviour (e.g., *You send your child to his/her room as a punishment*). The APQ has shown internal reliability on all dimensions, and sensitivity to age in the identification of changes in parenting practices over time. It has demonstrated adequate reliability and validity for research, and has been found to be resilient to social desirability bias.

Foster Parents Ratings of the Child

The Child Behaviour Checklist

[CBCL: Achenbach, 1991].

This inventory assesses adult perceptions of children's adjustment across 20 competence items and 120 problem items. Ratings for the competence items include the number of sports, hobbies, organisations, jobs and friendships that children enjoy, as well as the quality and amount of participation; relationships with siblings, other children and parents, and academic performance. Activities, Social and School scales add up to a Total Competence Score. The problem items are scored on a three point scale (2 = true, 1 = sometimes true, 0 = never true) based on behaviour that has occurred within the past six months. This produces the global Behaviour Problem score as well as the Internalising and Externalising Scale scores. Examples of items in each of the eight problem scales are Withdrawn (e.g., *Likes to be alone*); Somatic

complaints (e.g., *Feels dizzy*); Anxious/depressed (e.g., *Complains of loneliness*); Social problems (e.g., *Acts too young for age*); Thought problems (e.g., *Can't get mind off certain thoughts*); Attention (e.g., *Can't concentrate, can't pay attention for too long*); Delinquent behaviour (e.g., *Doesn't seem to feel guilty after misbehaving*) and Aggressive (e.g., *Argues a lot*). Test-retest reliability, inter-rater agreement and longer term stability are adequate for research use and there is evidence for content, construct and criterion validity in the discrimination of clinical status (Achenbach & Edelbrock, 1983). The Externalising Scores are particularly relevant to this study in that they have been found to predict risk of placement breakdown (McCauley & Trew, 2000; Marcus, 1991).

Relationship Constructs: Felt Security, Reciprocity and Stability

Foster Parent Awareness of Attachment Interview

[FPAAI; Dorée, 2001].

A structured interview was designed for the purposes of the current study. The FPAAI was designed to access attachment related information from groups of variables rated on a 7 point likert scale. It sought to acquire a profile of attachment related strategies used by children in managing transition into care as reported by foster parents. It was an attempt to assess currently Felt Security through reported proximity seeking and re-union responses. It also tapped affective and management responses of foster parents when confronting children's testing behaviour, and whether there were any reported changes in patterns of behaviour that might indicate increases in Felt Security. Since the FPAAI was developed for this study the rationale for the content of the measure is described in greater detail. The full measure is in Appendix A. The objectives were specifically:-

1. *To gather basic demographic information* and to control for previously demonstrated predictors of successful placements such as age, experience and motivation. These questions also asked about gender, cultural identification, the composition of the family, motivation and training. The alpha reliability statistic for the six training questions using this sample was .90.
2. *To identify the effect of disruption.* This section included seven questions about behaviour at the point of entry into the placement based on the premise that

children's distress in response to the loss of an attachment figure takes a sequential course through protest, despair and detachment (Bowlby, 1977). This transition has previously been identified as a vulnerable time for placement breakdown (Penzerro & Lein, 1995). The alpha reliability statistic for these seven items using the current sample was found to be inadequate. However, three items reflecting protest (i.e., crying, irritability and aggression) had an alpha reliability statistic of .57 using the current sample.

3. *To identify the presence or absence of Felt Security.*
    - There were five items in the section pertaining to the premise that survival is enhanced when attachment behaviour achieves homeostatic maintenance of proximity to a caregiver. Foster parents rated the child's capacity to turn to them for help and comfort in response to environmental stress, including everyday internal signals such as feeling tired and feeling unwell (Cassidy, 1999). Alpha reliability using the current sample was .60.
    - Four questions were asked about responses to separation and re-union with foster parents, in reference to the four infant classifications (Ainsworth, Blehar, Waters & Wall, 1978). Alpha reliability for this sample was .48.
    - Six questions were designed to tentatively identify the presence or absence of criteria for attachment disorder, following Hughes (1999). Alpha reliability using the current sample was .65.
    - Questions were asked to tap Compulsive Compliance, Compulsive Self Reliance, and Compulsive Caregiving variants of Disorganised attachment as adaptive strategies for some children who perceive their attachment figures to be unavailable, following Bowlby (1977a). Alpha reliability using the current sample was .46.
    - Finally, sequences of attunement, misattunement, and interactive repair are said to be required for the development of Secure attachment (Fahlberg, 1991; Hughes, 1999; Schore, 2000). Three questions assessed perceptions of the children in this regard: willingness to respond to a reparative connection; was feeling accepted in spite of behaviour management and; the child's capacity for self regulation. These were also considered to be signs of Felt Security. Alpha reliability using the current sample was .61.

4. *To identify Foster Parent's responses to testing behaviour.* Seven questions about the recognition of testing behaviour, the immediate expression of anger, and the ability to provide natural and logical consequences followed by empathy and acceptance were included, as well as responses such as ignoring and rejecting, following Hughes (1999). The alpha reliability statistic for the current sample was .74.
5. *To gauge aspects of care and protection.* Six questions sought ratings for whether the child was likeable, lovable or difficult to get close to; whether foster parents could report an increased desire to protect the child; involvement with the plan, and satisfaction with decisions made on the child's One question was asked pertaining to the relationship with the social worker, after Pardeck (1982).
6. *To gauge perceptions of the relationship with biological family.* Descriptions of the relationship between foster parents and each biological parent were sought. Three questions were asked in relation to whether foster parents thought the parents had relinquished the children, whether they believed more contact would be beneficial and if they wanted this to happen, following Eagle (1994); Shealy (1995) and Steinhauer (1991). Alpha reliability using this sample was .48.
7. *To evaluate claiming and commitment.* Four questions about claiming, belonging to the family, consideration of long term commitment no matter what the original expectation of the placement was, and a sense of permanency were included, following Gardner (1996); Hallas (2002); Smith, Gollop, Taylor & Atwool (1999); Thoburn (1990). Alpha reliability using the current sample was .82.
8. *Composite variables.* During the statistical analysis three composite variables were constructed for the current study. One, named Parental Containment, was constructed from parent's reports of stress, anger and rage at difficult times. It was reverse scored to reflect a more adaptative response. Alpha reliability of these three items was .74. The second, named Child Signalling Distress, was constructed from Crying at the first contact, and Proximity seeking when Hurt. Alpha reliability of these two items was .64. The third, named Child Self Regulation, was constructed from the child's capacity to show shame, and to calm themselves down. Alpha reliability of these two items was .58.

Children's Measures

Self Perception Profile for Children

[SPPC: Harter, 1985a] .

The self-report questionnaire, entitled What I am Like, measures children's perceptions of self worth and competence across domains that are developmentally relevant to middle childhood. The theoretical base is the classic self esteem formula where evaluation of specific competence is in proportion to its perceived importance to the individual (James, 1892, cited by Harter, 1985). This measure arranges 36 items across six domains; where one third involve skill competence and the remainder rate perceptions of adequacy. The SPPC is presented in a structured alternative format with two statements (some kids are... but... other kids are) for the child to first identify what kind of child is most like, him or her, and then asked to clarify (sort of true or really true). This is seen as legitimising either choice and lessening the likelihood of socially desirable responding. Items are counterbalanced so that half the items in each scale score from opposite directions.

The specific subscales are Scholastic Competence (e.g., *Some kids often forget what they learn...but...other kids remember things easily*); Social Acceptance (e.g., *Some kids find it hard to make friends but other kids find it's pretty easy to make friends)*; Athletic Competence (e.g., *In games and sports some kids usually watch instead of play but other kids usually play rather than watch*); Physical Appearance (e.g., *Some kids are happy with their height and weight but other kids wish their height or weight was different*); Behaviour Conduct (e.g., *Some kids usually do the right thing but other kids often don't do the right thing*) and Global Self Worth (e.g., *Some kids are very happy being the way they are but other kids wish they were different*). Scoring is rated consistently from 4 representing the most adequate self judgement and 1 represents the least. Although reliabilities were lower on the behavioural conduct scale, internal consistency alpha reliabilities have been found to be acceptable, ranging from .71 to .86. Reliability is compromised for children below 8 years of age and those who are delayed in their learning, necessitating the reading aloud of items to children less than 8 years of age.

Social Support Scale

[SSS: Harter, 1985b].

The Harter Social Support Scale, entitled People in My Life, measures the children's understandings of the quality of availability of peers and adults. The four groups are parents, teachers, classmates and friends. This study substituted Foster parent in the scale of Parent Support/Regard (e.g. *Some kids have foster parents who like them the way they are but other kids have foster parents who wish their children were different*). Other examples of items are Classmate Support/Regard (*Some kids have classmates they can become friendly with but other kids don't have classmates that they can become friendly with*), Teacher Support/Regard (*Some kids have a teacher who helps them if they are upset or have a problem but other kids don't have a teacher who helps them if they are upset or have a problem*) and Close Friend Support/Regard (*Some kids have a close friend who they can tell problems to but other kids don't have a close friend who they can tell problems to*). It has an identical format to the self perception measure. The relationship between social support and global self worth provides the rationale for its inclusion, along with its genesis in the theory of self as a social construction (Cooley, 1902, cited by Harter, 1985, p.1). The internal consistency reliabilities are adequate, ranging from .72 to .88. Subscale validity has been confirmed by cross-validating with subscales of the Self Perception Profile (e.g., Parent Support and Self Worth; $r = .46$).

The Desert Island Question

This question was included to identify a significant relationship from the child's point of view, following the completion of both questionnaires. A quick sketch was drawn out on the back of the completed questionnaire - an island with a palm tree and one figure on top of a hill shape. The child was asked "*If this was you on this desert island and you could choose just one person to be with you, who it would be?*" When the answer was given, the picture was developed in an interactive way according to the child's suggestion and the session was concluded.

Social Workers Perspectives

Social Workers Questionnaire

[SWQ; Dorée, 2001].

A brief information gathering questionnaire developed for this study sought a brief history of how long the child had been in care, the type and severity of abuse, the number of changes of home and caregivers, perception of attachments, and, if they were not likely to return to their biological family, whether they thought the child had mourned the loss of earlier attachment figures, and whether there were signs of growth in the present family home. This questionnaire was derived from a similar questionnaire developed in relation to attachment disorder, following Hughes (1999) (See Appendix B).

The Foster Placement Evaluation Scale

[FPES; Doelling & Johnson, 1989].

This measure asks social workers to make a current evaluation of the foster care placement. Research has indicated that there are multiple factors involved in reducing the degree of trauma for a child in care. The brief 14 item measure was designed to meet the call for objective criteria in judging the success of individual placements. The dimensions covered this scale include involvement (e.g., *The foster parents spend an adequate amount of time doing fun activities with the child)*, interaction between Parents and Foster Parents (e.g., *The foster parent handles visits with the child's natural parents well);* integration into the foster family (e.g., *The child appears to have adapted well to the family structure);* affection and acceptance (e.g., *The foster parent shows an attitude of acceptance toward the child regardless of his or her behaviour)* and sensitivity to needs (e.g., *The foster parent is receptive to and aware of the child's individual needs*). Although there is an absence of validity data, overall reliability appears to support the use of the measure for research purposes (Doelling & Johnson, 1989). Measures of internal consistency indicated excellent split-half reliability (Spearman-Brown formula, .90); mean item to item correlation (Cronbach's alpha, 88); inter-rater reliability co-efficient .65; correlation co-efficient between primary caseworker and supervisor ratings, .56.

Procedure

The Fostering Relationships study was a part time research project that was completed over two years. The first year accounted for the design, development of the interview and procedures of ethical approval. The Massey University Ethics Committee's approval was conditional on the approval of the Research Access Committee of the Department of Child Youth and Family, who in turn required consent from the practice manager in the Eastern Bay of Plenty branches at Tauranga and Whakatane. At this level, access through the caregiver liaison workers was permitted for up to 30 foster families and their corresponding social workers. Final approval was granted by all parties towards the end of 2001 and the collection of data began in January 2002.

A meeting was held with each caregiver liaison social worker to identify those in the general population of approved caregivers who met the criteria for the study. The first mailing to the complete group included information sheets describing the study, a form indicating expression of interest, and a return envelope for the expression of interest form (see Appendix B). This process also gave foster parents time and opportunity to seek confirmation from the case workers that the research would not be harmful to the child or themselves.

Direct contact was then made to confirm the interest of foster parents, to arrange an interview time and to advise of the sending of the research package. The mailing contained the consent form for foster parents, an information sheet for the child, the five self report questionnaires and the Child Behaviour Checklist. The foster parents were told that the interview would take approximately one hour, and a meeting was arranged at a time to suit them. At this meeting, the perceptions of the fostering relationship and the child's attachment related behaviour were gathered during the Foster Parent Awareness of Attachment Interview.

The process of determining consent for the children began with a mailing to the social workers. The social workers were sent an information sheet, a consent form which included verification of consent for the child, and the two questionnaires with a mail back envelope. When consent for the children was determined, a further meeting was arranged with the foster parents in order to meet with the children.

The recognition of ethical issues and time constraints informed the decision to require little more from child participants than that they met the criteria for the research and were willing to meet relatively briefly with the researcher. A further explanation was given to children before their own consent was obtained, and they were told again that they could decline to participate, choose not to answer any of the questions, and stop at any time. They were administered the Harter's Self Perception and Social Support scales. The Desert Island question was asked, and finally a certificate of appreciation was designed according to the children's interests and specifications. Based on preference and availability of families, some certificates were hand delivered, others were posted.

In summary, ethical considerations were paramount in determining the approach to this vulnerable population. Multiple methods of attachment assessment were evaluated prior to the study. Any manipulation of anxiety, such as the introduction of threat and the removal of support that is integral to a procedure such as the Strange Situation, and even the arousal of affect created by some of the projective measures, was viewed as contrary to the best interests of this population of children. Children in care are already sensitive to a number of strangers making decisions and creating change in their lives, so there was an inherent risk of elevation of anxiety in any meeting. Additionally, the principle of respect for people's rights and dignity which includes awareness of difference, elimination of the effect of bias and not knowingly participating in unfair or discriminatory practice was a primary consideration. Social responsibility was the over riding principle.

8. RESULTS

Sample Characteristics

The characteristics of the sample are presented in Table 8.1[15]. Most foster parents were women (61%, n = 11); over 40 years of age (88.9 %, n = 16); in fact, over 50 years of age (61.1%, n =11); and New Zealand European (61.1%, n =11). Six foster parents (33.3%) identified as New Zealand Maori and one as British (5.6%). More children were male (60%, n = 9). Most identified as New Zealand European (53.3 %, n = 8) followed by New Zealand Maori (26.7%, n = 4); New Zealand Maori/European (13.3%, n = 2); and New Zealand European/Indian (6.7%, n =1).

Experience and Expertise

Most parents had fostered 6 children or fewer (72.2%, n = 13). Others reported short term and family home foster placements from 24 to over 2500 children. Most of the parents had fostered a child for longer than 2 years (88.9%, n = 16). Three parents had previous permanent placements (i.e. for 9, 15 and 20 years, respectively).

On a 7 point likert scale, parents who had received general caregiver training (55%, n = 10) rated it as adequate (M = 3.5, SD 2.62), although some reported that they had no training prior to becoming caregivers (n = 8). More reported no specific training regarding grief and loss (55.5 %, n = 10) or attachment (61.1%, n = 11).

Five parents (27.8%) regarded life and parenting experience as preparation for the work; two (11.1%) reported benefits from Christian based parenting training; and five (27.8 %) reported useful understandings of child development and grief from social service fields which included playcentre, teaching, community social work, mental health, nursing, diversional therapy and hospice training. One parent with 25 years experience said she had learned about trauma from the children themselves. Four (22.2%) of the foster parents in the sample had experienced the breakdown of a placement. Appendix C contains brief descriptions of the rationale for the demise of these placements, and other qualitative information from the FPAAI interview related to experience and expertise.

[15] All statistics were calculated using SPSS for Windows, version 11. Correlations were calculated using r = Pearsons Product-Moment correlation co-efficient.

Motivation

The most frequent primary motivation was altruism, namely, to make a difference (38.9 %, n = 7); followed by a belief in their own capacity to foster (33.3 %, n = 6); wanting to parent a child (16.7%, n = 3) and surviving a similar experience (11.1, n = 2). Secondary reasons were having available resources: aroha (n = 3); house room (n = 2) and time (n = 1); and satisfying needs: an extra boy for the family, wanting company, a sense of purpose or a way of life (n = 1, for each).

Children's Relationship Experiences

Maltreatment came in more than one form for every child. Neglect was reported for 86.7% (n = 13) of the children, physical harm for 80% (n = 12), psychological harm for 53.3% (n = 8) and sexual abuse for 20% (n = 3).

Composition of Foster Families

A family model of two parents and two or more children was the prevailing foster family composition (60%, n = 9). The remaining children were each alone with two parents (26.7%, n = 4), or with one parent and another child (13.33%, n = 2). For 33.3% (n = 5) of the children, siblings had been placed in the same family. Only one family (6.7%) had a biological child of the same age as the foster child, whereas in most families (86.7%, n = 13), biological children of the foster parents were older.

Naming, Claiming and Commitment

In the composite sample (N = 24), where the views of both foster parents were solicited for each child where possible, most used the language of kinship when asked to describe their relationship with the foster child:[16] - mother (20.8%, n = 8); father (16.7%, n = 7); nana or nan (12.5 %, n = 3), poppa or pop (8.3%, n = 2); aunt (8.3%, n = 2) and uncle (4.2%, n = 1). Only one parent preferred the term foster parent or caregiver (4.2%, n = 1). Congruently, 95.8% (n = 23) regarded the child as a family member rather than a visitor.

However, while still a large majority, fewer parents reported that they had "absolutely" claimed the child (75%, n = 18), whereas 16.7% (n = 4) reported "not

[16] It is noted that there were no biological relationships between the children and these foster parents. The question began with "If the term foster parent was not used…".

at all". The remaining 8.33% (n = 2) reported, "somewhat". This represented 75% (n = 4) of Maori parents reporting that they did not claim the children in their care, compared with the 90.9% (n = 10) of Pakeha parents who did.

Foster parents view of the duration of the placement of each child was described as short term by 20.8% (n = 5); long term 37.5% (n = 9); and as permanent by 41.6% (n = 10). Regardless, 15 relationships were described as having a "sense" of permanency (62.5%).

Relationship with Biological Family

Reporting for the children (n = 15), the foster parents reported that there was no contact with the child's mother (40%, n = 6) and even more reported no relationship with the child's father (73.3%, n = 11). There was some contact with the children from 60% of mothers (n = 9) and 26.7% of fathers (n = 4).

Many believed that biological families had either fully relinquished the relationships with their children (33.3%, n = 8) or somewhat done so (25%, n = 6). Fewer foster parents overall thought that biological families had not (37.5%, n = 9). The majority of foster parents did not see any benefit in increasing the children's contact with biological parents (83.3%, n = 20), while the remainder (16.7%, n = 4) were uncertain. Relationships between foster parents and biological parents were variously described (see Appendix C).

Roles and Relationships with CYF

Foster parents reported feeling sufficiently involved in decisions made for each child (66.7%, n = 16) and were moderately satisfied with the plan (50%, n = 12). Relationships with the present social workers for the families were described. They were predominantly seen in supportive professional roles: an ally (50%, n = 12); colleague (20.8%, n = 5); friend (20.8%, n = 5); and supervisor (8.3%, n = 2). Past, but not present, social workers were described as opponents (20.8%, n = 5).

Criteria for the Hypotheses based on Children's Behaviour

Descriptive statistics and bi-variate correlations involving adult self reports, observations of the children gathered from the interview, child behaviour ratings and child self reports were available for comparison (N = 24). The selection of the

predictor variables for regression analyses of the hypotheses were based on these factors, that is, those variables that were significant. An overview of outcomes from the children's measures is followed by outcomes from the adult self reports. More detailed results from bi-variate and regression analyses are then reported for each specific hypothesis.

Observations of Felt Security and Children's Initiatives

The FPAAI interview assessed central behavioral constructs in the evaluation of felt security in the child: the display of distress at separation, pleasure at reunion and the capacity to seek proximity and elicit care in response to threat. Observations of playful interactions and self regulation of affect and behaviour, as well as ratings of compliance, caregiving and self reliance were included. See Table 8.2 for means and standard deviations of these factors.

Attachment disruption

Most foster parents observed disorientation in children's behaviour when they first came into care (83.3%, n = 20). The most frequently reported behaviours at this point were aggression (41.7%, n = 10); clinginess (41.7%, n = 10); and irritability (25%, n = 8) followed by fussing (25%, n = 6); crying (20.8%, n = 5), and avoidance (20.8%, n = 5). In the middle range of frequency, sometimes, were: crying (62.5%, n = 15); fussing (45.8%, n = 11); irritability (41.7%, n = 10); withdrawal (25%, n = 6); clinginess (20.8%, n = 5) and avoidance (8.3%, n = 2). Behaviours that were rated as never, or hardly ever observed, were: avoidance (70.8%, n = 17); withdrawal (62.5%, n = 15); aggression (58.3%, n = 14); clinging (37.5%, n = 9); fussing (29.2%, n = 7); irritability (25%, n = 6) and crying (16.7%, n = 4). See Table 8.2 for means and standard deviations of these factors.

Separation distress, proximity seeking and reunion responses.

Foster parents observed that more children did show signs of separation distress, sometimes (29.2%, n = 7), nearly always (17.5%, n = 3), or always (26.9%, n = 7). Slightly more than a third of the observations were that children hardly ever (4.2%, n = 1) or never (29.2%, n = 7) showed any sign of distress when separated from their foster parents (see also Table 8.2).

In terms of proximity seeking, more children were able to access foster parents sometimes or always, if they were hurt (79.2%, n = 19); afraid (75%, n = 18); unwell (70.8%, n = 17); separated (66.7%, n = 16) and tired (62.5%, n = 15). Fewer children never or almost never did when tired (37.5%, n = 9); separated (29.2%, n = 7); unwell (29.2%, n = 7); afraid (25%, n = 6) or hurt (20.8%, n = 5).

More children were observed to show pleasure at reunion with foster parents (83.3%, n = 20) than otherwise. Disturbed reunions were frequently reported for 16.7% (n = 4); sometimes for 16.7% (n = 4) and never observed for 66.7% (n = 16). Angry reunions were frequently observed for 8.33% (n = 2) but infrequently or never observed for 91.7% (n = 22). Avoidant behaviour was often observed for 20.8% (n = 5) and infrequently or never observed for 79.2% (n = 19).

Adaptive self reliance, compliance and caregiving

More children were rated to be always self reliant (58.3%, n = 14); always compliant (50%, n = 12) with fewer always caregiving (33.3%, n = 8). Fewer were never self reliant (8.3%, n = 2); compliant (12.5%, n = 3) or caregiving (16.7%, n = 4).

Attachment disorder

As seen in Table 8.2, most children were considered capable of accepting help and comfort: always (66.7%, n = 16); often (25%, n = 6) or sometimes (8.3%, n = 2). Most could play without disruption: always (62.5%, n = 15); sometimes (25%, n = 6) with only 12.5% (n = 3) never or hardly ever able to do so. Less than half the children were seen as capable of expressing sadness (45.8%, n = 11); fewer were seen as able to sometimes (16.7%, n = 4) and over one third were seen as never or hardly ever do so (37.5, n = 9). Reports that children were able to express fear were as follows: one was unable to do so (4.1%); most could sometimes (41.7%, n = 10); usually (25%, n = 6) and always (29.2%, n = 7).

There were slightly more observations that children could always show sadness over the consequences of behaviour (45.8 %, n = 11) than those considered sometimes or often (25%, n = 4) or never and hardly ever able to do so (37.5%, n = 9). Less than half were considered to always or nearly always show shame over negative behaviour (41.7%, n = 10) compared to sometimes (29.2%, n = 7) or never or hardly ever (29.1%, n = 7).

Behaviour and affect regulation

More foster parents reported feeling that the child had frequently set them up to have a strong reaction (62.5%, n = 13); although some reported that this had never happened (20.8%, n = 5) and fewer reported that this happened sometimes (16.7%, n = 4). For many, children's testing behaviour was stressful: always or nearly always (41.7%, n = 10); sometimes (29.2%, n = 7); and less for those who seldom (8.3%, n = 2) or never experienced children's behaviour as such (20.8%, n = 5).

Similarly, the immediate expression of anger in response to a testing situation was reported usually (45.8%, n = 11); sometimes (29.2%, n = 7); seldom (8.3%, n = 2) and never (16.7%, n = 4). Most foster parents reported that they did not ever hide their anger (87.5%, n = 21). Few did sometimes (12.5%, n = 3). By contrast, most reported never reacting with rage (91.7%, n = 22) compared with those who did sometimes (8.3%, n = 2).

More parents said that they would sometimes ignore the child (54.2%, n = 13) compared to never (29.2%, n = 7); always or nearly always (16.6%, n = 4). Most foster parents had never felt like rejecting the child (70.8%, n = 17) while some said that they had sometimes (29.2%, n = 7). A few foster parents having felt rejected by the child (20.8%, n = 5) but most reported seldom experiencing this (79.2%, n = 19).

With one exception in each case, the ability to reconnect with the child after difficult behaviour and the ability to convey acceptance was unanimously reported (95.9%, n = 23). Observations that the children could calm themselves down were more likely sometimes (54.2%, n = 13) rather than seldom or never (12.5%, n = 3). For others, it was always or nearly always (33.3%, n = 8).

Disposition

The children were mostly described as always or nearly always lovable (75%, n = 18), sometimes lovable (20.8%, n = 4), and seldom lovable (8.3, n = 2). Fewer were described as always or nearly always likeable (58.5%, n = 14), but were sometimes likeable (37.5, n = 9), or never likeable (4.2%, n = 1). Congruently, two children were reported as difficult to get close to (8.3%). In some cases this was true sometimes (29.2%, n = 7) but it was more frequently reported that children were never difficult to get close to (62.5%, n = 15).

Children's Behaviour Ratings

The *T* scores for the Competence scale on the CBCL were within the normal band for 53.3% (n = 8) of the children. Ratings for 22.2 % of boys (n= 2) were clinically significant compared to 16.7 % (n = 1) for girls. Most children were rated within normal range on the Internalising Scale (60.0%, n = 9) although the mean *T* score for girls approached borderline clinical significance (T = 58.3, SD = 13.4). One third of the children (n = 5) were rated in the clinical range on the Externalising Scale with less than half within the normal range (40%, n = 6). The remaining children (27%, n = 4) were within the borderline clinical range. On this scale, fewer of the girls rated within normal range (16.7%, n =1) compared with 55.5% of the boys (n = 5). More girls reached borderline clinical significance (50.0%, n = 3) compared with 11.1% (n = 1) of boys. The Total Problem *T* scores were within normal range for 40% (n = 6) compared to 46.67% (n = 8) in the clinical range, and 13.3% (n = 1) within the borderline range.

The means of the raw scores for the eight problem scales were of borderline clinical significance for Thought and Attention problems (M = 3. 0, SD = 3.12). Other subscales were not clinically significant. However, the means of girls scores were in the clinical range for Social problems (M = 6.83, SD = 3.54) and Attention problems, and in the borderline range for Thought (M = 3.83, SD = 4.40) and Delinquent Behaviour (M = 4.33, SD = 2.42). Means of boys raw scores were in normal range but were elevated for Thought (M = 2.44, SD = 2.01) and Attention problems (M = 8.55, SD = 5.17). The means of the raw scores for scholastic competence for both boys (M = 2.93, SD = 1.56) and girls (M = 2.75, SD = 1.84) were at borderline significance. These statistics are reported in Table 8.3.

Children's Positive Reports of Self and Others

The means of children's own ratings on the SPPC were most favourably allocated to Global Self Worth, followed by Physical Appearance, Athletic Competence, Behavioural Conduct, Scholastic Competence and Social Acceptance. On the SSS the children rated their foster parents as most supportive followed by teachers, friends and classmates. Means, standard deviations and comparisons with the normative sample for the measures are presented in Table 8.4.

Children's Desert Island Companions

Thirteen of the fifteen children selected a friend. One girl who had spent the least time in the current placement chose her own mother and asked for her certificate to depict them hugging each other. One boy, who had been in care for the longest period (8 years), chose not to tell.

Results from Adult Self Reports

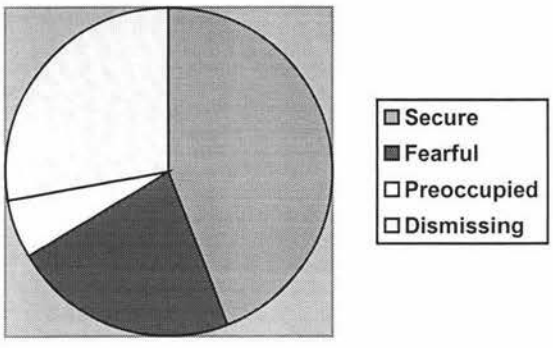
Recall of Relationship with Parents

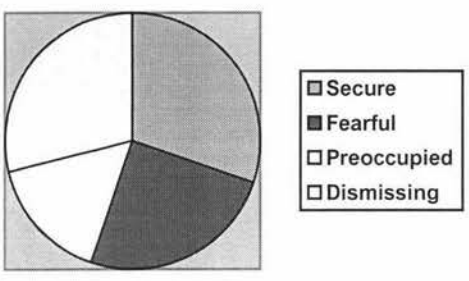
The highest ratings on the Parental Bonding Instrument were seen in the subscale of Maternal Care, followed by Paternal Care. The paternal mean was higher for Overprotection and the maternal mean higher for Abuse. Means and standard deviations are presented in Table 8.5. Bi-variate correlations within the PBI showed that parents recalled as caring were rated less overprotective or abusive. That is, Maternal and Paternal Care were negatively related to Maternal and Paternal Abuse and Overprotection. Paternal Overprotection was also positively correlated with Maternal Overprotection and Paternal Abuse. Correlations between these scales are presented later in the results section (see Table 8.17).

Adult Attachment

In the forced choice section of the Relationship Questionnaire more foster parents selected the statement pertaining to the Secure category (44%, $n = 8$) compared to Dismissing (27.8%, $n = 5$), Fearful (22.2%, $n = 4$) and Pre-occupied (5.6%, $n = 1$). The RQ also yielded a dimensional rating, as shown in Table 8.5. While the Secure category is more prominent on the RQ, the proportional equivalence of the Dismissing and Fearful dimensions is depicted on both the RQ and the Relationship Scales Questionnaire (Figure 8.1).[17] The equivalent dimensions on the RQ and RSQ correlated significantly (see Table 8.17).

[17] These dimensions are within the sample and do not represent individual adult classifications or types.





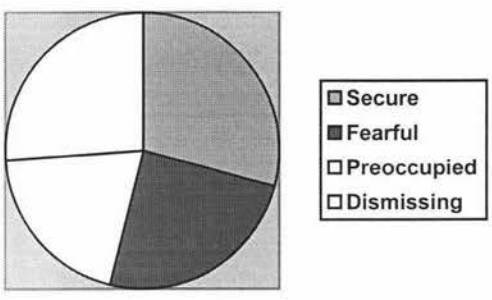


Figure 8.1. **Adult attachment categories on the Relationship Questionnaire (above); attachment dimensions on the RQ (left) and Relationship Scales Questionnaire(right).**

Empathy

Of the original Parent Partner Empathy scales, the mean was higher for Emotional Expression than for the Spouse, Cognitive and Emotional Distress scales. However, the cluster of items that were chosen for this study to reflect Affective Sensitivity produced a higher mean overall. Means and standard deviations are presented in Table 8.5. Correlations between empathy subscales are presented in Table 8.18.

Parenting Practices

The ranking of means for the subscales of the APQ suggested that foster parents were usually positive, involved and protective of their children, and hardly ever inconsistent. Means and standard deviations are presented in Table 8.5. Correlations between parenting subscales are presented in Table 8.18, later in this section.

Table 8.1. *Means, standard deviations and frequencies of characteristics of foster parents, children and families*

Foster Parents *(n= 18)*					**Children** *(n= 15)*					**Foster families** *(n = 11)*	
Gender	11 F	7 M			Gender	6 F	9 M			With 1 parent alone	0%
Ethnicity	11NZE	6 NZM	1British		Ethnicity	8NZE	4 NZM	2 M/E	1M/Ind	1parent, other children	13.33%
	Min	**Max**	***M***	***SD***		**Min**	**Max**	***M***	***SD***	With 2 parents alone	26.7%
Age (years)	29	76	52.15	10.51	Age (years)	6	12	9.06	1.91	2 parents, other children	60%
Experience (years)	1.16	35	8.96	10.50	N. placements	1	5	1.92	1.16	With siblings	40%
Experience (no. chn.)	1	2500	133	557.27	Time in care (yrs)	2.17	8.91	5.06	2.85	With other foster children	26.7%
Max. placement (yrs)	1.16	20	5.35	4.27	Years in placement	.5	8.5	3.54	2.70	FP has own child, similar age	13.33%
Training 1= None 7= Max			***M***	***SD***	Severity of abuse	1	10	7.9	3.25	Involvement of FP adult children	86.7%
CYF caregiver training			3.50	2.62	**Reason for CYF Care**					**Relationship with biological family**	
Trauma			3.45	2.33	Neglect	93%				Parents still involved	34.6%
Parenting skills			3.45	2.33	Physical harm	80%				Parents somewhat given up	19.2%
Child development			3.00	2.27	Psychological harm	53.3%				Parents substantially uninvolved	46.1%
Grief and loss			2.85	2.43	Sexual abuse	20%				No relationship with mother	61%
Attachment			2.30	2.05						OK relationship with mother	23%
Relationship with CYF			***Mn***	***SD***						Difficult relationship with mother	26.8%
Feeling involved			5.54	2.08						No relationship with father	42.5%
Satisfied with plan			3.35	2.38						OK relationship with father	23%
Expectation of placement										Difficult relationship with father	34.5%
Short term	19.2%									Contact rated as satisfactory	69.2%
Long term	34.6%									FP want more contact	19%
Permanent	46.2%									FP Don't want more contact	73%

Note. M = Male F = Female; NZE = New Zealand European, NZM = NZ Maori, M/E = Maori/European, M/Ind = Maori/Indian; Min = Minimum result for this sample, Max= Maximum result for this sample; *M* = Means, *SD* = Standard Deviation, CYF = Child Youth and Family; FP = Foster Parents

Table 8.2. *Means and standard deviations of children's behaviour rated on the Foster Parent Awareness of Attachment Interview (n = 24)*

[1:Never 7: Always]	M	SD
Attachment Disruption		
Crying	*3.88*	*2.00*
Clinging	*4.12*	*2.70*
Fussing	*3.69*	*2.31*
Withdrawn	*2.54*	*2.27*
Avoiding	*2.46*	*2.51*
Irritable	*4.12*	*2.40*
Aggressive	*3.38*	*2.74*
Proximity seeking when		
Afraid	*5.04*	*2.51*
Tired	*4.31*	*2.65*
Unwell	*4.81*	*2.62*
Separated	*5.16*	*2.61*
Hurt	*5.65*	*2.19*
Separation behaviour		
Distress	*4.31*	*2.41*
Reunion response		
Pleasure	*6.73*	*.72*
Avoidance	*1.50*	*1.14*
Anger	*1.62*	*1.68*
Disturbed	*2.38*	*2.28*
Adaptive		
Self reliance	*5.65*	1.86
Compliance	5.54	2.14
Caregiving	4.77	*2.23*
Attachment Disorder		
Accepts help and comfort	*6.50*	*.90*
Plays without disruption	*5.65*	*2.03*
Shows shame	*4.50*	*2.32*
Sad over consequences	*4.58*	*2.50*
Experience/ express grief	*5.46*	*1.60*
Experience/ express fears	*5.35*	*1.60*
Behaviour and Affect Regulation		
Feel stressed and frustrated	4.42	2.43
Angry and express it	4.62	2.35
Angry without conveying it	1.19	.63
Enraged for some time	1.23	.82
Feel like ignoring	3.46	1.90
Feel like rejecting	1.50	.99
Ability to repair dysregulation	6.65	1.02
Ability to convey acceptance	6.85	.61
Childs ability to calm self	4.31	1.35
Disposition		
Likeable	5.38	1.44
Lovable	6.00	1.63
Difficult to get close to	2.38	1.94

Table 8.3. *Means, standard deviations and clinical ratings of children's behaviour rated on the Child Behaviour Checklist (n = 15)*

		M	SD	Normal	B/line	Clinical
Act	f	8.30	1.54	100%	-	-
	m	8.89	2.65	100.%	-	-
	N	8.65	2.22	100%	-	-
Soc	f	5.58	2.88	66.7%	16.7%	16.7%
	m	6.00	2.18	88.9%	-	11.1%
	N	5.83	2.40	80.0%	6.7%	13.3%
Sch	f	2.75	1.84	33.3%	16.7%	50.0%
	m	2.93	1.56	55.6%	-	44.4%
	N	2.80	1.61	46.7%	6.7%	46.7%
CS	F	45.17	13.38	50.0%	33.3%	16.7%
	m	48.33	16.85	66.7%	11.1%	22.2%
	N	47.07	15.12	53.3%	13.3%	33.3%
I	F	4.83	4.62	83.3%	-	16.7%
	m	2.89	2.71	66.7%	-	33.3%
	N	3.67	3.58	73.3%	-	26.7%
II	f	2.17	1.94	83.3%	16.7%	-
	m	1.22	2.22	88.9%	-	11.1%
	N	1.60	2.10	86.7%	6.7%	6.7%
III	f	6.0	5.51	83.3%	-	16.7%
	m	5.11	4.28	77.8%	11.1%	11.1%
	N	5.47	4.64	80.0%	6.7%	13.3%
IV	f	6.83	3.54	16.7%	33.3%	50.0%
	m	4.33	3.77	55.5%	11.1%	33.3%
	N	5.33	3.77	40.0%	20.0%	40.0%
V	f	3.83	4.40	33.3%	50.0%	16.7%
	m	2.44	2.01	55.6%	22.2%	22.2%
	N	3.00	3.12	46.7%	33.3%	16.7%
VI	f	10.00	6.60	33.3%	-	66.7%
	m	8.56	5.17	44.4%	33.3%	22.2%
	N	9.13	5.60	40.0%	20.0%	40.0%
VII	f	4.33	2.42	33.3%	-	66.7%
	m	3.22	1.85	66.7%	33.3%	-
	N	3.67	2.09	53.3%	20.0%	26.7%
VIII	f	13.67	8.98	16.7%	50.0%	33.3%
	m	12.44	8.47	77.8%	11.1%	11.1%
	N	12.93	8.38	53.3%	26.7%	20.0%
IX	f	7.00	4.98	n/a	n/a	n/a
	m	8.56	6.44			
	N	7.93	5.76			
IP	f	58.33	13.36	50.0%	00.0%	50.0%
	m	56.11	10.17	66.7%	11.1%	22.2%
	N	57.00	11.14	60.0%	6.7%	33.3%
EP	f	60.33	33.87	16.7%	50.0%	33.3%
	m	57.78	9.87	55.5%	11.1%	33.3%
	N	58.80	10.37	40.0%	26.7%	33.3%
TP	f	63.33	15.56	33.3%	16.7%	50.0%
	m	60.00	12.57	44.4%	11.1%	44.4%
	N	61.33	13.40	40.0%	13.3%	46.7%

Note. Act = Activity ; Soc = Social ; Sch = School; CS Total Competence *T* score; I = Withdrawn; II = Somatic ; III = Anxious/depressed ; IV = Social; V = Thought; VI = Attention ;VII = Delinquent; VIII = Aggressive; IX = Other; IP = Internalising Problems *T* score; EP = Externalising Problems *T* score; TP = Total problem *T* score; f = female children; m = male children ; *N* = the children's sample

Table 8.4. *Means and standard deviations for children's self-report measures (n = 15)*

SPPC: What I am Like	M	SD	M¹	SD ¹	*SSS: People in my Life*	M	SD	M¹	SD ¹
Scholastic Competence	2.35	.66	2.75	.69	Foster parent support/regard	3.56	.37	3.50	.54
Athletic Competence	2.84	.66	2.87	.75	Classmate support/regard	3.20	.42	3.06	.55
Social Acceptance	2.31	.74	2.92	.81	Teacher support/regard	3.34	.51	3.13	.64
Physical Appearance	2.93	.70	2.92	.72	Friend support/regard	3.32	.49	3.04	.66
Behavioural Conduct	2.62	.52	2.92	.59					
Global Self Worth	3.21	.47	2.98	.74					

Note. SPPC = Self perception Profile for Children; SSS = Social Support Scale; *M* = mean for this sample *SD* = standard deviation for this sample; M^1= mean of the normative sample, at the mean age for the sample ; SD^1- standard deviation for the normative sample, at the mean age of the sample.

Table 8.5. *Means and standard deviations for adult self-report measures (n = 18)*

Measures	*Subscales*	*M*	*SD*
Parental Bonding Instrument [PBI]	Maternal Care	2.88	.63
With Measure of Parenting Styles [MOPS]	Mat. Overprotection	1.89	.37
[1= like, 4= very unlike]	Maternal Abuse	1.67	.94
	Paternal Care	2.83	.76
	Pat. Overprotection	2.07	.53
	Paternal Abuse	1.37	.54
Relationship	RQ Secure	4.22	1.55
Questionnaire [RQ]	RQ Fearful	3.44	1.92
[1= not at all like, 7 = very much like]	RQ Pre-occupied	2.22	1.30
	RQ Dismissing	4.00	1.85
Relationship Scales	RSQ Secure	4.6	.65
Questionnaire [RSQ]	RSQ Fearful	3.92	1.44
[1= not at all like, 7 = very much like]	RSQ Pre-occupied	3.16	.98
	RSQ Dismissing	4.15	.94
Parent-Partner	Cognitive	3.07	.34
Empathy Measure [PPE]	Emotional Expression	3.38	.31
[1=always true, 5= never true]	Spouse	3.09	.52
	Emotional Distress	2.96	.42
	* Affective Sensitivity	3.46	.39
	Total	119.50	10.35
Alabama Parenting	Involvement	4.02	.56
Questionnaire [APQ]	Positive Parenting	4.24	.52
[1 = never, 5 = always]	Poor Monitoring	1.28	.27
	Inconsistent	2.29	.52
	Corporal Punishment	1.59	.72

Note. M = Means for the sample; *SD* = Standard deviation for this sample. *This scale was constructed for this study.

Specific Parenting Strategies

The APQ provided information regarding the management of difficult behaviour. The most preferred options for managing difficult behaviour were explanations, followed by removing the child, removing things from the child, giving extra chores for punishment, yelling and ignoring. Eight parents reported no use of physical force, five said they would hardly ever do so, and those remaining reported that they sometimes used a smack or a slap in response to difficult behaviour. An item analysis of the corporal punishment scale provided overall frequencies for spanking with a hand, slapping and for using a belt. Means and standard deviations for these items are reported in Table 8.6.

Table 8.6. *Means and standard deviations from the APQ for preferred responses to difficult behaviour (n = 18)*

1=Never 5 = Always	*M*	*SD*
Explanations	**4.5**	**.58**
Removing the Child	**3.27**	**.95**
Removing things	**3.25**	**1.03**
Extra Chores	**2.08**	**1.44**
Yelling	**2.29**	**.75**
Ignoring	**2.00**	**.88**
Spanking	**2.20**	**.88**
Slapping	**1.54**	**.88**
Hit with belt or other object	**1.33**	**.86**

Note. M = Mean; SD = Standard deviation

Other Results

Social Workers Reports

The analysis of the social workers perceptions of relationships on the FPES was not conducted due to an insufficient number of responses.

The Constructs of Interest

Constructs of Security were measured within the self report scales for both children and adults, and on the FPAAI. Children's initiatives relevant to the reciprocity hypothesis were measured on the FPAAI. In the framework of attachment theory,

stability was expected to have an interrelationship with security, reciprocity and adult factors. Five constructs of stability were derived from research and created for the FPAAI: Claiming, an Increased Protective Response, Family Integration, Long Term Commitment and Sense of Permanence. Children's behaviour was assessed as an index for risk of placement breakdown in the context of indicating stability. Bi-variate correlation analyses between the stability constructs are presented in Table 8.7, with the children's behaviour reported on the CBCL and FPAAI in Table 8.8, and adult and children's self reports in Table 8.9.

Table 8.7. *Correlations between five constructs of stability*

	A	B	C	D	E
Claiming					
Integration	.50*				
Increased Protective Response	.02	.26			
Long Term Commitment	.54**	.29	-.10		
Sense of Permanence	.55**	.27	-.04	.97*	

Note. $*p =<.05$; $**p = <.01$;

A = Claiming; B = Integration into the family; C = Increased Protective Response; D = Long Term Commitment; E = Sense of Permanence.

Claiming correlated positively with Family Integration ($r = .50$, $p <.05$); Long Term Commitment ($r = .54$, $p <.01$) and Sense of Permanence ($r = .55$, $p < .01$). There was minimal statistical separation between Long Term Commitment and a Sense of Permanence ($r = .97$, $p < .05$). Both correlated positively with competence and negatively with problems on the CBCL. Long Term Commitment had the strongest correlations with T scores for Competence ($r = .65$, $p <.65$); Internalising ($r = -.53$, $p <.01$); Externalising ($r = -.52$, $p <.01$) and Total problem scales ($r = -.57$, $p < .01$). Claiming increased with a decrease in *T* scores for Internalising ($r = -.43$, $p <.05$); Externalising ($r = -.54$, $p < .05$); Total problems ($r = -.42$, $p <.05$) and other problem scales. Family Integration correlated negatively with the Anxious/Depressed problem subscale ($r = -.49$, $p < .05$).

Given these relationships, convergent and criterion validity was more evident for Long Term Commitment and Sense of Permanence. In contrast, the Increased Protective Response did not correlate significantly with these or the CBCL scores.

Table 8.8. *Five constructs of stability correlated with foster parents' ratings of children's behaviour on the CBCL and the FPAAI*

	A	*B*	*C*	*D*	*E*		*A*	*B*	*C*	*D*	*E*		*A*	*B*	*C*	*D*	*E*
Act	.11	.26	.09	**.63****	**.49***	1	**.56****	.31	.07	**.62****	**.57****	17	**.63****	-.08	-.17	.34	.28
Soc	.31	.14	.00	**.57****	**.51***	2	-.23	.24	**.49***	-.13	-.08	18	**-.64****	.10	.08	-.33	***.38**
Sch	.35	.09	.25	**.62****	**.57***	3	.23	.27	**.46***	.22	.21	19	-.09	.08	.17	**-.54****	**-51***
CS	.29	.19	.13	**.65****	**.55****	4	.03	-.28	**-.71****	-.22	-.29	20	-.31	.14	.28	**-.43***	**-.39***
I	-.19	-.25	-.06	**-58****	**-.61****	5	-.24	-.16	**-.42***	**-.49***	**-58****	21	-.06	.36	.28	.21	.16
II	.15	.03	.10	.21	.22	6	-.28	.01	.08	-.13	-.07	22	**.42***	.31	-.23	**.55****	**.56****
III	-.35	**-.49***	-.08	-.37	-.39	7	-.23	.18	.37	-.30	.20	23	.05	.32	-.10	.29	.34
IV	-.36	-.11	-.16	**-.56****	**-.46***	8	-.03	**.43***	**.48***	-.17	-.18	24	-.25	.18	-.27	.30	.27
V	**-.56****	-.28	-.05	**-.61****	**-.60****	9	-.13	.34	.31	**.41***	**.49***	25	-.03	.17	-.28	.14	.16
VI	**-.41***	-.04	-.18	**-.69****	**-.62****	10	-.38	-.16	**.58****	-.12	-.14	26	**.48****	**.93****	.25	.19	.25
VII	-.32	-.16	-.12	**-.53****	**-.50***	11	**.50***	.33	.32	.12	.15	27	**.45***	**.95****	-23	22	.21
VIII	**-.62****	-.20	-.17	**-.53****	**-.47***	12	.38	.25	**.43***	***.35**	.34	28	**.55****	.20	-.13	**.57****	**.66****
IX	**-.54****	-.24	-.27	**-.69****	**-.66****	13	.12	.27	**.51****	.23	.18						
IP	**-.43***	-.33	-.07	**-.52****	**-.54****	14	**.55****	**.41***	.01	**.60****	**.64****						
EP	**-.45***	-.20	-.22	**-.52****	**-.46***	15	-.17	-.16	**.40***	.05	.01						
TP	**-.42***	-.18	-.16	**-.57****	**-.51***	16	-.29	-.24	.30	.15	.11						

Note. ***p* =. <.05; ****p* = *<.01;* A = Claiming; B = Belonging to the family; C = Increased desire to protect; D = Long term commitment; E = Sense of permanence.
CBCL = *Child Behaviour Checklist*: Act = Activity; Soc = Social; Sch = School; CS = Total Competence T score; I = Withdrawn; II = Somatic; III = Anxious/depressed; IV = Social; V = Thought; VI = Attention; VII = Delinquent; VIII = Aggressive; IX = Other; IP = Internalising Problems T score; EP = Externalising Problems T score; TP = Total problem T score; *FPAAI=Foster Parent Awareness of Attachment Interview:* 1= Crying; 2= Clinging; 3= Fussing; 4 =Avoidance; 5 = Withdrawn; 6 = Irritable; 7= Aggressive; 8 = Compliant; 9 =Caregiving;10 = Self reliant; 11= Afraid; 12 = Tired; 13= Unwell; 14= Hurt; 15= Separated; 16= Distress; 17= Pleased; 18= Avoidant; 19= Angry; 20= Disturbed; 21= Playful; 22= Shame; 23= Remorse; 24= Sadness; 25= Fear; 26 = Reparation; 27= Acceptance; 28 = Self regulation.

Table 8.9. *Five constructs of stability correlated with children's self reports and adult's self reports*

	A	*B*	*C*	*D*	*E*		*A*	*B*	*C*	*D*	*E*		*A*	*B*	*C*	*D*	*E*
SP1	-.00	.06	-.03	.35	.28	PBI MC	-.27	.02	-.21	-.13	-.10	PPE Cog	-.31	-.38	-.18	-.09	-.22
SP2	.11	-.07	-.27	.37	.28	PBI PC	**-.50***	-.26	-.15	-.31	-.30	PPE Exp	-.20	-.10	-.30	.30	.21
SP3	.38	.07	.01	.23	.16	PBI MPr	.09	.19	**.53****	-.09	-.14	PPE Spo	-.07	-.21	-.39	.10	.05
SP4	.06	.39	.24	.36	.28	PBI PPr	.36	.24	**.47***	.21	.21	PPE Dis	-.22	-.20	.16	.20	.25
SP5	.01	.05	-.23	.40	.26	PBI MA	.22	.13	.30	.02	.05	PPE AfSe	-.19	.01	-.30	.16	.08
SP6	.32	-.06	-.21	**.48***	**.44***	PBI PA	.30	.15	.20	-.08	-.06	PPE Totl	-.19	-.19	-.39	.27	.18
SS1	-.22	-.25	-.02	32	.32	RQ Sec	.04	-.00	-.31	.32	.20	APQ Inv	-.36	-.22	-.37	-.28	-.33
SS2	.29	-.07	08	.15	.11	RQ Fear	**.51***	.31	**.43***	.24	.28	APQ Pos	-.44	-.29	-.25	-.50	**-.53****
SS3	-.07	-.29	-.06	-.33	-.24	RQ Pre	**.56****	.24	.31	-.01	.03	APQ Inc	-.14	-.02	.31	-.10	-.06
SS4	-.01	.16	-.03	.18	.06	RQ Dis	-.05	-.40	.16	.10	.20	APQ Poor	.20	-.09	-.01	-.28	-.27
						RSQ Sec	.20	-.02	-.39	**.52****	**.43***	APQ CP	**.42***	.11	-.13	.23	.31
						RSQ Fear	.30	.24	**.57****	-.24	36†						
						RSQ Pre	**.41***	.32	-.03	.02	-.04						
						RSQ Dis	.06	-.17	**.41***	.30	.32						

Note. *p =. <.05; **p = <.01; A = Claiming; B = Belonging to the family; C = Increased desire to protect; D = Long term commitment; E = Sense of permanence. SP = ***Self Perception Profile for Children***: SP1 = School competence; SP2 = Athletic competence; SP3= Social Acceptance; SP4= Physical Appearance; SP5 Behavioural Conduct; SP6 Global Self Worth; SS = ***Social Support Scale***: SS1= Parental Support/Regard; SS2 = Classmate Support/Regard; SS3 = Teacher Support/Regard; SS4 = Friend Support/Regard. ***Recall of parents:*** PBI = Parental Bonding Instrument; MC = Maternal Care; PC = Paternal Care; MPr = Maternal Overprotection; PPr = Paternal Overprotection; MA = Maternal Abuse; PA = Paternal Abuse; ***Adult attachment dimensions*** **RQ** = Relationship Questionnaire; RSQ = Relationship Scales Questionnaire: Sec = Secure; Fear = Fearful/Avoidant; Pre = Preoccupied; Dis =Dismissing. ***Empathy:*** PPE = Parent Partner Empathy Measure: Exp = Emotional Expression; Spo = Spouse; Dis = Emotional Distress; AfSe = Affective Sensitivity; Totl = Total Empathy Score. ***Parenting Practices:*** APQ = Alabama Parenting Questionnaire: Inv = Involved; PosP = Positive Parenting; Inco = Inconsistent; Poor = Poor Monitoring; CP = Corporal Punishment.

Hypothesis One a): Reworking the Model of Security

This hypothesis predicted that Security in adult relationships would influence security in the children, as well as contributing to placement stability. The perspectives of both adults and children were used in these analyses. It was anticipated that adult Security would influence the management of children's behaviour, and that the effects of this would be observed in the children. Security was rated in the children in two ways. Descriptions of the children's behaviour on the FPAAI theoretically described the organisation of felt security throughout the placement. Correlations between these descriptions are presented in Table 8.16 later in this section. As seen below, analyses involving these factors provided moderate support for the hypothesis. Security was also inferred from children's ratings on the Global Self Worth subscale of the SPPC. There was strong support for the hypothesis based on the children's self reports (see Table 8.10).

The Complementary Relationship of Models of Self and Support

First, as shown in Table 8.11, there was a clear relationship between the Secure attachment dimension as rated by adults and Global Self Worth as reported by the children (r = .54, p < .01). Global Self Worth also correlated with a number of variables that represented signs of felt security, as shown in Table 8.12. There were: positively with Proximity Seeking when Unwell (r = .42, p <. 05) or Hurt (r = .50, p <.05); positively with showing Pleasure at Reunion with the foster parent (r =.46, p <.05); negatively with Avoidance (r = -.55, p <.01) , Anger (r = - .68, p <.01) or Disturbed behaviour (r = -.55, p <.01) at Reunion; positively with the capacity to enjoy play (r = .56, p < .01) and positively with the child's capacity to self regulate (r = .39, p < .05).

As seen in Table 8.10, children who reported favourably on themselves were consistently rated to have with fewer problems on the CBCL. Global Self Worth correlated negatively with parents ratings on problem scales of Attention (r = -.71, p < .01); Withdrawal (r = - .62, p < .01); Thought (r = -.48, p < .05); Delinquent (r = -.43, p < .05) and Aggression (r = -.48, p < .05); and the Internalising (r = -.67, p < .01); Externalising (r = -.48, p < .05) and Total Problem scores (r= -.54, p < .01).

From the FPAAI, parents' reported responses to difficult behaviour were found to correlate negatively with Global Self Worth: Stress (r = -.69, p < .01); Anger (r = -.63, p < .01) and Rage (r = -.42, p < .05). In view of the hypothesis that adult security would be reflected in parental behaviour management, a composite variable named Parental Containment, reverse scored in order to be increasingly adaptive, correlated positively with Global Self Worth (r = .69, p <.01).

Congruently, Global Self Worth correlated positively with children's ratings on the SSS around support from Foster Parents (r = .56, p < .01). In turn, the Foster Parent Support/Regard subscale correlated negatively with the Withdrawn (r = -.68, p. < .01); Attention problems (r = -.55, p < .01) and Total problem (r = - .42, p < .05) scales of the CBCL, as reported by parents.

Global Self Worth correlated positively with children's self reports of Athletic Competence (r = .78, p < .01); Social Acceptance (r = .76, p < .01) and Behavioural Conduct (r = .55, p < .05). Also self-reported, Social Acceptance correlated positively with Athletic Competence (r = .74, p < .01); Behaviour with Physical Appearance (r = .60, p = .05); Athletic Competence (r = .56, p < .05); Scholastic Competence (r = .57, p < .05) and Friends Support (r = .57, p < .05). Scholastic Competence correlated negatively with Teacher Support (r = .60, p = .05).

The Influence of Secure Adult Attachment on Security and Stability

In the bi-variate analyses with children's behaviour on the FPAAI, Secure attachment correlated with behaviour that reflected felt security in the following ways: negatively with Reunion Behaviour that was Angry (r = -.51, p < .05) and Disturbed (r = -.66, p < .05); positively with the current capacity to express Sadness (r = .43, p < .05); for Self Regulation (r = .38, p < .05); and Shame (r = .54, p < .05) or Sadness (r = .37, p < .05) over the consequences of difficult behaviour.

As well as the earlier reported correlation with Global Self Worth (i.e. r = .54*)* the Secure Adult Attachment dimension also correlated with children's own perceptions of Social Acceptance (r = .38, p < .05); Behavioural Conduct (r = .46, p < .05) and Athletic Competence (r = .68, p < .05). Correlations from both of the adult attachment measures with children's reports are fully presented in Table 8.11.

In the care system, Secure adult attachment correlated positively with Agreement with the Care and Protection plan ($r = .47$, $p < .05$); but negatively with Involvement with Decision Making ($r = -.42$, $p < .05$); positively with belief that Contact with Biological Parents could have been made easier ($r = .52$, $p < .05$) and seeing Benefit in Increasing Contact ($r = .61$, $p < .05$). The relevance of these relationships to this hypothesis is discussed in Chapter 9. Other correlations between these variables were not significant.

The Selection of Predictors and Criterion for Felt Security

Global Self Worth was statistically and theoretically related to Foster Parent Support and Regard and the Secure Adult Attachment dimension. The utility of children's Global Self Worth as a criterion that inferred stability as well as security was confirmed in the statistical relationship with Long Term Commitment ($r = .48$, $p <.05$) and Sense of Permanence ($r = .44$, $p <. 05$) reported by the foster parents.

Because of the sample size, only three steps were entered.[18] Adult security was entered at the first step. Parental regulation of emotional states has been reported in the development of attachment in infancy, just as parental management of behaviour has been found to assist in the development of new relationships. As described in the method section, the variable named Parental Containment reflected low anxiety in the presence of a stressful situation, and as such was consistent with the model of secure adult attachment. This was entered at the second step. Finally, the subscale from the SSS that represented children's own perceptions that foster parents were supportive and accepting was entered at the third step. As seen in Table 8.13, Secure adult attachment was consistently predictive of Global Self Worth and the parent's capacity to regulate affect was an additional predictor.

The regression showed that the parents' ability to manage stress and anger in the face of testing behaviour contributed more to Global Self Worth (ß = .50, $p = <$ .01) than the adult dimension of Secure attachment, or the children's sense that the adults were supportive and available (see Table 8.13).

[18] This conclusion was supported by statistical consultation in considering and testing assumptions for the regression analyses for this sample.

Table 8.10. *Correlations between children's behaviour ratings and children's self reports*

	Act	Soc	Sch	CS	I	II	III	IV	V	VI	VII	VIII	IX	IP	EP	TP	SP1	SP2	SP3	SP4	SP5	SP6	SS1	SS2	SS3	SS4
Act																										
Soc	.52**																									
Sch	.60**	.85**																								
CS	.81**	.90**	.90**																							
I	-.22	-.41*	-.29	-.28																						
II	-.15	.42*	.34	.38	-.03																					
III	-.07	.24	.12	.15	.51*	.30																				
IV	-.61**	-.55**	-.75**	-.71**	.25	.02	.28																			
V	-.26	-.11	-.20	-.19	.57**	.28	.77**	.50*																		
VI	-.48*	-.43*	-.57**	-.50*	.57**	.12	.43*	.78**	.67**																	
VII	-.39	-.43*	-.52**	-.38	.38	.47*	.49*	.77**	.58**	.75**																
VIII	-.38	-.32	-.48**	-.43	.27	.18	.49*	.81**	.73**	.82**	.72**															
IX	-.54**	-.46*	-.03**	-.59**	.30	.18	.31	.72**	.60**	.80**	.76**	.86**														
IP	-.12	-.05	-.12	-.03	.73**	.26	.85**	.43*	.78**	.70**	.65**	.66**	.53**													
EP	-.43	-.39	-.58*	-.49	.36	.25	.47*	.87**	.66**	.85**	.85**	.95**	.87**	.69**												
TP	-.40	-.38	-.47*	-.43	.42*	.26	.52*	.78**	.61**	.87**	.78**	.83**	.79**	.67**	.86**											
SP1	.38	.14	.15	.26	-.32	-.15	-.04	-.26	-.19	-.37	.22	-.04	-.12	-.07	-.07	-.19										
SP2	.23	.32	.12	.24	-.41*	.02	-.10	-.41*	-.17	-.54**	-.28	-.37	-.26	-.41	.40	-.47*	.42									
SP3	.14	.23	.09	.19	-.36	-.12	-.18	-.42*	-.39	-.56*	-.27	-.54*	-.35	-.42	-.48*	-.45*	.47	.74**								
SP4	.35	.35	.17	.30	-.71**	-.11	-.47*	-.35	-.43	-.60**	-.34	-.39	-.38	-.61*	-.47*	-.60**	.32	.43	.51							
SP5	.46*	.07	-.07	.16	-.34	-.34	-.30	-.27	-.41	-.56*	-.28	-.30	-.37	-.40	-.35	-.53**	.57*	.56*	.49	.60*						
SP6	.07	.23	.09	.10	-.62**	-.17	-.32	-.33	-.48*	-.71**	-.43*	-.48*	-.40	-.67**	-.48*	-.54**	.41	.78**	.76**	.50	.55*					
SS1	.14	.03	.13	.14	-.68**	-.27	-.19	-.19	-.38	-.55*	-.29	-.15	-.23	-.38	-.24	-.41*	.49	.28	.30	.47	.47	.56**				
SS2	.02	.04	.24	.09	-.08	-.04	-.10	.41*	-.05	-.47	-.50*	-.38	-.24	-.34	-.43*	-.34	.17	.54*	.40	-.02	.05	.46	-.21			
SS3	-.59*	-.05	-.11	-.28	-.15	-.08	-.10	.27	.14	.15	.13	.15	.26	-.10	.10	-.20	-.60*	-.03	-.05	-.14	-.49	.15	.02	.14		
SS4	.25	-.13	-.15	-.01	-.15	-.02	-.15	-.07	.04	-.32	-.09	-.09	-.07	-.27	-.11	-.24	.30	.56*	.23	.34	.57*	.34	-.13	.54*	-.24	

Note. *p= <.05; **p =< .01; *Child Behaviour Checklist*: Act = Activity; Soc = Social; Sch = School; CS = Total Competence T score; I = Withdrawn; II = Somatic; III = Anxious/depressed; IV = Social; V = Thought; VI = Attention; VII = Delinquent; VIII = Aggressive; IX = Other; IP = Internalising Problems T score; EP = Externalising Problems T score; TP = Total problem T score; SP = *Self Perception Profile for Children:* SP1 = School competence; SP2 = Athletic competence; SP3= Social Acceptance; SP4= Physical Appearance; SP5 Behavioural Conduct; SP6 Global Self Worth; SS = *Social Support Scale:* SS1= Parental Support/Regard; SS2 = Classmate Support/Regard; SS3 = Teacher Support/Regard; SS4 = Friend Support/Regard.

Table 8.11. *Correlations of adult self report scales with children's behaviour ratings and children's self reports*

	PBI MC	PBI PC	PBI MPr	PBI PPr	PBI MA	PBI PA	RQ Sec	RQ Fear	RQ Pre	RQ Dis	RSQ Sec	RSQ Fear	RSQ Pre	RSQ Dis	PPE Cog	PPE Exp	PPE Spo	PPE Dis	PPE AfSe	PPE Totl	APQ Inv	APQ PosP	APQ Inco	APQ Poor	APQ CP
Act	-.18	-.25	.15	.28	-.05	-.14	.53**	.04	-.18	-.22	.42*	.02	.12	.11	.23	.30	.04	.11	.17	.27	-.07	-.43*	-.10	-.34	-.15
Soc	-.14	-.11	.11	.33	-.03	-.22	.37	.17	-.09	.27	.64*	.32	.03	.25	-.07	.16	-.38†	.34	.25	-.01	-.06	-.35	.31	-.07	.24
Sch	-.31	-.17	.04	.39	.14	-.10	.29	.36	.08	.24	.44*	.45*	.04	.39	-.03	.14	-.27	.36	.09	.01	-.17	-.42	.22	-.07	.20
CS	-.23	-.21	.04	.42*	.01	-.15	.47*	.21	-.06	.08	.54**	.28	.12	.26	.06	.23	-.20	.27	.17	.11	-.12	-.46*	.14	-.15	.08
I	.10	.15	.06	-.01	-.12	.12	-.09	-.16	.12	-.04	-.28	-.28	.14	-.10	.19	-.08	.10	-.28	-.10	-.07	.04	.34	-.03	.33	-.25
II	.30	-.05	-.14	.40*	-.17	.12	.42*	-.04	-.00	.32	.05	.00	.07	.21	-.08	-.08	-.17	-.07	-.23	-.16	.15	-.21	-.03	.10	-.28
III	.14	.31	-.18	-.08	-.27	-.16	.19	-.34	-.10	.28	.12	-.24	-.07	.14	.31	-.02	-.30	-.01	.19	-.13	.24	.38†	.20	.12	-.26
IV	.43*	.31	-.31	-.42*	-.26	.00	-.22	.42*	.02	-.07	-.44*	-.27	-.03	-.28	-.05	-.24	-.09	-.32	.01	-.24	.15	.45*	-.12	.02	-.16
V	.45*	.34	-.07	-.08	-.33	-.10	.02	-.50*	-.28	.29	-.12	-.33	-.21	.02	.12	-.17	-.35†	-.07	.06	-.27	.35	.41	.26	.05	-.45*
VI	.45*	.33	-.29	-.27	-.24	.03	-.09	-.39	-.05	-.16	-.47*	-.28	.08	-.45*	-.07	-.21	-.06	-.33	-.07	-.22	.22	.36	-.11	.16	-.20
VII	-.41*	.24	-.21	-.08	-.30	.10	.14	-.35	.02	-.02	-.36	-.35	.15	-.13	.07	-.17	-.02	-.38	-.12	-.19	.20	.37	-.12	.24	-.42*
VIII	.59**	.36	-.33	-.34	-.46*	-.11	-.03	-.64**	-.23	-.03	-.38	-.38	-.08	-.24	.09	-.11	-.05	-.28	.07	-.13	.22	.41*	-.12	-.10	-.41*
IX	.53**	.27	-.24	-.28	-.36*	.06	.00	-57	-.17	-.15	-.48	-.53**	.04	-.41*	.10	-.18	.15	-.43*	-.14	-.11	.29	.39*	-.25	.11	-.43*
IP	.60**	.27	-.15	-.02	-.36	-.05	.09	-38	-.02	.06	-.23	-.27	.12	-.02	.24	-.02	-.05	-.23	.05	-.10	.07	.36*	.01	.18	-.40
EP	.57*	.26	-.32	.26	-.47*	.01	-.01	-.59**	-.08	-.06	-.44*	-.42*	07	-.25	.07	-.16	05	-.43*	-.05	-.16	.15	.38	-.23	.03	-.41*
TP	.42*	.39†	-.33	-37	-.22	.01	.04	-.46*	-.03	-.20	-.48*	-.39	.01	*-40	.17	-.12	.02	-.36†	-.04	-.10	.33	.38	-.32	-.01	-.30
SP1	-.01	-.19	.21	.05	-.20	-.01	.25	-.14	-.08	-.16	15	-.31	.06	.29	.33	.28	.34	-.16	.15	.33	-.12	.04	-.23	-.27	-.42*
SP2	-.01	-.12	.15	.06	-.04	-.11	.32	-.10	-.42*	.26	.68**	-36	-.29	.23	.17	.24	.06	.21	.18	.27	.33	-.02	.14	-.14	-.12
SP3	-.31	-.26	.37	.24	.22	.09	.15	.11	-.03	.01	.38	-.17	-.07	.10	.17	-.00	.10	-.03	-.04	.10	.01	-.19	-.03	.01	.03
SP4	-.18	-.11	.28	.20	.13	-.15	.03	.14	-.21	-.04	.32	.20	-.13	.15	-.05	.16	-.14	.27	.22	.10	-.17	-.24	.25	-.26	.06
SP5	-.11	-.18	.19	-.07	-.16	-.16	.20	-.09	-.23	-.15	.46*	-.29	-.00	.17	.30	.41*	.27	.06	.34	.43	-.00	.05	-.03	-.27	-.17
SP6	-.18	-.18	.10	-.03	.11	-.08	.08	-.01	-.16	.18	.54**	-.14	-.27	.16	.11	.12	.09	.15	.15	.20	.07	-.13	-.01	-.20	.19
SS1	-.21	.10	.01	-.09	.04	-.25	.02	-.05	-.29	.16	.27	11	-.31	.33	.15	.26	.14	.36	.28	.29	-.22	-.00	.13	-.25	.06
SS2	-.04	-.31	.30	.11	.04	.12	-.04	.00	.03	.19	.21	-.22	-.14	.10	.14	-.06	-.01	-.02	-.15	-.00	.25	-.14	-.04	-.12	-.07
SS3	.04	.22	-.24	-.17	.15	-.11	.32	-.14	-.07	.29	.05	.16	-.32	-.32	-.17	-.28	-.33	.18	-.07	-.29	.18	-.05	.16	.06	.44*
SS4	.26	-.24	.26	-.05	-.34	-.02	.10	-.22	-.15	-.01	.27	-.48*	-.02	.17	.25	.21	.24	-.11	.16	.17	.33	.15	-.00	-.32	-.47*

Note. *p= <.05; **p =< .01; CBCL = Child Behaviour Checklist; Act = Activity; Soc = Social competence; Sch = Scholastic Competence; CS = Total Competence T score; I = Withdrawn; II = Somatic; III = Anxious/depressed; IV = Social problems; V = Thought; VI = Attention; VII = Delinquent; VIII = Aggressive; IX = Other; IP = Internalising Problems T score; EP = Externalising Problems T score; TP = Total problem T score ; SP = Self Perception Profile for Children; SP1 = School competence SP2 = Athletic competence SP3 =Social Acceptance; SP4= Physical Appearance; SP5= Behavioural conduct; SP6= Global self worth; SS = Social Support Scale; SS1= Parental support/regard; SS2 = Classmate support/regard; SS3 = Teacher support/regard; SS4 = Friend support/regard

Table 8.12. *Correlations between attachment related behaviour on the FPAAI, children's behaviour ratings, and children's self reports*

	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	*17*	*18*	*19*	*20*	*21*	*22*	*23*	*24*	*25*	*26*	*27*	*28*
Act	.39	.20	.17	-.12	-.07	-.01	-.06	.13	.40	.32	-.16	.21	.17	.10	.39	.27	.06	.20	-.23	-.08	.30	.36	.08	.35	.18	.19	.22	-.04
Soc	.14	-.16	-.12	-.30	**-.45***	-.32	-.10	.39	.25	.14	.16	**.62****	.17	.57	-.20	.17	.17	-.12	**-.66****	**-.73****	**.53****	**.44****	.34	**.51****	.14	.23	.19	.25
Sch	.26	-.24	.11	-.34	**-.44****	-.33	-.02	**.43***	.17	.17	.38	**.71****	.24	.39	.20	.40	.26	-.21	**-.42***	**-.49***	.40	.30	.23	.21	-.21	.08	.15	.28
CS	.22	-.12	-.00	-.25	-.31	-.24	-.04	.37	.30	.24	.11	**.56****	.16	.37	.14	.29	.13	-.02	**-.46***	**-.48***	**.46***	**.45***	.21	**.43***	.11	.10	.22	.13
I	-.31	-.04	-.30	**.63****	**.80****	.10	.18	-.09	**-.42***	-.00	-.04	**-.46***	**-.50****	**-.74****	.28	-.23	.08	.13	**.77****	**.47****	**-.52****	-.06	-.20	-.34	-.06	-.22	-.20	**-.43***
II	.15	.09	**-.56****	-.25	***-.36**	.03	-.10	.09	.28	-.05	.24	.27	.22	.36	.11	.23	.27	-.11	-.27	-.39	.27	.38	.05	**.42***	.31	.10	.04	.24
III	-.38	.08	**-56****	.18	.20	.12	.20	.05	-.12	.11	-.17	-.11	-.34	-.23	-.06	-.08	.03	.07	.01	-.14	-.04	.16	-.03	.21	.24	**-.42***	**-.41***	**-.44***
IV	-.38	.40	-.34	.10	.20	**.42***	.14	-.33	.09	-.23	-.37	**-.66****	-.31	-.12	-.20	-.34	-.32	.22	.27	.36	-.28	-.14	.02	.03	.40	.03	-.16	-.28
V	-.39	.19	**-.49***	.12	.28	.37	**.44***	.13	.03	.18	-.05	-.26	-.14	-.37	.01	-.07	-.21	.30	.26	.21	.00	.01	-.00	.21	.17	-.20	-.20	**-.43***
VI	**-.57****	.20	**-60****	.30	**.50***	.36	**.41***	-.05	-.04	-.27	-.20	**-.55****	**-54****	-.36	-.14	-.32	**-..44***	**.41***	**.53***	**.44***	-.22	-.05	.06	.17	.36	.13	.02	-.36
VII	**-.41***	**.43***	**-.69****	.12	.20	.19	-.05	-.17	-.02	-.15	-.30	**-.41***	-.24	-.15	-.12	-.21	-.14	.28	.16	.08	-.07	.00	-.07	.23	**.48***	-.08	-.18	-.36
VIII	**-.42***	.26	**-.49***	.03	.20	**.53****	.34	-.09	.13	-.20	-.36	**-.48***	-.24	-.11	-.03	.02	**-.48***	**.51***	.13	.34	.04	-.14	.00	.39	.38	-.05	-.18	**-.45***
IX	**-.42***	.05	**-.54****	.18	.31	.34	.16	-07	-.22	-.32	-.23	**-.40***	-.16	-.25	-.09	.03	-.33	**.42***	.19	.26	.01	-.33	-.24	.21	.20	-.10	-.19	**-.41***
IP	**-.48***	.18	**-.59****	.30	**.48***	.23	.30	.05	-.14	-.00	-.28	-.32	**-.48***	**-.45***	.14	-.05	.21	**.41***	.33	.24	-.10	.04	-.07	.21	.29	-.25	-.26	**-.61****
EP	-.37	.29	**-.56****	.15	.26	**.49***	.22	-.25	.03	-.30	-.38	**-.55****	-.31	-.18	-.03	-.10	-.34	**.42***	.20	.34	-.09	-.08	.21	.29	**.45***	-.05	-.20	**-.43***
TP	-.35	.17	**-.60****	.10	.26	**-49***	.34	-.05	.02	.21	-.25	**-.48***	-.39	-.17	-.05	-.12	-.30	.24	.30	.33	-.15	-.38	.29	.19	**.43***	.02	-.15	-.36
SP1	.38	.13	.17	-.18	-.26	.17	.02	-.10	.04	-.11	-.13	.31	.29	-.15	.05	.17	.03	.11	**-.45***	-.09	**.47***	.19	-.22	.35	.14	-.11	.03	-.25
SP2	.39	-.16	.00	.03	-.30	-.10	-.25	-.16	.11	.14	.06	.31	.36	.27	**-.46**	-.15	.38	-.35	**-.61****	**-.60****	.26	.37	-.02	.25	.12	-.28	-.09	.28
SP3	**.42***	-.13	.23	-.10	-.30	-.12	-.17	-.04	.19	.12	.08	.39	.36	.32	**-.42***	-.18	.40	**-.43***	**-.46***	**-.46***	.19	.18	-.39	.09	.06	-.11	.01	.14
SP4	.22	.22	**.48***	**-.53****	**-.50***	-.20	-.25	.22	.35	**.43***	-.11	.36	**.65****	**.44***	-.14	.20	.11	-16	**-.59****	-.32	**.56****	-.10	.11	.22	.00	.19	.30	.07
SP5	.36	.14	.34	.10	-.02	-.10	**-.47***	-.39	.10	.24	**-.44***	.08	.25	.04	-.08	-.07	.10	.07	-.39	-.17	.13	.10	-.06	.11	.15	-.24	-.06	-.12
SP6	**.53****	-.25	.34	-.12	**-.48***	-.08	-.36	-.33	-.03	.01	.02	.27	**.42***	**.50***	-.38	-.07	**.46***	**-.55****	**-.68****	**-.55****	.11	.15	-.18	-.05	.00	-.20	-.14	.39
SS1	-.04	.12	.29	-.39	**-.51***	-.17	-.31	-.17	.17	.21	-.34	.19	.30	.26	-.12	.32	-.14	.10	**-.71****	-.37	.33	-.19	.06	.24	-.06	-.37	-.29	.01
SS2	**.67****	**-.52***	.35	-.02	-.20	.16	.13	.02	-.27	.03	**.46***	**.42***	**.48***	.16	.04	.15	**.54****	**-.56****	-.17	-.16	.09	.01	**-.50***	-.32	-.35	-.11	-.07	.19
SS3	.21	-.37	-.05	-.17	-.22	.04	.07	.09	-.12	.04	.05	-.02	.04	.27	-.26	.06	.02	-.27	-.19	-.26	-.12	-.37	-.14	-.21	-.10	-.08	-.27	.22
SS4	**.62****	.14	.27	-.03	-.10	.26	-.16	.26	.13	.21	-.09	.03	**.56****	.11	.01	-.01	.25	-.06	-.25	-.03	.25	.11	.24	.06	.12	-.05	.05	-.15

Note. ***FPAAI = Foster Parent Awareness of Attachment Interview****:* 1= Crying; 2= Clinging; 3= Fussing; 4 =Avoidance; 5 = Withdrawn; 6 = Irritable; 7= Aggressive; 8 = Compliant; 9 =Caregiving;10 = Self reliant; 11= Afraid; 12 = Tired; 13= Unwell; 14= Hurt; 15= Separated; 16= Distress; 17= Pleased; 18= Avoidant; 19= Angry; 20= Disturbed; 21= Playful; 22= Shame; 23= Remorse; 24= Sadness; 25= Fear; 26 = Reparation; 27= Acceptance; 28 = Self regulation. ***Child Behaviour Checklist****:* Act = Activity; Soc = Social; Sch = School; CS = Total Competence T score; I = Withdrawn; II = Somatic; III = Anxious/depressed; IV = Social; V = Thought; VI = Attention; VII = Delinquent; VIII = Aggressive; IX = Other; IP = Internalising Problems T score; EP = Externalising Problems T score; TP = Total problem T score. SP = ***Self Perception Profile for Children****:* SP1 = School competence; SP2 = Athletic competence; SP3 Social Acceptance; SP4 Physical Appearance; SP5 Behavioural conduct; SP6 Global self worth. SS = ***Social Support Scale****:* SS1= Parental support/regard; SS2 = Classmate support/regard; SS3 = Teacher support/regard; SS4 = Friend support/regard.

Table 8.13. *Standardised regression co-efficients (ß), t test significance, overall Anova, adjusted R^2, R^2 change and Standard Error of Estimation in the linear regression analysis where the predictors were the Secure adult attachment dimension, the capacity of the parent to manage testing behaviour without stress and anger, and the children's perceived Support and Regard from foster parents. Global Self Worth was the criterion.*

Variables	Steps	1 ß	2 ß	3 ß
1. Secure Adult Attachment [RSQ]		.54**	.42**	.37**
2. Parental Containment			.61***	.50**
3. Parent Support and Regard [SSS]				.26
Criterion **GLOBAL SELF WORTH**				
Anova F		8.95**	19.62***	15.57***
R		.54	.81	.84
R^2		.29	.65	.70
Adjusted R^2		.26	.62	.66
R^2 Change		.29	.36	.05
SE Est		.44	.31	.29

p <.0; **p <.01;* p<.001*

Hypothesis One b): The Effects of Other Adult Dimensions

This hypothesis predicted that all the adult attachment dimensions would show relationships with factors that were relevant to foster care. As was the case with the prediction of influences from security of attachment, it was anticipated that the effects of other adult attachment dimensions would be observed in the children. For this reason, bi-variate correlations were calculated between the relevant attachment measures, the CBCL and the FPAAI. Mild support for the hypothesis was provided by statistical relationships that could be conceptually linked to the four dimensions of the Bartholomew model of anxiety and avoidance. These are fully presented in Table 8.13.

First, the Fearful adult dimension correlated negatively with parent ratings of Social Competence (r = -.42, p < .05); as well as Thought problems (r = -.50, p <.05); Aggression (r = - .64, p < .05); Externalising (r = -.42, p < .05) and Total Problem scales (r = -.46, p < .05) on the CBCL. This dimensions also correlated negatively with the children's ratings of Support/Regard from Friends (r = -.48, p <.05) on the SSS. When compared to the FPAAI, the Fearful dimension correlated

negatively with Irritability (r = .59, p < .05), Avoidance (r = -.50, p < .05) and Withdrawal (r = -.43, p < .05) at the beginning of the placement; positively with Proximity Seeking when Afraid (r = .52, p < .05) and Tired (r = .53, p < .05); and with Compliance (r = .37, p < .05). In relation to the attachment disorder criteria, Fearful correlated positively with the child showing remorse (r = .42, p <.05) and negatively with the experience and expression of fears (r = - .44, p <.05). Fearful adult attachment also correlated negatively with the description of children being difficult to get close to (r = -.50, p < .05).

The Preoccupied dimension was not associated with constructs of security and stability. Preoccupied correlated negatively with parent's reports of children's Self Reliance (r = -.36, p <.05) and capacity to experience and express sadness (r = -.48, p < .05); and with children's reports of Athletic Competence (r = - .42, p <.05).

The Dismissing dimension was connected to constructs of security and stability through the correlation with the Increased Protective Response (r = .41, p < .05), and negative correlations with Attention (r = -.45, p <.05) and other problems (r = -.41, p < .05) on the CBCL. Other relationships showed that at the beginning of the placement, the Dismissing dimension was negatively related to Withdrawal behaviour (r = -.45, p <.05) and positively related to Clinging (r = .42, p < .05). It was related to Proximity Seeking when Tired (r = .45, p < .05), and with the children's Self Regulation (r = .35, p < .05). There was a negative correlation with the child being reported as Likeable (r = - .45, p < .05).

All other correlations involving these variables were not significant.

Table 8.14. *Significant correlations between adult attachment dimensions, children's behaviour ratings, children's self reports and constructs of stability.*

SECURE *Positive Self/Positive Other Low Anxiety/Low Avoidance*				**FEARFUL** *Negative Self/Negative Other High anxiety/high avoidance*			
ATTACHMENT DISRUPTION				**ATTACHMENT DISRUPTION**			
Crying	.46	**	RQ	*Irritable*	.59	**	RQ
Fussing	-.44	*	RQ	Avoidant	-.50	*	RSQ
ABSENCE OF DISORDER				Withdrawn	-.43	*	RSQ
Shows shame	.54	*	RSQ	**PROXIMITY SEEKING**			
Feels and expresses sadness	.43	*	RQ	*Afraid*	.52	**	RQ
Sadness over consequences	.37	*	RSQ	Tired	.53	*	RQ
REUNION BEHAVIOUR				**COMPLIANCE**	.37	†	
Angry	-.51	*	RSQ				
Disturbed	-.66	**	RSQ	**ABSENCE OF DISORDER**			
SELF REGULATION	.38	†	RSQ	Can experience and express fear	-.44	*	RQ
CBCL RATINGS				Sad over behavioural consequences	.42	*	RSQ
CBCL Activity	.53	**	RSQ	**CHILD'S DISPOSITION**			
Activity	.42	*	RSQ	Difficult to get close to	-.50	*	RSQ
Social	.64	**	RSQ				
Scholastic	.44	*	RSQ	*CBCL RATINGS*			
Total competence	.54	**	RSQ	CBCL Social Competence	-.42	*	RQ
CBCL Total Competence	.47	*	RQ	CBCL Thought Problem	-.50	*	RQ
Social problem	-.44	*	RSQ	CBCL Aggression	-.64	**	RQ
Attention problem	-.47	*	RSQ	CBCL Other problems	-.58	**	RQ
Delinquent problem	-.36	†	RSQ	CBCL Other problems	-.54	**	RSQ
Aggressive problem	-.38	†	RSQ	CBCL Externalising Scale	-.59	**	RQ
Other problems	-.48	*	RSQ	CBCL Externalising Scale	-.42	*	RSQ
Externalising	-.44	*	RSQ	CBCL Total problems	-.46	*	RSQ
Total problem	-.48	**	RSQ				
OTHER RELATIONSHIPS				**CHILD SELF PERCEPTION**			
FP feels involved	-.42	*	RQ	SSS Support/regard from friends	-.48	*	RSQ
FP agrees with care plan	.47	*	RQ				
FP see benefit in more parent contact	.50	**	RSQ	**OTHER RELATIONSHIPS**			
FP think contact could have been made easier	.52		RSQ	FP see benefit more parent contact	-.52	*	RSQ
				FP Want more parent contact	-.68	**	RSQ
FP want increased contact /parents	.61	**	RSQ		.51	*	RQ
CHILD SELF PERCEPTION				**CONSTRUCTS OF STABILITY**			
Athletic Competence	.68	**	RSQ	FP report claiming	.57	*	RSQ
Social Competence	.38	*	RSQ	Increased protective response	.42	**	RQ
Behavioural Conduct	.46	*	RSQ				
Global Self Esteem	.54	**	RSQ				
CONSTRUCTS OF STABILITY							
FP long term commitment	.52	**	RSQ				
FP sense of permanence	.43	*	RSQ				
DISMISSING *Positive Self/Negative Other Low anxiety/high avoidance*				**PREOCCUPIED** *Negative Self/Positive Other High anxiety Low avoidance/*			
ATTACHMENT DISRUPTION				**SELF RELIANCE**	-.36	†	RQ
Clingy	.42	*	RSQ	**ABSENCE OF DISORDER**			
Withdrawn	-.45	*	RSQ	Experience/express sadness	-.48	*	RQ
PROXIMITY SEEKING							
Tired	.45	*	RSQ	**CHILD SELF PERCEPTION**			
SELF REGULATION	.35	†	RSQ	Athletic competence	-.42	*	RQ
CHILD'S DISPOSITION							
Likeable	-.43	*	RQ	**OTHER RELATIONSHIPS**			
Likeable	-.45	*	RSQ	FP feels involved/CYFS	-.44	*	RQ
CBCL RATINGS				FP want more contact/parents	-.44	*	RQ
CBCL Attention	-.45	*	RSQ				
CBCL Other problems	-.41	*	RSQ	**CONSTRUCTS OF STABILITY**			
OTHER RELATIONSHIPS				FP report claiming	.57	**	RQ
Contact with parents could have been easier	-.50	*	RSQ	FP report claiming	.41	*	RSQ
CONSTRUCTS OF STABILITY							
Increase protection	.41	*	RSQ				

Note. *p = .05; **p = .01; †p = .05, 1-tailed; FP = Foster Parents; CBCL = Child Behaviour Checklist; RQ = Relationship Questionnaire; RSQ = Relationship Scales Questionnaire

Hypothesis Two: Children's Initiatives, Reciprocity and Stability

This hypothesis predicted that the children's behavioural initiatives would have a significant influence on the formation of the relationship and the stability of the placement. This information was accessed from the FPAAI interview, where descriptions of children's behaviour theoretically described the organisation of felt security, and the potential for stability. As previously presented in Table 8.8, behaviour initiated by children at the beginning of the placement was related to the established criteria for stability and to the children's behaviour ratings and self reports. Significant relationships from the bi-variate analysis between these and other descriptions of behaviour likely to elicit care are presented in Table 8.15. These relationships moderately supported the hypothesis. The hypothesis was also tested with a linear regression that was derived from attachment theory and that used variables that correlated significantly.

Attachment Disruption at the Beginning of the Placement

The variables were observations of crying, clinging, fussing, avoidance, withdrawal, irritability and aggression. In comparison with the variables selected for stability, Crying correlated positively with Claiming (r = .56, p < .01); Long Term Commitment (r = .62, p < .01) and Sense of Permanence (r = .57, p < .01). An Increased Protective Response correlated positively with Clinging (r = .49, p < .05) and Fussing (r = .46, p <.05) and negatively with Withdrawal (r = -.42, p < .05) and Avoidance (r = - .71, p < .01) at the beginning of the placement. Such withdrawal also negatively indicated Long Term Commitment (r = -.49, p < .05) and Sense of Permanence (r = -.58, p < .01).

Consistently, Withdrawal on the FPAAI correlated positively with CBCL Withdrawal problems (r = .80, p <.01); Attention problems (r = .50, p <.05) and Internalising Problems (r = .48, p < .05) and negatively with Social (r = - .45, p < .05) and Academic Competence (r = -.44, p < .01). Irritability correlated positively with Social problem (r = .42, p < .05); Aggression (r = .53, p <.01); Externalising and Total scores (r = .49, p <. 05, for each). Aggression at the beginning of the placement correlated with problem scales for Thought (r = .41, p <. 05) and Attention (r = 44, p < .05) on the CBCL.

When factors from the previous hypothesis were compared, Secure adult attachment correlated positively with Crying (r = .46, p .05) and negatively with Fussing (r = - .44, p < .05). Global Self Worth correlated positively with Crying (r = .53, p <.01) and negatively with Withdrawal (r = -.48, p <.05).

Crying was also positively correlated with the child's reports of supportive Peers (r = .62, p < .01) and Classmates (r = .63, p < .01) and, consistent with these relationships, to Social Acceptance (r = .42, p < .05). On the other hand, Withdrawal was negatively related to current Support and Regard from Foster Parents (r = - .51, p <.05) and to Global Self Worth (r = - .48, p < .05). Clinging was negatively correlated with Support/Regard from Classmates (r = - .52, p <.05). Children's own ratings of Physical Appearance were positively related to Fussing (r = .48, p <.05); Avoidance (r = -.53, p <.01) and Withdrawal (r = -.50, p < .05). Other correlations here were not significant.

Felt Security

Reports of proximity seeking, reunion behaviour and self regulation were assessed as initiatives in the interests of felt security, according to relationships with stability.

Proximity seeking

Internal and external cues for seeking care were being hurt, tired, unwell, afraid and separated. Proximity Seeking when Hurt correlated strongly to the Stability variables in the following way: Claiming (r = .55, p < .01); Family Integration (r = .41, p < .05); Long Term Commitment (r = .60, p < .01) and Sense of Permanence (r = .64, p < .01). This variable also correlated positively with Global Self Worth (r = .50, p < .05) and Physical Appearance (r = .44, p < .05).

Proximity Seeking when Unwell correlated positively with an Increased Protective Response (r = .51, p < .01); Global Self Worth (r = .42, p < .05); Physical Appearance (r = .65, p <.01); Peer Support (r = .56, p < .01) and Classmate Support (r = .48, p <.05); and negatively with Withdrawal (r = -.50, p < .01); Attention (r = - .54, p < .01) and Internalising Problems on the CBCL (r = -.48, p < .05).

Proximity Seeking when Afraid correlated positively with Claiming (r = .50, p < .01) and negatively with the children's ratings of Behavioural Conduct (r =-.45, p < .05). Proximity Seeking when Tired correlated positively with Long Term Commitment (r = .43, p < .05). This variable correlated negatively with the

Externalising Scale (r = -.55, p < .01) and positively with Social Competence (r = .62, p < .01); Academic Competence (r = .71, p < .01) and the T score for Competence (r = .56, p < .01) on the CBCL. Other correlations were not significant.

Reunion behaviour

Reunion variables were indicative of security, insecurity and disorganisation. Claiming was strongly correlated with the foster parents' reports of children showing Pleasure at Reunion (r = .63, p < .01) and negatively with Avoidance at Reunion (r = -.64, p < .01). Long Term Commitment correlated negatively with Angry (r = -.54, p < .01) or Disturbed reunions (r = - .43, p < .05) as did Sense of Permanence with Angry (r = - .51, p < .05) or Disturbed reunions (r = .39, p <. 05).

Children's ratings of Global Self Worth correlated positively with Pleasure (r = .46, p < .05) and negatively with Avoidant (r = -.55, p < .01) or Angry (r = -.68, p < .01) reunions. Classmate support correlated positively with Pleasure (r = *.54, p* <.01) and negatively with Avoidance (r = -.56, p <.01). Angry Reunions correlated negatively with children's reports of Foster Parent Support (r = -.71, p < .01); Athletic Competence (r = -.61, p < .05); Physical Appearance (r = -.59, p <.01); Social Acceptance (r = -.46, p < .05) and Scholastic Competence (r = -.45, p < .05). Social Acceptance also correlated negatively with Avoidant (r = -.43, p < .05) or Disturbed (r = -.46, p < .05). Other correlations here were not significant.

Regulation

Children's reported ability to regulate affect and behaviour was strongly correlated with Claiming (r =.55, p < .01); Long Term Commitment (r =.57, p < .01) and Sense of Permanence (r =.66, p < .01). The reported capacity to experience shame over the consequences of behaviour also had a strong relationship with Long Term Commitment (r =.55, p < .01) and Sense of Permanence (r =.56, p < .01). This variable correlated significantly with the Social (r = .44, p < .01) and Total Competence score (r = .45, p < .05) on the CBCL

There was also a strong correlation between Family Integration and the child's ability to accept reparation after testing behaviour (r =.93, p < .01) and the parents belief that they could convey acceptance to the child (r =.95, p < .01).

Family Integration also related to reports of Compliance (r = .43, p < .05). Other correlations here were not significant.

The Selection of Predictors and Criterion for Reciprocity and Stability

For this hypothesis, Sense of Permanence was selected as the criterion for a stable outcome. This was because of the greater number of significant correlations with the attachment related variables and on the basis of the strength of the relationship with the child's capacity for Self Regulation (r =.66, p < .01).

The regression was based on the theory that children signal need from infancy, that they protest the loss of relationships and that they may actively pursue the goal of attachment security. For all children, the provision of consistent and predictable regulation of distress is thought to lead to the greater likelihood that the child will develop the capacity to do this unaided.

As with the regression for the first hypothesis, the number of steps was limited by the sample size. Three steps were entered. Although they were not the only factors to indicate distress, two variables that had correlated significantly with the security criterion, Global Self Worth and, one of the criteria for stability, Sense of Permanence, were reduced into one construct. These were Crying at the beginning of the placement, and Proximity seeking when Hurt. For the purposes of the regression it was named Child Signalling Distress, and correlated positively with Sense of Permanence (r = .70, p <.01). This was entered at Step 1. The availability of a responsive adult is known to have a regulating effect on children's behaviour, until children become more capable of managing their own distress. From the children's reports that this was so, the Parent Support/Regard subscale from the SPSS was entered at Step 2. To this end, another composite variable was created that contained the capacity to experience shame and the increasing capacity to self regulate, from the FPAAI. For the purposes of the regression, it was called Child Self Regulation. The rationale for the order of steps reflected the sequential appearance of these factors in foster care (see Table 8.17).

Table 8.15. *Correlations between children's attachment related behaviour through the placement on the FPAAI*

	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	*17*	*18*	*19*	*20*	*21*	*22*	*23*	*24*	*25*	*26*	*27*	*28*
1																												
2	-.22																											
3	**.44***	-.04																										
4	-.18	-.40	-.33																									
5	-.35	-.21	-.21	**.85****																								
6	.31	.08	.08	-.17	.00																							
7	-.07	.08	.05	-.26	.02	**.64****																						
8	-.25	.04	.03	**-.44***	-.17	-.22	**.45***																					
9	.15	**.50***	.06	**-.60****	-.49	.43	.33	.09																				
10	-.09	.33	.33	-.37	-.12	.08	.19	.21	.38																			
11	.19	-.19	.04	-.14	-.29	-.36	.08	**.45***	-.20	-.24																		
12	.27	-.06	.15	**-.54****	**-.64****	**-.41***	.02	**.60****	-.02	.06	**.66****																	
13	**.53****	.10	**.49***	-.54	**-.62****	.03	-.12	.22	.17	.28	.32	**.55****																
14	**.48***	-.08	.10	**-.55****	**-.77****	.02	-.10	.12	.37	-.26	.21	**.49***	**.42***															
15	.22	-.04	.35	-.12	.15	.20	-.03	-.10	.05	.30	-.13	-.12	.23	-.35														
16	.16	-.20	.25	**-.47***	-.32	.07	-.06	.18	.07	.23	-.05	.30	**.50****	.06	**.70****													
17	**.50****	**-.36***	-.02	.25	-.14	-.35	**-.53****	-.30	**-.43***	-.30	**.48****	.29	.23	.25	-.05	-.11												
18	**-.45***	.34	-.06	-.08	.32	.19	.23	.26	.21	.24	**-.51****	-.27	-.07	-.36	.28	.31	**-.80****											
19	-.27	.10	.02	**.45***	**.72****	.11	.31	.02	-.24	-.02	.10	**-.48***	-.44	**_.72****	.31	-.30	-.18	.16										
20	-.06	.22	.32	.11	**.49***	**.54****	**.47***	-.07	.06	.09	-.23	**-.54****	-.16	**-.56****	**.52****	.03	**-.48****	**.45***	**.77****									
21	.13	.22	.03	**-.63****	**-.54***	-.05	.13	**.59****	.29	.11	.15	**.68****	**.57****	**.47***	-.13	.40	-.20	.34	**-.59***	-.33								
22	.26	.12	**-.41***	.12	-.15	.03	.07	-.07	.39	-.20	.20	.14	-.22	.34	**-.42***	**-.52****	.28	-.35	-.18	-.37	.03							
23	-.38	.30	-.23	-.04	-.13	**-.42***	-.08	.23	.40	-.08	.20	.08	-.24	.16	**-.38***	.34	-.16	.07	-.06	-.26	.11	**45***						
24	-.12	.20	**-.52****	-.22	-.24	.13	.13	.22	**.52***	-.09	-.20	.14	-.02	.35	-.31	.07	-.35	**.43***	**-.52****	-.35	**.61****	**.48***	**.42***					
25	.06	.32	**-.43***	-.01	-.02	**.48***	.19	-.22	**.52****	-.06	**-.51***	-.34	-.29	.28	-.33	-.37	-.25	.16	-.20	-.05	.12	**.55****	.08	**.58****				
26	.22	.15	.19	-.32	-.17	.10	.32	**.47***	.34	-.27	.37	.21	.18	**.48***	-.16	-.20	-.14	.07	.14	.19	.30	.25	.32	.15	.17			
27	.19	.16	.17	-.23	-.11	-.07	.24	**.55****	.21	-.20	**.42***	.32	.22	.37	-.21	-.23	-.11	.13	.11	.09	.40	.30	.38	.23	.09	.94		
28	.26	-.29	-.02	-.07	-.43	-.25	-.19	-.08	.32	-.26	**.54****	.25	.06	**.48***	-.34	-.20	**.42***	**-.66****	-.22	**-.45***	-.16	**.46***	.41	.00	-.07	.25	.20	

Note. ***p* =. <.05; ****p* = *<.01; FPAAI=Foster Parent Awareness of Attachment Interview: Disruption* 1= Crying; 2= Clinging; 3= Fussing; 4 =Avoidance; 5 = Withdrawn; 6 = Irritable; 7= Aggressive; 8 = Compliant; 9 =Caregiving;10 = Self reliant; ***Proximity seeking cues*** **:** 11= Afraid; 12 = Tired; 13= Unwell; 14= Hurt; 15= Separated; 16= Distress; ***Reunion behaviour*** 17= Pleased; 18= Avoidant; 19= Angry; 20= Disturbed; ***Disorder criteria*** 21= Playful; 22= Shame; 23= Remorse; 24= Sadness; 25= Fear; 26 = Reparation; 27= Acceptance; 28 = Self regulation.

Table 8.16. *Correlations of adult self report scales with observations of attachment related behaviour on the FPAAI*

FPAI	PBI MC	PBI PC	PBI MPr	PBI PPr	PBI MA	PBI PA	RQ Sec	RQ Fear	RQ Pre	RQ Dis	RSQ Sec	RSQ Fear	RSQ Pre	RSQ Dis	PPE Cog	PPE Exp	PPE Spo	PPE Dis	PPE AfSe	PPE Totl	APQ Inv	APQ PosP	APQ Inco	APQ Poor	APQ CP
1	.32	**-.52****	.21	.20	-.09	.16	.11	.06	.20	-.07	.17	-.13	.13	.10	.09	.08	.16	-.22	-.11	.12	-.00	.38	-.35	-.33	-.10
2	.12	.05	.18	.08	-.08	.06	-.10	.18	.13	.06	-.26	.21	.08	.42*	-.12	-.03	-.24	.06	.02	-.17	-.11	.23	.28	-.01	-.36
3	-.35	-.31	**.48***	.11	.24	.03	**-.44***	.25	.23	-.14	-.08	.35	-.02	.09	-.05	-.08	.04	.08	-.01	-.05	**-.42***	-.29	.04	-.27	.22
4	.03	.02	-.19	-.24	-.18	.03	.16	-.22	-.06	-.17	.17	**-.50***	.20	-.30	.16	.06	.34	-.29	.06	.17	.17	.28	-.20	.31	.03
5	.05	.10	-.05	-.22	-.15	.01	.02	-.27	-.06	-.39	-.14	**-.43***	.24	**-.45***	.20	.03	.29	.33	.03	.11	.10	.28	-.19	.22	-.10
6	**.47***	-.00	-.01	-.12	-.29	-.06	-.15	**-.60****	-.24	-.06	-.30	-.32	-.25	-.30	.14	-.08	.07	-.24	-.07	-.03	.15	-.11	-.33	**-.49***	-.31
7	.23	.05	.12	.04	.01	-.04	-.30	-.17	-.13	.03	-.29	.12	-.22	-.22	-.15	-.21	-.27	.05	-.11	-.25	.06	-.15	.10	.23	-.05
8	-.14	.09	.22	.24	.26	-.03	-.02	.31	.02	-.12	.04	.38	.05	-.06	-.20	-.07	**-.44***	.22	.01	-.22	-.00	-.12	.35	.06	.08
9	.28	.06	-.11	.08	-.05	-.22	.05	-.05	-.32	.18	.12	.32	-.33	.15	-.25	.12	-.30	.36	.14	-.03	.00	-.30	.20	**-.46***	-.01
10	-.16	.03	.40	.28	.12	-.18	-.15	.05	-.28	.32	.11	.29	-.36	.30	.09	.03	-.33	**.50***	.03	-.07	-.01	-.17	**.50***	-.18	-.12
11	-.12	-.17	.18	.30	.34	.31	.01	**.52***	.30	.22	.04	.28	.06	.27	-.40	-.31	-.30	.04	-.30	-.35	.01	-.11	.24	.34	.14
12	-.24	-.27	.27	**.43***	.20	.13	.10	**.54****	.24	.22	.20	.40	.12	**.45***	-.16	-.01	-.25	.24	-.12	-.11	-.10	-.27	.28	.10	.04
13	-.01	-.23	**.42***	.32	.06	.11	.01	.09	.03	.10	.01	.05	-.09	.32	-.03	-.08	-.15	.01	-.10	-.10	-.16	-.18	.08	-.21	-.29
14	.05	-.18	-.17	.12	.02	-.04	.09	.13	.13	.09	.29	.26	.03	.03	-.24	-.01	-.24	.04	.10	-.09	-.10	-.35	-.05	-.22	.31
15	-.06	-.14	.21	.23	-.06	.10	-.02	-.05	.14	-.11	**-.41***	.08	.10	.14	.26	.02	.24	-.11	-.24	.07	-.28	-.21	-.25	-.15	-.31
16	.01	-.03	.08	.19	-.09	-.06	.03	-.10	-.07	.03	.23	.12	-.08	.17	.23	.16	.20	.11	-.10	.17	-.18	-.23	-.15	-.24	-.25
17	-.19	-.19	.07	.16	.11	.20	.19	.25	.32	.24	.34	-.15	.11	.33	.10	.01	.08	-.13	-.05	.04	.05	-.05	-.07	.26	.07
18	.27	.16	.01	-.02	-.33	-.16	-.01	-.34	-.28	-.32	-.32	-.08	.11	-.20	.09	.15	.11	-.08	.12	.09	-.14	.09	.01	-.15	-.39
19	-.02	.03	.15	-.04	.14	.24	.26	.09	.24	-.26	**-.51***	-.01	.19	-.26	-.09	-.27	.06	-.26	-.28	-.21	-.05	.14	-.09	.26	-.05
20	.14	-.01	.20	-.11	-.05	.13	-.36	-.19	.11	-.39	**-.66****	-.09	.08	-.30	.04	-.17	.19	-.32	-.19	-.09	-.17	.06	-.27	-.15	-.24
21	.10	-.05	.16	.26	-.10	-.08	.19	.02	-.14	-.02	.12	.11	.02	.18	-.03	.12	-.18	.09	.12	-.00	-.06	-.14	.17	-.18	-.25
22	.13	-.10	-.17	.14	-.06	-.04	**.42****	.09	-.12	.21	**.54****	-.04	-.02	.20	-.16	.14	-.15	.09	.15	.05	.17	-.13	.08	-.04	.05
23	.02	.23	-.31	-.10	-.06	-.22	.07	.30	-.13	.22	.37	.42	-.08	.23	**-.44***	.13	-.40	**.44***	.35	-.06	-.02	-.02	**.50***	.06	.33
24	**.42***	.17	-.25	-.00	-.36	-.28	**.43****	-.31	**-.49***	.06	.22	-.15	**-.49***	.02	-.02	.33	-.04	.14	.31	.20	.19	-.12	.07	-.25	-.24
25	.31	.13	.10	-.02	-.20	-.16	.30	**-.44***	-.33	-.08	.16	-.25	-.12	-.27	.04	.06	.01	-.15	.17	.06	.08	-.30	-.21	-.23	-.07
26	.07	-.24	.23	.21	.16	.19	-.10	.27	.29	-.33	-.17	.33	.30	-.30	**-.46***	-.18	-.29	-.19	-.03	-.28	-.20	-.24	-.09	-.07	.19
27	.02	-.28	-.18	.30	.18	.19	.04	.32	.20	-.33	-.02	.26	.32	-.20	-.38	-.07	-.27	-.11	.06	-.18	-.17	-.37	-.00	-.02	.08
28	-.11	-.09	-.25	.13	.36	.05	.09	.34	-.07	.35	.38	.33	-.26	.10	-.45	-.10	-.10	.30	-.11	-.06	.02	.37	.09	.06	.53**

Note. **p* =. <.05; ***p*. = <.*01;* FPAAI=***Foster Parent Awareness of Attachment Interview;*** *Disruption* 1= Crying; 2= Clinging; 3= Fussing; 4 =Avoidance; 5 = Withdrawn; 6 = Irritable; 7= Aggressive; 8 = Compliant; 9 =Caregiving;10 = Self reliant; ***Proximity seeking cues*** **:** 11= Afraid; 12 = Tired; 13= Unwell; 14= Hurt; 15= Separated; 16= Distress; ***Reunion behaviour*** 17= Pleased; 18= Avoidant; 19= Angry; 20= Disturbed; ***Disorder criteria*** 21= Playful; 22= Shame; 23= Remorse; 24= Sadness; 25= Fear; 26 = Reparation; 27= Acceptance; 28 = Self regulation. ***Recall of parents :*** PBI = Parental Bonding Instrument; MC = Maternal Care; PC = Paternal Care; MPr = Maternal Overprotection; PPr = Paternal Overprotection MA = Maternal Abuse; PA = Paternal Abuse; ***Adult attachment dimensions:*** RQ = Relationship Questionnaire; RSQ = Relationship Scales Questionnaire: Sec = Secure; Fear = Fearful/Avoidant; Pre = Preoccupied; Dis =Dismissing.

As seen in Table 8.17, the capacity of the children to convey distress at the beginning of the placement, and to subsequently seek proximity to the foster parent when hurt, was significantly related to the outcome of stability. This was even more so than the children's ability to experience shame or to calm down. The contribution of a supportive adult increased in relation to the stabilising sense of permanence, in conjunction with the child's capacity to express needs and initiate interaction.

Table 8.17. Standardised regression co-efficients (ß), t test significance, overall Anova, adjusted R^2, R^2 change and Standard Error of Estimation in the linear regression analysis from the child's signals of distress, the child's perception of an available adult, and the child's observed capacity to manage the affective consequences of behaviour. Sense of Permanence was the criterion of Stability.

Variables	Steps	1 ß	2 ß	3 ß
1. Child Signalling Distress		.70 ***	.67 ***	.41 **
2. Foster Parent Support/Regard			.22 *	.33**
3. Child Self Regulation				.55***
CRITERION				
Sense of Permanence				
Anova F		21.49***	12.48***	22.36***
R		.70	.74	.88
R^2		.49	.54	.77
Adjusted R^2		.47	.50	.74
R^2 Change		.49	.05	.23
SE Est		2.14	2.08	1.51

*$p < .05$, ** $p < .01$ ***$p < .001$

Hypothesis Three a): The Pattern of Past and Present Relationships

This hypothesis predicted that early childhood relationships recalled by foster parents would positively influence their own adult attachment, empathy and parenting practices in foster care. Because this hypothesis invited comparisons with a number of dependent variables, the analysis was conducted using bi-variate correlations. The particular constructs of interest were: secure adult attachment, affective sensitivity, emotional expression and emotional distress, and positive and involved parenting. It was anticipated that high ratings of care and low ratings of over protection in the backgrounds of foster parents would contribute to Secure attachment that would in turn relate to empathy and positive parenting practices.

There was little support for this hypothesis, although some statistical relationships were consistent with theory (see Tables 8.18 and 8.19).

Foster Parents' Self Reported Memories of Parental Care

Parental Care on the PBI did not correlate significantly with Secure adult dimensions on the RQ/RSQ. Paternal, but not maternal, memories of care were related to positive behaviour management and empathy. Recall of Paternal Care correlated positively with Positive Parenting (r = .55, p < .05) and with Affective Sensitivity ratings (r =. 42, p < .05). The Cognitive factor of empathy decreased in relation to recall of Maternal Care (r = -.47, p <. 05).

The influence of specific recalled parental qualities and practices

As reported, items from the PBI were surmised to be relevant to the hypothesis that attachment themes within childhood experiences of foster parents would influence current practice. These were attachment promoting ideas of Warmth, Understanding, Safety, Predictability and Regulation. Correlations with the constructs of interest showed that Paternal Safety and Predictability were associated with factors of empathy. That is Paternal Safety was positively correlated to Emotional Expression (r =.47, p= .05) and Affective Sensitivity (r = .65, p = .01). Paternal Predictability correlated with Affective Sensitivity (r = .50, p = < .05). Paternal Predictability also correlated with Positive Parenting on the APQ (r = .51, p = <.05) as did Paternal Understanding (r = .47, p = < .05). Paternal Safety was negatively related to Poor Monitoring (r = -.56, p = < .01). The patterns of paternal influence mildly supported the hypothesis. No other significant correlations were found.

The effect of the absence of care

The analysis showed that the Paternal Care scale correlated negatively with the Pre-occupied dimension of the RSQ (r = .58, p <. 05), and with the Preoccupied dimension of the RQ (r = .40, p < .05). Maternal Care correlated negatively with the Fearful dimension of the RQ (r = -. 43, p <. 05). When the PBI items were correlated with adult attachment dimensions, Maternal Predictability correlated negatively (r = -.42, p <. 05) with Preoccupied on the RSQ.

Similarly, reported abuse influenced empathy and parenting practices in a negative way. On the PPE, Paternal Abuse correlated negatively with the Emotional Expression scale (r = -.48, p < .05) and the Affective Sensitivity items (r = .65, p < .01). Paternal Abuse correlated negatively with Positive Parenting (r = - .57, p <. 05) and positively with Poor Monitoring (r = .64, p <. 01) on the APQ. Paternal Overprotection correlated negatively with Positive Parenting (r = -.55, p < .01) and the Involved Parenting scale (r = -.55, p < .05). This did not provide direct support for the hypothesis. Other correlations between these variables were not significant.

Hypothesis Three b): The Contribution of Adult Factors to Stability

This hypothesis predicted that a combination of memories of optimal care and protection, secure attachment, empathic sensitivity and positive and involved parenting practices would predict stability for fostered children. Bi-variate correlations were used to assess these relationships between adult self report measures. No overall support was found for this hypothesis. However, as reported previously, the attachment dimensions, and Secure attachment in particular, had consistent relationships with constructs of stability selected for this study.

The Relationship of Adult Attachment to Stability and Child Behaviour

The Secure dimension of the RSQ was positively correlated with Long Term Commitment (r = .52, p <. 01) and Sense of Permanence (r = .43, p < .05). An Increased Protective response was related to the Dismissing (r = .41, p <.05) and Fearful (r = .57, p < .01) dimensions of the RSQ. Claiming correlated with Fearful on the RSQ (r = .51, p < .05) and Preoccupied, both on the RSQ (r= .41, p < .05) and on the RQ (r = .56, p <. 01).

The Secure dimension on the RSQ was positively linked with the CBCL as the baseline index of stability, as follows: positively with Competence (r = .54, p < .01); and negatively with Social problems (r = -.44, p < .05); Attention (r = -.47, p < .05); other problems (r = - .48, p < .05); Externalising (r = -.44, p < .05) and the Total problem score (r = -.48, p < .01). The Dismissing and Fearful attachment dimensions correlated with some CBCL subscales but without supporting the hypothesis (see Table 8.12).

Stability, Care and Protection, Adult Empathy and Parenting Practices

There were mixed results in the relationships between other adult factors and stability. Claiming correlated positively with recall of Maternal Overprotection ($r = .36, p < .05$) and negatively with recall of Paternal Care ($r = -.50, p < .05$). An increased Protective response was indicated from recall of both Maternal ($r = .53, p < .01$) and Paternal Overprotection ($r = .47, p < .05$).

The other findings were somewhat anomalous. Positive Parenting and Corporal Punishment were the only scales of the APQ to correlate with the stability variables. The Positive Parenting scale correlated negatively with Claiming ($r = -.43, p < .05$); Long Term Commitment ($r = -.46, p < .05$) and Sense of Permanence ($r = -.49, p < .05$). Claiming was related to Corporal Punishment ($r = .42, p < .05$).

On the PPE, the Cognitive Empathy scale was correlated negatively with Family Integration ($r = -.38, p < .05$) and the Spouse and Total Empathy scale correlated negatively with an Increased Protective Response ($r = -.39, p < .05$, for both) (see Table 8.9).

Contemporary attachment, empathy and parenting

The Dismissing dimension of attachment correlated positively with the Emotional Distress scale on the PPE ($r = .57, p < .05$) and with the Inconsistent parenting subscale on the APQ ($r = .56, p < .05$). The Preoccupied dimension of the RSQ correlated negatively with Emotional Distress ($r = .58, p < .05$). The Fearful dimension of the RSQ correlated negatively with the Positive Parenting Scale ($r = -.49, p < .05$) and the Involved Parenting scale ($r = -.57, p < .05$) on the APQ.

Affective Sensitivity correlated positively with Positive Parenting ($r = .48, p < .05$). The Spousal empathy scale on the PPE correlated negatively with the Inconsistent parenting subscale on the APQ ($r = -.58, p < .05$). Poor Monitoring correlated negatively with Cognitive Empathy ($r = -.47, p < .05$); Emotional Expression ($r = -.50, p < .05$); Affective Sensitivity ($r = -.54, p < .05$) and the Total Score ($r = -.56, p < .05$). Full correlations are presented in Table 8.15 and 8.16. Other correlations between these variables were not significant for this hypothesis.

The Relationship of Specific Parenting Strategies to Other Adult Factors

The current practice of Ignoring difficult behavior correlated with parents recalling Overprotective fathers (r = .52, p <.05) and mothers (r = .43, p <.05); and contemporary Dismissing adult attachment (r = .43, p <.05). Explanations correlated negatively with Preoccupied adult attachment (r = - .43, p < .05).

Removing things correlated negatively with Maternal Care (r = -.54, p < .05) and Paternal Care (r = -.50, p < .05); positively with Paternal Overprotection (r = .50, p < .05); Fearful (r = .46, p < .05) and Preoccupied (r = - .43, p < .05) adult attachment.

Removing the child correlated positively with maternal regulation (r = .42, p < .05) and negatively with paternal safety (r = -.43, p < .05); Preoccupation (r =.43, p <.05); negatively with Emotional Expression (r = -.43, p < .05) and Emotional Distress (r = -.52, p < .01) on the PPE.

Giving extra chores correlated positively with Maternal (r = .50, p <.05) and Paternal Care (r = .49, p < .05); the Dismissing attachment dimension (r = .59, p < .01) and Emotional Distress (r = .43, p < .05).

Yelling correlated positively with Fearful (r = .53, p <.01) and Preoccupied (r = .53, p < .01) adult attachment. Slapping correlated negatively with Maternal Overprotection (r = -.71, p < .01) and negatively with Cognitive empathy (r = -.44, p < .05). Using a belt or other object correlated negatively with Secure (r = -.42, p < .05) and positively with Fearful (r = .52, p < .01) and Preoccupied (r = .44, p < .05) adult attachment.

To summarise some of the major relationships, removal of the child was less reported when there was greater identification with the child's distress, shown in the negative correlation with the Emotional Distress Scale. Emotional empathy factors were related to more involvement with the child and the Cognitive empathy factor was related to less physical punishment.

Qualitative Information

Further comments from foster parents are included in Appendix C. The relevance of these observations to the theoretical position of this study is discussed in Chapter 9.

Table 8.18. *Correlations of adult self report scales with recalled parenting practices and adult attachment dimensions*

	PBI MC	PBI PC	PBI MPr	PBI PPr	PBI MA	PBI PA	RQ Sec	RQ Fear	RQ Pre	RQ Dis	RSQ Sec	RSQ Fear	RSQ Pre	RSQ Dis	PPE Cog	PPE Exp	PPE Spo	PPE Dis	PPE AfSe	PPE Totl	APQ Inv	APQ PosP	APQ Inco	APQ Poor	APQ CP
PBI MC																									
PBI PC	.05																								
PBI MPr	**-.54***	**-.34**																							
PBI PPr	-.18	**-.60****	**.59***																						
PBI MA	**-.66****	.11	.42	.22																					
PBI PA	.09	**-.57***	-.31	**.52***	.29																				
RQ Sec	-.04	-.18	-.15	.15	.02	.09																			
RQ Fear	-.43	-.28	.22	.27	.36	.22	-.13																		
RQ Pre	-.22	-.40	.05	.18	.05	.42	-.22	**.64****																	
RQ Dis	.08	.07	.10	.28	-.02	-.01	-.31	.08	-.12																
RSQ Sec	-.13	-.05	-.06	.00	.02	-.23	**.49***	-.08	-.35	.13															
RSQ Fear	-.25	-.16	.12	.38	.31	.13	-.40	**.70****	.46	.29	-.30														
RSQ Pre	-.06	**-.58***	.00	.22	.27	-.43	.15	.32	**.73****	-.47	-.15	.10													
RSQ Dis	-.09	-.07	.23	.33	-.00	.12	-.06	**.48***	.23	**.61****	.15	.38	-.08												

Note. **p* =. <.05; ***p.* = <.01; ***Recall of parents :*** PBI = Parental Bonding Instrument; MC = Maternal Care; PC = Paternal Care; MPr = Maternal Overprotection; PPr = Paternal Overprotection; MA = Maternal Abuse; PA = Paternal Abuse; ***Adult attachment dimensions*** RQ = Relationship Questionnaire; RSQ = Relationship Scales Questionnaire: Sec = Secure; Fear = Fearful/Avoidant; Pre = Preoccupied; Dis =Dismissing.

Table 8.19. *Correlations of adult self report scales with empathy and current parenting practices*

	PBI MC	*PBI PC*	*PBI MPr*	*PBI PPr*	*PBI MA*	*PBI PA*	*RQ Sec*	*RQ Fear*	*RQ Pre*	*RQ Dis*	*RSQ Sec*	*RSQ Fear*	*RSQ Pre*	*RSQ Dis*	*PPE Cog*	*PPE Exp*	*PPE Spo*	*PPE Dis*	*PPE AfSe*	*PPE Totl*	*APQ Inv*	*APQ PosP*	*APQ Inco*	*APQ Poor*	*APQ CP*
PPE Cog	-.47*	.34	.32	-.20	.09	-.28	.03	-.26	-.15	-.07	.04	-.44	-.10	-.09											
PPE Exp	-.18	.24	.06	-.27	-.13	-.48*	-.04	.09	-.17	-.05	.15	-.15	-.10	.07	.48*										
PPE Spo	-.13	.11	-.04	-.17	-.05	-.08	-.10	-.05	-.06	-.21	-.21	-.27	.05	-.14	.42	.49*									
PPE Dis	-.30	.28	.21	-.02	.29	-.40	-.26	.30	-.32	.57*	.14	.41	-.58*	.36	.13	.47	-.09								
PPE AfSe	-.26	.42	.02	-.42	-.07	-.65**	-.06	-.13	-.23	-.04	.30	.17	-.20	-.09	.46	.69**	.00	.41							
PPE Totl	-.36	.28	.15	-.27	.04	-.43	-.05	.02	-.25	-.10	.10	-.27	-.15	-.07	.68**	.89**	.73**	.36	.55**						
APQ Inv	.43	.16	-.41	-.55*	-.37	-.18	.35	-.36	-.33	-.16	.25	-.57*	-.14	-.30	.01	.05	-.30	-.05	.17	-.12					
APQ Pos	.11	.55*	-.08	-.55*	-.09	-.27	-.07	-.29	-.13	-.03	.02	-.49*	-.17	-.00	.40	.35	-.02	.04	.41	.29	.43				
APQ Inc	.19	.14	-.02	.07	-.10	-.17	-.20	.26	-.08	.49*	.25	.36	-.27	.56*	-.43	-.17	-.58*	.42	.02	-.43	.14	-.02			
APQ Poor	.13	-.25	-.16	.30	.08	.64**	.17	.22	.32	.09	.04	.11	.33	.26	-.47	-.50*	-.19	-.35	-.54*	-.57*	-.05	-.08	.29		
APQ CP	-.19	.09	-.45	-.24	-.45	-.18	-.16	.24	.15	-.08	.24	.36	-.06	-.25	-.38	-.17	-.07	.07	.01	-.14	-.12	-.28	.09	.14	

Note. *p =. <.05; **p. = <.01; ***Empathy:*** PPE = Parent Partner Empathy Measure: Exp = Emotional Expression; Spo = Spouse; Dis = Emotional Distress; AfSe = Affective Sensitivity; Totl = Total Empathy Score. ***Parenting Practices:*** APQ = Alabama Parenting Questionnaire: Inv = Involved; PosP = Positive Parenting; Inco = Inconsistent; Poor = Poor Monitoring; CP = Corporal Punishment. ***Stability:*** A = Claiming; B = Belonging to the family; C = Increased desire to protect; D = Long term Commitment; E = Sense of permanence.

9. DISCUSSION

Summary of Major Findings

The major finding of this cross sectional study was as expected, that there appears to be a stabilising influence of security conveyed from foster parents to children over time. Also, as expected, the capacity of children to protest in ways that signalled their distress appear to elicit responses, particularly from more secure adults, that contribute to felt security and global self worth. On the other hand, some unexpected results from historic influences on the contemporary practices of foster parents and on stability for children were seen.

Overall, the data supported some of the preliminary speculations. These were that there would be a reciprocal effect in the re-working of attachment in foster care; that this might be represented by claiming; the increase in the desire to protect and a report of integration into the family. The findings pertaining to each hypothesis are now discussed.

Security

The conclusion that Secure adult attachment influenced children's self perception in a positive, secure and stabilising way was supported by findings on a number of levels. First, it was based on cross-informant comparisons. The comparisons between ratings of security from adult reports of contemporary relationships and children's perceptions of themselves and others were supportive. Both Secure adult attachment and the children's belief that foster parents were caring and available were significantly correlated with children's ideas of self worth. Additionally, adults who could withstand the stress of testing behaviour without ongoing anger or rage had influential effects on the children's self worth. In turn, self worth was associated with the children's positive peer relationships and social acceptance.

The conjecture that the experience of security, as reflected in a variety of ways on the FPAAI, would also provide the most stabilising relationship context for children was borne out by the statistical relationships of the Secure adult dimension with more than one criterion of stability. In addition to children's self worth, these included the foster parents' ratings of children's competence and reduced problems

on the CBCL, along with parental reports of commitment and sense of permanence. Amongst a number of relationships, a few are worth highlighting. For example, the CBCL Attention problem scale was correlated in the expected direction with reunion behaviours that might signify insecurity on the FPAAI. The parents' rating of the child's ability to show pleasure at a time of reunion with them is a sign of felt security. From the children's perspective, it indicated their own sense of self worth, another inference of security. From the foster parents' perspective, it indicated the absence of externalising problems. This absence signified the reduction of risk of placement breakdown. Taken together these results are consistent with the foster care research findings of Marcus (1991) and McCauley and Trew (1999). There was also support provided here for the idea that security increases social resilience (Howe, 1995; Sroufe, Carlson, Levy & Jacobvitz, 2001; Zimmermann, 1999).

Stabilising effects on children's behaviour of security and long term commitment

Stability appeared in this study in a mediating role, as an outcome of adult security and a correlate of self worth. As shown in a number of ways, the findings indicated that children were showing signs of stability and that this aligned with felt security. The key factors of security, following Weiss (1991) were that around two thirds of these children were seen to show distress when separated from their foster parents, and were pleased to be reunited with them. In addition, most of them were believed to be able to accept help and comfort, and could actively seek it out when required. Most were regarded to be able to play without upset.

Nevertheless emotional problems were indicated. In spite of the frequency of crying that was noted at the beginning of the placement, it was recorded on the FPAAI that a major proportion of these children were currently less able to express sadness, and less were able to show remorse and shame. Alongside this, some of the qualitative information reported on the FPAAI and CBCL (see Appendix C) describes a population of children who continue to display some unusual behaviour.

The percentage of children with clinically rated behaviour problems matched Marcus (1991) with findings of higher scores on the social and attention problem scales. Attention, schooling and thought problems were significantly present, as they are consistently for children with compromised attachment systems (Perry, 2001).

These results concur with previous findings from the theory and research of attachment, maltreatment and foster care. Many relationships between attachment dimensions and variables of children's behaviour were as expected and based on established measures. Likewise, a number of these converged with the constructs on the newly created Foster Parent Awareness of Attachment Interview.

Adult attachment security

Of the adult factors, attachment dimensions had the most consistent relationship with the criterion items for stability. The Secure adult attachment dimension had the most indicative correlations with the children's own positive view of self, their behaviour ratings and the report of a more permanent relationship through long term commitment, and a sense of permanence. Adult security was not only associated with stability in this way, but was also indicative of better relationships within the care system. This was reflected in the capacity to be open to remaining engaged with the biological family. These findings support the inclusive family practice models of Prasad (1986) and Palmer (1996).

In contrast, what was reported from the other attachment dimensions in this regard was that those who reported higher anxiety in contemporary adult relationships, Fearful and Preoccupied, were less likely to see the benefit in such contact with the biological families. These two dimensions were also correlated in the expected direction with claiming. Considering that low avoidance and a preoccupation with relationships is thought to result from such anxiety, this finding is supportive of that premise. Again, it is also congruent that both dimensions associated with negative perceptions of others, Dismissing and Fearful, were related to an increased desire to protect the child. These relationships are examples of many that fit with the four factor model of anxiety and avoidance upon which these measures are based (Bartholomew, 1991).

Non-familial transmission effects

The prediction that similar themes from all adult attachment dimensions would be reflected in the children's behaviour was analysed according to patterns of bi-variate correlations. In general, these patterns appeared to have discriminant validity when interpreted against the framework of the model. For example, the Fearful adult

dimension was associated with reports that children would access the foster parent when afraid. The Fearful dimension also correlated with fewer reports of social competence in the children. The Preoccupied dimension was associated with a lack of self reliance in the children. The Dismissing dimension was associated with observations that children were clingy.

However, the more salient conclusion here may be that the adult attachment dimensions may or may not be causal influences per se, but that at a minimum they were linked to what was noticed and reported, and how it was noticed and reported. The implication is that these observations may have projective and self-fulfilling effects. Correlations between security in adults and self worth in children may be due to similar effects, in that they both may reflect social desirability bias. This possibility might be assessed in future research.

Reciprocal effects

The prediction that children's initiatives would invite reciprocal caregiving responses that would contribute to stability was moderately supported. This was particularly true when crying was a sign of protest at the beginning of the placement. Some forms of this expression of need preceded the later ability to seek help and comfort for internal cues of being afraid, tired, unwell or hurt. The activation of proximity seeking behaviour of course is an expression of anxiety (see Ainsworth & Wittig, 1969; Bowlby, 1980; Sroufe & Waters, 1977). In attachment theory, secure children seek help when they are afraid and show pleasure when they reconnect with their attachment figures (Weiss, 1991). The correlation of the two variables that captured those constructs seemed to describe the acquisition of felt security in this sample. Such capacity also apparently showed increased trust in the availability of the foster parent as an attachment figure, and the sense of a permanent relationship.

Another particularly interesting cluster of relationships surrounded the proximity seeking cue of tiredness. This was associated with reports of more competent children, socially, scholastically and overall; the absence of externalising problems known to predict breakdown and the increased presence of long term commitment known to reflect stability. The role of sleep in adjustment and well-being is well reported (Foulkes, 1999) and here too it seems to have an impact on children's resilience.

Stable outcomes were less likely when avoidance or more disturbed behaviours were experienced at the beginning of the placement. These factors were later associated with avoidant, angry and disturbed responses at reunion with the current foster parent. In addition, children who were avoidant, and reported as difficult to get close to were more likely to have anxiety and mood problems than those who were reported as lovable. They were more likely to have school and social problems. They were less likely to feel supported by their foster parents and less likely to be accepted as a family member. In adoption studies, avoidance has been found to lead to serious and detrimental consequences for children who are without attachment relationships (Barnett, Butler & Vondra, 1999).

Some initiatives of children appeared to elicit appropriate caregiving. These findings appear to support the benefits of pacing in the relationship in response to the child's cues, just as attunement in infancy leads to better outcomes from self-reflecting adults (Stern, 1985). When children's behaviour was challenging most parents reported themselves to be responsive and less likely to use distance maintaining strategies. The children's capacity to self regulate was also associated with a committed relationship. In turn, this was related to the positive self image and low anxiety of the secure adult. Parallels were found in the previous hypothesis: the absence of behaviour problems, especially social and attention problems; the ability to self regulate; self esteem; the perception of adult availability from the child's viewpoint; and commitment to the relationship from the caregiver.

Stability

Although some findings were not as expected, some influences were found from early relationships to contemporary practices. Taking all findings together, a main theoretical basis of this hypothesis appeared to be verified. Against a background of mixed results, the relationships between contemporary adult factors confirmed earlier findings of the contributory significance of secure adult attachment in stable outcomes. However, the patterns between the quality of care and protection for the foster parents themselves, current adult relationships, sensitivity and parenting did not appear to contribute consistently to fostering effectiveness. Consequently, the hypothesis overall could not be confirmed, since these did not relate in an explicit or predictable way to stability as rated on the FPAAI, or as evaluated on the Child

Behaviour Checklist. However, some relationships were significant and, as expected, the attachment dimensions were related more consistently with historic relationship experiences of the foster parents, and with current adult factors.

Contemporary adult factors

For example, the unpredictable availability of past attachment figures was associated with reduced continuity in current parenting practices. High avoidance, derived in theory from the negative appraisal of others, was related to inconsistent and less involved parenting. Reduced maternal care indicated that Fearful adult attachment was associated with compromised current parenting practices, less ability to appraise the needs of others yet emotional identification with the distress of others. Interpreted this way, these particular statistical relationships support the findings that the Fearful dimension has some similarities to attachment representations that are unresolved, and caregiving systems that may be dysfunctional, particularly under pressure (George & West, 1999).

On the other hand, emotional attunement and expression were linked with more effective parenting. Although empathy was not associated with stability, it was indicative of the capacity to provide positive feedback to the children. More cognitive awareness and attunement to one's partner indicated more consistent parenting, along with the capacity to respond to emotional distress. By inference, parental supervision increased with a number of empathy factors.

In terms of anomalous findings, the negative relationship of the Positive Parenting scale with the constructs of stability was the most unexpected of these. There was also a negative trend here in relationships with ratings of children's competence. The conclusion has to be drawn that positive parenting practices are not the most reliably predictive factor in this sample. Strong correlations from the secure adult attachment dimension appear to show that it is not the practices themselves that have the most impact on stability, but how the relationship quality of the practitioner influences these practices. Here, such adult behaviour is based in a positive model of self and a belief in the availability and goodness of others. On the other hand, children who do not have that certainty may be less responsive to praise and positive feedback.

Finally, in the analysis of the effect of adult factors on security and stability for children, lack of historic experiences of maternal care may be a motivating factor in commitment to a foster child, where contemporary adult security in relationships has an influence (Dando & Minty, 1987). It may be that this is showing a process of "earned security" for the foster parent, which potentially represents the capacity for reflective thought and reflective parenting (Fonagy, Steele, Steele, Higgitt & Target, 1994). That capacity would not be intact if there was a lack of resolution of early childhood deficits. The inference is that for some, child advocacy in foster care may be a consequence of either unresolved and unconscious effects, or resolved and self reflective effects of adverse experiences.

This study supported previous research that found positive results where foster parents could convey acceptance in spite of challenging behaviour (Hallas, 2002; Hughes, 1999). The socially regulating effect of the capacity to experience shame and remorse has also been indicated by Hughes (1999). In the current study, these constructs indicated the absence of problems of anxiety and depression, consistent with findings that self reflection and self management contribute to wellbeing. Since remorse is a protective factor in a pro-social personality, the combination of these variables implies the development of some self reflection (Perry, 2001). That of course is implicated in the development of resilience (Fonagy & Target, 1994).

Summary of Hypotheses

1. There was support for the idea that the reworking of security for children who enter foster care with insecure or disorganised attachment representations is more likely to be the outcome of an internalised experience of relationship security from an adult, who, regardless of their own relationship history, can respond in a way that reflects a secure base caregiving style. Other attachment representations may reflect caregiving in ways that determine the way the children are perceived;
2. Children who can initiate communication with their new caregivers by signalling that they are in distress are more likely to activate caregiving behaviour that makes a reciprocal contribution to the development of the relationship;

3. Stability is an outcome of security where it is present in the adult and the child, more so than related to factors of parental empathy or parenting practices.

Implications for Practice, Assessment, Treatment and Policies

There are related consequences from findings at the level of assessment of children's needs, the needs of foster parents, and systemic implications.

Security in theory and practice

Previous findings that children's adjustment is enhanced when there is open communication about family links, and when they are sustained, are endorsed by the implications of findings of this study (Shealy, 1995). This consideration again appears related first and foremost to the secure adult attachment dimension. That is, the involvement of secure foster parents might better predict the success of the practice model of family inclusion. This is usefully so in New Zealand where continued access to family ties and whakapapa must be considered for all children in care. Accordingly, and because foster parents can make daily observations of children's emotional and behavioural changes, the contention that a secure foster parent could have a central integrative professional role has support.

The main discussion point is the use of an attachment measure as a screen for foster parent selection. It would not be realistic to exclude all but the securely attached. The identification of all variants of attachment organisation may describe the level of inherent risk and support required for individual placements. For this purpose, the AAI or the Experience of Caregiving Interview (George & Solomon, 1996), or even a refined FPAAI, would be more appropriate than peer attachment measures. The opportunity to reflect on childhood relationship experiences may also reduce the potential for stress activated harm. This is all the more salient with the finding of more reported "corporal punishment" in this sample than expected. Since adverse early experience has been reported as a motivational factor for foster care (Dando & Minty, 1991) from this perspective, screening for any negative consequences of early experience combined with current internal working models may be beneficial.

Reciprocity: attachment and assessment

This study concurs that children actively participate in the construction of social relationships. They are central informants in the process of recovery from the complex trauma in their histories, particularly when the need for a predictable and enduring relationship becomes the focus of decision making within an integrated model of assessment (Atwool, 2000). The assessment of the dynamics of attachment relationships and the acknowledgement of critical periods of intervention are relevant within a developmental, multi-disciplinary and ecological model (Bowlby, 1977b; Dale, Kendall & Schultz, 1999; Greenberg, DeKlyen, Speltz and Endriga, 1997; Horwitz, Owens and Simms, 2000; Main, 1999; Miller, 2000; West and Sheldon Keller, 1994). There are tentative beginnings here for children whose complex needs place them at the extreme end of risk (Calvert & Lightfoot, 2002). Currently, this appears to be subject to regional variations of knowledge, skill and capacity to access resources. Finally, interpersonal problems may precipitate a number of clinical diagnoses. In child and family mental health, as in adulthood, co-morbidity issues may be reduced if a developmental history is studied for patterns of relationship, and for the consequences of abuse and neglect that may profoundly influence the ability to organise one's self and one's life.

Further implications for intervention and policies

Alongside the ideas of deeper imprinting of attachment representations, Perry (2001) negatively evaluates the effectiveness of various forms of talk group interventions with abusing adults. This is on the understanding that there are neural patterns that are out of conscious awareness. Some of the self repair and self change programmes required of abusing adults via the Family Group Conference process may be seen in a similar light. From this view, without deep therapeutic repair, repetition of the dynamics of disorganisation and relationship failure is inevitable. As a consequence, the end points of detachment and despair may explain the number of biological parents who are absent from their children in this sample. They may not be well enough resourced.

One idea offered here is that secure dyads may already be better placed to respond to cognitive programmes and social skills training, whereas those who are

constrained by unresolved loss require more individualised longer term approaches. The research findings of attachment difficulties and unresolved loss that disable the caregiving system highlight their significance in clinical populations (Fraiberg, 1975; George & Solomon, 1996).

It has been said that "...the *key to change appears to be the ability to bring internal and external inconsistencies to conscious awareness"* (George, 1996, p. 421). Schore (2000) advises that deeper terror states may be accessed after working alliances are established. In the same light, foster parents and social workers frequently notice when "the honeymoon period" is over. For children, individualised approaches such as play therapy, following Axline (1969) and Gil (1992) and multi-sensory and experiential methods are recommended (Perry, 1996).

Research into the effectiveness of interventions is required for the clients of the care and protection system. In this respect, this study echoes the proposition put forward by Prasad (1986), that a critical task of case management is assessment of needs and potential for change in the biological family. Another implication is that when resourcing issues are involved, there appears to be a case for understanding attachment theory at the policy level.

Given that interventions also increase the capacity for reflective thought, and help families to recognise the patterns of care and protection across generations, the question arises about the resourcing necessary for assessment that might identify relevant factors as targets for change.

Recommendations for preparation and training

The New Zealand Foster Care Federation has initiated and ratified a registration, training and accreditation programme (Ministry of Social Development, 2003). There was subsequently more budget support indicated for foster parents (Ministry of Social Policy, 2002). The support needs of foster parents have been recognised in previous research (Murphy, 1999) but there does not yet appear to be a formal system of professional support and supervision.

The professionalisation of foster care might incorporate knowledge of attachment as a care and protection system, as studied in this thesis. The implications for preparatory training are to impart a more general understanding of the consequences of childhood loss, and disorganised attachment in particular, and

the effects on affect, cognition and behaviour. It would be timely to present caregivers with a succinct module of knowledge about attachment, abuse and neglect and their consequences on brain maturation, empathy, attention and other aspects of social transactions. An inclusive practice model might also include the education of biological families about the significance of early development and abuse trauma on social adjustment.

As for the difficult behaviour, it was frequently true that in spite of the lack of training in attachment and trauma, many parents provided information about ways of relating to these children that were consistent with theory. Many instinctively saw an increase in warm, physical closeness as signs of developing trust where children had been difficult to get close to because of abusive physical contact. Some knew about the regulating power of eye contact, some knew about how to respond at the same energetic level as that of the dysregulated behaviour (Hughes, 1999; Siegel, 2002). In this regard, one foster father also knew to maintain proximity, and spent many days walking for some distance with the boy in his care, matching the intensity of response to the behaviour. Two families reported that they "just waited it out" at the beginning, waiting for some small initiative from the child. This matching of the child's experience enables the child to feel felt, and increases self recognition, following Stern (1985). Two other families clearly understood the implications of long weekend access, the effect of respite care on a rejected and uncertain child (Steinhauer, 1991; Penzerro & Lein, 1995).

In spite of such accounts, there is still reason to speculate whether positive outcomes of current social work practice are short term, or whether they also contribute to the ongoing distress of children, their biological and foster families, without long term social gain.

Limitations and Future Implications

The limitations of the study fell into areas of measurement: decisions made about the design, construct validity pertaining to adult attachment, the number of self report measures, and the use of an untested measure. A large number of variables and bi-variate correlations were generated within a small sample. The increased potential for Type 1 error was somewhat balanced by the number of consistent and

significant correlations between the FPAAI and between cross informant ratings. It was also balanced by the resultant reduced potential for Type 2 error in this preliminary study. Increased parsimony and precision of design and measurement is therefore indicated for future research. Additional perspectives, such as those of social workers and teachers, would contribute to the strength of the findings.

The Foster Parent Awareness of Attachment Interview

As designed, the FPAAI was an exploratory survey of attachment related factors that might contribute to stability, and which might indicate foster parent awareness of attachment behaviour in theory and in practice. Within the cross sectional design, questions were asked about adjustment from retrospective and cumulative observations. It was outside the scope of this study to measure typology, or to precisely observe how disorganised attachment becomes an organised variant of attachment. That would require a longitudinal rather than cross-sectional approach. Given the apparent significance of the initial protest of the child, research of longitudinal design would be required to determine whether this was subsequently followed by a process of detachment that opened the way for the reworking of the attachment model, following Eagle (1994) and Bowlby (1969/1982).

What was possible to gather was an awareness of children's attachment behaviour that led to inferences of felt security. Here, research based assumptions of disorganisation or insecurity were the basis for studying the acquisition of felt security. On the same basis, it was a study of the potential for stability. There was moderate to high internal consistency in a number of sections. In a few sections, internal reliability co-efficients make resultant findings in those areas tentative. On the other hand, a sufficiently large number of significant results suggest that the measure could be developed in a more rigorous form.

Further development may introduce discursive analysis of qualitative aspects of foster parent's responses. Quantitatively, more hierarchical regression analyses would be useful in a larger sample size. Further refinement of constructs is required, such as those of attachment disruption, or the processes of claiming the child as a family member. Compliance, Self Reliance and Caregiving constructs were also of uncertain validity, perhaps given the developmental band.

However, in support of convergent validity for the FPAAI, ratings of withdrawal and avoidance strategies on this interview were consistently rated with children's social competence and problem scales on the CBCL. Foster Parents appeared to be able to identify behavioural changes from the time the child first came into care. Generally this trajectory appeared to include a decrease in the intensity of externalising behaviour. The high ratings of behaviour regulation from the foster parents' point of view, confirmed by the reports of the children, suggest convergent validity. Longitudinal individual case studies with rigorous baseline measures may also be applicable.

Finally, the FPAAI was relatively straightforward to administer and score but requires further refinement before its utility is established.

Measuring adult attachment

A motivating tenet of the current research was the predictive validity of the AAI. One main advantage of the AAI is that it captures the essence of coherence and reflective thought that are implicated in resilience (Bartholomew and Shaver, 1998; Solomon & George, 1999). Although there were constraints to availability, in the end it may be more efficient than the battery of self reports that attempted to replicate the intergenerational continuity of effects in this study.

There is a debatable conceptual fit of self reports with the affective cognitive components of IWMs, since they are of course, not accessible to measurement unless under stress conditions (Crowell, Fraley & Shaver, 1999; Crowell, Treboux & Waters, 1993; Feeney, 2002; (Fraley, Waller & Brennan, 2000). Shaver & Mikulincer, 2002; Stein, Jacobs, Ferguson, Allen & Fonagy, 1998). Consideration of measures that could be used to establish adult attachment classifications in further research would favour the use of the AAI, or the related Caregiving Interview. The Adult Attachment Projective may be an alternative screen for resilience over adversity. It meshes well with the AAI and although it also requires training not currently available in New Zealand, can be administered in 30 minutes with a further two hours inclusive of transcribing and coding (George & West, 2001). In that case, similar methodology would be required to compare children's attachment representations.

Children and ethics

The design was ethically sound. It achieved the goal of minimal intrusion without measuring attachment by evoking stressful states in the child's memory (Solomon & George, 1999). Where the children were involved in the research, they were generally curious and interested. It has been reported that the format of the SPPC and SSS is not suitable for children under eight (Harter, 1985). It also appears to be confusing for those over eight, especially children who were developmentally delayed or cognitively compromised by maltreatment in some way. This necessitated clarification and the reading aloud of items. In a study with more resources, and given that the importance of the school context was noted in this study, the teachers rating scales could be included.

The involvement of social workers

Some items on the FPES suited the attachment framework, and would have added another perspective to constructs of interest on the FPAAI (e.g., enquiries about acceptance after difficult behaviour). Social workers who did complete that scale and the SWQ said that they found the questions hard to answer. The FPES was not established as a useful evaluation tool because all returned responses were rated at the maximum level and there was insufficient variability to enable comparisons to be made. It is also worth mentioning here that social workers were mostly supportive of the research. Further research may be facilitated more effectively if it were to be a joint agency approach that included social worker's perspectives on design. Their perspectives would strengthen the robustness of the comparisons.

Implications of measurement on cultural difference

The focus of autonomy in attachment theory at the expense of other social and cultural values been challenged (Bliwise, 1999). The standardised measures have a skew in that direction. For instance, on the Relationship Scales Questionnaire, two women said that the certainty that someone will always be there in times of need was part of being Maori. How well attachment theory fits in with a Maori view of well-being was not for this study to determine although it was important to remain critical to the extent that the progression from attachment to autonomy may or not be valued. With unanimity, the four Maori foster parents who said that they would not

claim the child said that they could not do the job if they did. Claiming was linked to less likelihood of contact with the biological parents. One foster mother who did reply that she had claimed the child qualified this by saying "at the moment". These were older participants, perhaps taking on the revered role and responsibility of kuia and koroua to love and protect, and yet give back. Qualitative research may provide further understanding about the intersection of the care and protection system with whanaungatanga, and the practice of whangai and atawhai (Metge, 1995). The development of multi-disciplinary and multi-systemic approaches must also be sensitive to the imposition on values that appeared to be operating for some Maori participants in this sample. Positioning foster parents in an integrative consulting role should redress the potential for adverse effects. There is potential here to develop the attachment model of care and protection in a way that is more meaningful in a bi-cultural context. In that way, the development of the FPAAI within the New Zealand care system was a tentative medium for more localised conversations about the issues.

Conclusion

This study sought to identify an integrated welfare and health care approach to supporting the rights of children to sustained growth enhancing environments. Simply put, the task is to intercept the onward generational transmission of relationship insecurities. This may be achieved by providing more intensive support to foster parents, either as an alternative, or in conjunction with, support provided to biological families. Foster parents are critically positioned in the success or failure of self development for children in care. The results of this study indicate that the themes of attachment theory are relevant. Foster parents have a stabilising influence, particularly when they are able to be responsive to the variety of ways that children use to communicate these needs. Interestingly, it is noted anecdotally that there was once a prohibition against the idea of "getting attached".

Beyond Attachment to Resilient Communities

Community characteristics of resilience have been identified in social epidemiology. The dynamic themes resemble those of attachment theory. Berkman and Kawachi

(2000) identify social cohesion as the absence of conflict and the presence of strong social bonds. Social bonds are seen to be measured in trust, information channels, and norms of reciprocity, that is, social capital. Where social capital exists, cohesion has been measured in lower, natural and self inflicted, death rates. Social capital has been implicated in the prevention of delinquency and the promotion of successful child development. More attention has been given to community factors that lead to the transgenerational transmission of criminal behaviour. Cohesive communities are better at control; socially disorganised communities have higher rates of adult violence. Lower levels of trust are also correlated with higher rates of violent crime against people and property, health, mortality rates, heart disease, and infant mortality. An aspect of this sociological research that is truly pertinent to the focus of this study is that communities are especially resilient where people without family ties take some responsibility for each other. Building social cohesion depends on the continuity of people who have forged social networks and bridged social divisions. Perhaps the bigger issue is to be able to trust in political processes.

In the current study, individual resilience was present in a number of foster parents, and this went beyond the statistical relationships that may have sometimes shown an absence of warmth, containment and predictability in their own histories. Resilience was inferred from the warmth, strength and candidness of their conversations about the children. In spite of the difficulties of sustaining harmonious relationships with the children in their care, it was shown that commitment to these children, and to the role, can endure. As a result of this commitment to fostering relationships the likelihood of positive outcomes may be increased where there are reparative processes of becoming attached.

Appendix A. The development of the FPAAI

FOSTER PARENT AWARENESS OF ATTACHMENT INTERVIEW[19]

Section 1: Basic demographic Information

Age Gender Cultural identification

Experience

How long have you been a Foster Parent ?
How many children have you taken into your care over this time?
What is the longest period that you have cared for any one child (other than your own family).

Family

Who are the people in your family that represent the foster family for this child?
Does the child live with a sibling in your home?
Are there other foster children in your family?
Do you have a child of similar age to this foster child (or children) ?

Motivation

What is it that primarily motivates you to do this work?
Wanting to parent a child
Surviving a similar experience
To make a difference
Belief in your personal capacity
Financial
Something else

Training

What training did you receive for the work as a caregiver?

1None	2	3	4. Adequate	5	6	7. Substantial

What training have you had in the area of attachment theory?

1None	2	3	4. Adequate	5	6	7. Substantial

Grief and loss ?

1None	2	3	4. Adequate	5	6	7. Substantial

Child development ?

1None	2	3	4. Adequate	5	6	7. Substantial

Parenting skills ?

1None	2	3	4. Adequate	5	6	7. Substantial

Trauma ?

1None	2	3	4. Adequate	5	6	7. Substantial

Placement Breakdown

Have you had the experience of a placement breakdown?
Why do you think that was?

[19] © Anne Dorée (2001)

Section 2. Check child fits criteria for study

What is the length of time that you have cared for this particular child?

Section 3: Caregiver's view of the child

1) Intensity of attachment disruption

Did the child's behaviour deteriorate after coming into care?
What were the behaviours that you noticed?

Crying

1Never	2	3	4.Sometimes	5	6	7. Always

Clinging

1Never	2	3	4.Sometimes	5	6	7. Always

Fussing

1Never	2	3	4.Sometimes	5	6	7. Always

Avoidance

1Never	2	3	4.Sometimes	5	6	7. Always

Withdrawal

1Never	2	3	4.Sometimes	5	6	7. Always

Irritability

1Never	2	3	4.Sometimes	5	6	7. Always

Aggression

1Never	2	3	4.Sometimes	5	6	7. Always

Others?

2) Compliance/caregiving/self reliance

Does the child

Agree with most things you want from him/her

1Never	2	3	4.Sometimes	5	6	7. Always

Want to do most things him/her self

1Never	2	3	4.Sometimes	5	6	7. Always

Want to do things for you

1Never	2	3	4.Sometimes	5	6	7. Always

3) Proximity seeking

Does the child seek contact with you when
Afraid

1Never	2	3	4.Sometimes	5	6	7. Always

Tired

1Never	2	3	4.Sometimes	5	6	7. Always

Unwell

1Never	2	3	4.Sometimes	5	6	7. Always

Separated

1Never	2	3	4.Sometimes	5	6	7. Always

Hurt

1Never	2	3	4.Sometimes	5	6	7. Always

How else?

4) Styles of attachment security/insecurity

Does the child show distress if you are separated for any reason

1Never	2	3	4.Sometimes	5	6	7. Always

Does the child respond to you and look pleased when you return

1Never	2	3	4.Sometimes	5	6	7. Always

Does the child avoid you in some way when you return

1Never	2	3	4.Sometimes	5	6	7. Always

Does the child seem at all angry when you return

1Never	2	3	4.Sometimes	5	6	7. Always

Does the child show any kinds of disturbed behaviour when you return

1Never	2	3	4.Sometimes	5	6	7. Always

How would you describe this?

5) Disordered attachment

Does the child accept help and comforting?

1Never	2	3	4.Sometimes	5	6	7. Always

Can the child enjoy close and playful interactions without disrupting them?

1Never	2	3	4.Sometimes	5	6	7. Always

Does the child ever directly show shame over his behaviours?

1Never	2	3	4.Sometimes	5	6	7. Always

Does the child ever show sadness over the consequences of his behaviours?

1Never	2	3	4.Sometimes	5	6	7. Always

Can the child experience and give expression to sadness about anything?

1Never	2	3	4.Sometimes	5	6	7. Always

Can the child experience and give expression to fears ?

1Never	2	3	4.Sometimes	5	6	7. Always

Section 4: Self regulation

a) Caregiver

1. Have you ever felt that the child has created an incident in which you felt you were being set up to have a strong reaction?

1Never	2	3	4.Sometimes	5	6	7. Always

Describe…

2. How have you typically felt about this situation

Stressed/frustrated

1Never	2	3	4.Sometimes	5	6	7. Always

Angry and say so

1Never	2	3	4.Sometimes	5	6	7. Always

Angry but don't say so

1Never	2	3	4.Sometimes	5	6	7. Always

Feel enraged and express this for some time

1Never	2	3	4.Sometimes	5	6	7. Always

Feel like ignoring the child at the time

1Never	2	3	4.Sometimes	5	6	7. Always

Feel like rejecting the child completely

1Never	2	3	4.Sometimes	5	6	7. Always

Somehow else?

3. Are you able to make some kind of reparative connection with the child afterwards?

1Never	2	3	4.Sometimes	5	6	7. Always

Describe…

4. Do you think you can communicate to the child that you can accept him/her in spite of the behaviour?

1Never	2	3	4.Sometimes	5	6	7. Always

5. Have you ever felt that the child seems to be rejecting you?

1Never	2	3	4.Sometimes	5	6	7. Always

What feeling do you have about that?

b) Child

1. Has the child developed the possibility of calming themselves down?

1Never	2	3	4.Sometimes	5	6	7. Always

What have you noticed?

Section 5: Self Report

1) Caring

Which is the best description for your view of this child in general?
Difficult to get close to

1Never	2	3	4.Sometimes	5	6	7. Always

Likeable

1Never	2	3	4.Sometimes	5	6	7. Always

Lovable

1Never	2	3	4.Sometimes	5	6	7. Always

Other?

2) Claiming

Do you regard this child more like a member of your family or as a visitor ?

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

Are you able to report any sense of having claimed this child as your own?

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

Do you think this child has been relinquished by the parents?

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

3) Advocacy

Have you felt involved enough in the decision making for the child

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

Have you been dissatisfied with decisions made on behalf of this child

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

Have you ever felt angry with the care plan and wanted something different for the child

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

Do you feel as though there has been any increase in your desire to take protective action on behalf of this child?

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

4) Commitment

What is your expectation of the duration of this placement?

1. Short term
2. Long term
3. Permanent

If short term, have you ever considered changing the arrangement to long term care for this child

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

Do you have a sense of permanency with this child ?

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

5) Perceptions of, and relationship with biological family – as a consequence of claiming and advocacy?

How would you describe the relationship that you have with this child's biological family?
Mother?
Father?

Would you consider that more contact with the parents would be beneficial for this child?

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

Do you think contact with the parent/parents could have been made easier for you

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

Would you like to see this child have more contact with the parent ?

1Not at all	2	3	4.Somewhat	5	6	7. Absolutely

6) Perception of role
- with child

If the words foster parent were not used, which of the following best describes your relationship with the child
Mother
Aunt
Step parent
Adoptive parent
Flatmate
Other?

7) Perception of role
- with CYFS

Which best describes your relationship with the social worker
Friend
Ally
Supervisor
Colleague
Opponent

Social Workers Questionnaire [SWQ]

I would appreciate your assistance in providing information around the following questions :

Child's name

Date of birth

Cultural Identification – iwi/hapu if known

Current Caregiver's Name

Date child came into care

Reason for coming into care Neglect
Abuse Psychological
Physical
Sexual

If you could, how would you rate the reason for coming into care on a seriousness scale of 10, with 1 being the minimum criteria for taking a child into care.

How many different caregivers has the child had

How many changes of home CYF Family home
Family placement
Foster placement

Were there any disruptions in the first six months of the child's life?

Were there any positive continuing relationships during the first two years in the child's life?

How would you describe the quality of attachment to the biological parents.

How would you describe the quality of attachment to the present caregivers

Does this child have ongoing contact with their biological family

Has the child shown grief over loss of his/her original family

Is there a plan to return the child to their biological family

Has the child begun to show any positive growth in his current foster home

Appendix B. Information and Consent

Massey University
COLLEGE OF HUMANITIES & SOCIAL SCIENCES

School of Psychology
Private Bag 11 222,
Palmerston North,
New Zealand
Telephone: 64 6 356 9099
Facsimile: 64 6 350 5673

Fostering Relationships

INFORMATION SHEET

My name is Anne Dorée. I am a post graduate student of Massey University, supervised by Dr Kevin Ronan of the School of Psychology in the completion of the thesis requirement of a Masters Degree. I am also employed at Voyagers, child and family mental health service of Pacific Health, Whakatane. My thesis has been developed to understand more about the effects of attachment relationships of foster parents with children in need of care and protection. I am looking for caregivers who have a child aged between 4 and 11 years, who has been in their care for longer than four months. I would like to document some aspects of your experience in order to demonstrate the contribution of relationship qualities and parenting practices to the psychological security of those children. The information gathered from this study will contribute to the knowledge that we already have regarding needs of children at the interface of health and welfare.

. If you choose to participate please return the expression of interest form in the enclosed envelope. I will send you a consent form and questionnaires for completion. I will also need to make contact with the social worker involved with a child in your care, and determine consent for some of the information about the child to be part of this research. After this is established I would like to be able to visit you and ask some further questions and also to meet the child. This will take about an hour.

I am hoping that a large number of foster parents in the Bay of Plenty will be interested in this research. Even though I will be gathering information in detail the results will indicate general trends rather than personally identifiable information. All information will be treated with confidence and will be kept in locked storage during the course of the research. Any audiotapes made will not be transcribed but they will be used to confirm manually recorded responses and will be wiped at the end of the research.

It is important that you know that you have the right

- *to decline to participate; to refuse to answer any particular questions;*
- *to withdraw from the study at any time*
- *to ask any questions about the study at any time during participation;*
- *to provide information on the understanding that your name will not be used unless you give permission to the researcher;*
- *to be given access to a summary of the findings.*

Anne Dorée
P.O. Box 391
Opotiki
Voyagers: [07] 308 8803

Dr. Kevin Ronan, Ph.D
Associate Professor of Psychology
School of Psychology, Massey University,
Palmerston North : [06] 350 5799 (x2069)

This project has been reviewed and approved by the Massey University Human Ethics Committee, PN Protocol 01/101

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School of Psychology
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EXPRESSION OF INTEREST TO PARTICIPATE IN RESEARCH

Fostering Relationships

I have read the Information Sheet and understand what is required.

I have a child in my care who has been in my care for longer than four months, and is aged between 4 and 11 years. I am willing to talk to this child about your research according to the information sheet you have provided for myself and on the understanding that you will provide further information for the child.

I understand that consent for this child should be determined by

(the social worker) .....(name).

at the Whakatane/Tauranga office of Child Youth and Family

I understand that after you have received this form that you will contact me and arrange for the signing of a consent form. I will receive a pack of questionnaires and the information sheet for the child in my care. Some time after that you will arrange to interview me at home.

I know I may contact the researcher or her supervisor if I have questions about this research at any time.

Name:

Address: **Phone contact:**

Signed: **Date:**

Please return in enclosed envelope: Anne Dorée, P.O. Box 391 Opotiki

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COLLEGE OF HUMANITIES & SOCIAL SCIENCES

School of Psychology
Private Bag 11 222,
Palmerston North,
New Zealand
Telephone: 64 6 356 9099
Facsimile: 64 6 350 5673

Fostering Relationships

CONSENT TO PARTICIPATE IN RESEARCH

I have read the Information Sheet and understand what is required.

I understand that when I return the consent form I will receive a pack of questionnaires and that some time after that you will arrange to interview me at home.

If I agree to the interview being audio-taped I understand that I have the right to ask for the tape to be turned off at any time during the interview.

I agree/do not agree to the interview being audio taped.

I understand that the results of this research may be used for publication and presentation. My involvement in this research will be confidential to the researcher and a social worker from CYF who is known to me, and I understand that my name will not be used.

In giving my consent to participate I understand I have the right to withdraw from the study at any time and to decline to answer any particular questions.

I know I may contact the researcher or her supervisor if I have any further questions.

Name:

Signed: **Date:**

Note: If you are interested in receiving a summary of findings after completion of the research please include your mailing address below.

Address:

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COLLEGE OF HUMANITIES & SOCIAL SCIENCES

School of Psychology
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Palmerston North,
New Zealand
Telephone: 64 6 356 9099
Facsimile: 64 6 350 5673

Fostering Relationships

INFORMATION SHEET

Information about me

My name is Anne Dorée. I have asked your foster parents to talk to you a little bit about me. I have got some questions to ask them about looking after children and I would also like to come to talk to you about it for about thirty minutes one day, if you agree. If you do agree, I will bring you a sheet to sign your name on.

I am a student at Massey University. The university is in Palmerston North but I don't live there. I have talked to Associate Professor Kevin Ronan at the University about being interested in what things might be helpful for children who are being looked after. We thought that I could ask some questions about this in the Bay of Plenty, and wondered if we could find some children who could tell us.

When you talk to many people about one thing it is called research. I'll be wanting to talk to about 100 people so I need to tell you that what you say is confidential. I won't be talking to anyone about you, or telling anyone your name, except for your foster parent and your social worker. I also want to tell you that the questions I could ask are not about deciding where you live. And whether you take part in the research or not, it won't change the way you are cared for now or in the future.

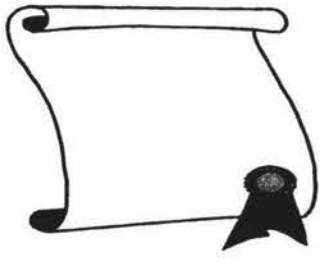
After I have got some answers to my questions I will be writing about it. I will be getting a certificate from the university when I am finished so I would like you to have one too. If you have any questions to ask me about our research perhaps you can tell your foster parents now and they can pass them on to me.

I really want you to know that:

- *You can ask me questions at any time*
- *You don't have to answer any of my questions if you don't want to*
- *You can stop being part of the research at any time*
- *Your name won't be used without your permission*
- *You can tell me if you want to know what I've found out from the research*

Anne Dorée
P.O. Box 391
Opotiki
[07] 308 8803

Kevin Ronan, Ph.D
Associate Professor of Psychology
School of Psychology, Massey University,
Palmerston North
[06] 350 5799 (x2069)



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CONSENT FORM

Consent for child to participate in research

- I agree to talk to Anne about the research for children who are being looked after.
- I know that anything I say will be private and confidential.
- If there are any questions I don't feel OK about answering I have been told that I can let Anne know, and that we can stop.
- I know that Anne will be writing about the research and that I will get a certificate for helping her, even if I do decide not to answer any of the questions.

- My name is

_____

Signed:

Date:

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Fostering Relationships

INFORMATION SHEET FOR SOCIAL WORKERS

My name is Anne Dorée. I am a postgraduate student of Massey University, supervised by Associate Professor Kevin Ronan of the School of Psychology in the completion of the thesis requirement of a Masters Degree. I am also employed at Voyagers, child adolescent and family mental health service of Pacific Health, Whakatane.

My thesis has been developed to understand more about the effects of attachment relationships of foster parents with children in need of care and protection. The study extends within the Eastern Bay of Plenty i.e. Whakatane and Tauranga branches. You can be assured that I have been through the appropriate channels and that this research has been approved by your employer and supported by the caregiver liaison worker in your branch. I am contacting you directly because a foster parent who has consented to take part has named you as the social worker a child in their care.

I would appreciate your participation in the provision of brief information about the child's history of care, and in evaluating the placement with a validated measure. I would also appreciate your help with establishing the legal aspect of consent for the child, with whom I would like to meet for twenty minutes at the end of an interview with the foster parent.

I am hoping that a large number of foster parents in the Bay of Plenty will be interested in this research and that it will contribute to the knowledge that we already have regarding needs of children at the interface of health and welfare. All information will be treated with confidence and will be stored in my private home office during the course of the research. Any audiotapes made will not be transcribed but they will be used to confirm responses manually recorded during the interview, and will be wiped at the end of the research.

Your rights as a participant are as for the foster parents:

- *to decline to participate; to refuse to answer any particular questions;*
- *to withdraw from the study at any time*
- *to ask any questions about the study at any time during participation;*
- *to provide information on the understanding that your name will not be used unless you give permission to the researcher;*
- *to be given access to a summary of the findings of the study when it is concluded.*

Anne Dorée
P.O. Box 391
Opotiki
Voyagers: [07] 308 8803

Kevin Ronan, Ph.D
Associate Professor of Psychology
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Fostering Relationships

CONSENT TO PARTICIPATE IN RESEARCH: Social worker

I am the social worker for a child in the care of foster parents who have given consent to participate in the research named above.

I have read the information sheets and understand that approval has been given by my employer for this research to take place. I understand that the research is not intended to interfere in any way with the case work undertaken so far.

I understand that I am being asked to supply information about the child and the placement and that no identifying features of this case will be presented in the research outcome. I agree to participate on the same terms as the child and foster parents, i.e. that I can choose not to answer any particular questions and can withdraw at any time, and that my identify will remain confidential within the research design.

I also understand that I am being asked to ensure that appropriate consent is given for the participation of the child in care.

Name :

Date:

Verification of consent for child to participate in research

I am duly authorised to endorse that consent that full information has been provided to the legal guardians and that consent has been given for ..... to take part in this research.

Signed:

Date:

Appendix C. Qualitative Information

The Foster Parent Awareness of Attachment Interviews, 2002

Motivation

Altruism: To respond to need – social concern and altruism…to make a difference plus I believed I had the capacity, compassion and warmth… wouldn't be here if there were no results; very strong on advocacy… social concern and altruism, to make a difference … to make a difference in at least one child's life … to make a difference … awareness of this child's upbringing, wanted to help

Belief in self capabilities: Our own children are older, we thought we could do something… had past experience with children with special needs … "meant to" be doing this, wanting to help, taking a tough firm approach to the job, and wanting to help parents as well……I believed in myself … had 30 years in mental health field, adult children, and our own grandchildren who come in the holidays… aroha.

Wanting to parent a child: We wanted another boy, we were getting overwhelmed by girls so we asked for one. Got him as respite at first… wanting to parent… wanted more children, wanted four

Satisfying personal needs: Aroha, I was one of many children and did not want to be on my own… personal needs, full of love … I had time and needed a sense of purpose… and to have someone because the house was available… also it was a way of life.

Resilience: Surviving childhood abuse … surviving an experience where my own family needed support.

Training

There was no induction, but we had life experiences …trained in trauma eventually and practical training like legal aspects. ... Thirty five years as a parent… Being a parent was the experience… Just life…Enjoyed the caregiver training … have had extra in parenting skills. Would like training for troubled teenagers, for sexual harassment…Have been caregiving for so long, in the beginning training wasn't done. Had child development training at training college… Learning parenting skills on the job, and about trauma from traumatised children themselves… A couple of seminars, its hard to get to things … Christian based parenting with confidence, hospice training, and playcentre, primary school, homecare… Life experience as parents. Not had standard CYF training…have had legal issues, malnutrition and abuse and safe caring… have had exceptional training, in Hamilton, especially in grief …just recently had

maltreatment training, got standard training in Tauranga… community social work…. nursing, diversional therapist, grief and loss, teacher aide, special needs , child development

Rationale for placement breakdown

Blame the social workers, and the difference in culture… pakeha girl; with "label" attitude …Abnormal and intense sibling rivalry and attention seeking… Returned to mother after she had completed CYF requirements but that did not last… Such a survivor no one could see it, so in control, she was taken away by the social worker.

Children's behaviour noticed by foster parents at the start of the placement

Compliant, closed down, refusing to talk or expose himself emotionally for 6 months; body language/holding himself. Fussing over possessions…Confused and angry/aggressive…A lot of crying, easily hurt, particularly in respite breaks. Very irritable and mostly aggressive; didn't know how to play, had to be taught…Stayed around the house a lot. Child came into care at 5 months, and was stiff and rigid…Very demanding, would throw things on the floor, play with food; very verbal but not aggressive. Mistrustful, aggressive at the drop of a hat, showed a lot of fear, when smacked on backside wanted to hit you back; cried with growling and groundings, avoids new people at first, cries more now than at first, kids have sorted each other out, power struggle, gender and age. Sticks up for himself…Not much crying as she had so much on her mind, did not cling until after the first week, was alert and watching, trying to find a way to bond and to develop trust; when we won one another she clung to me; her older sister was frozen and watching ; had her hand in a fist for 3 days…Would build up to crying, and had a horrible way of looking, giving the evils, that is disappearing now. Clingy to a point, fussing obsessively to keep order, folding things in her bedroom, very dissociative even now, can be a whiner, can be quite nasty and can be cruel to animals, doesn't like a change in routines, hates it if teacher is away. Cried when growled because dad used to yell and break windows…Understand the rejection/abandonment issues. Bonded quickly to [foster father], but superficially?; her own father had ignored her; she screamed hysterically, couldn't be isolated, would go up an octave when put in cot; chew anything, windowsill, door, cot, skin, toenails… At times he couldn't do anything, he would be hysterical…When she first came she was unnatural, super tidy, super obedient, no noise, she cried for the first couple of nights,

she thought she was naughty, then became very clingy, she's like a puppy dog, open to nice people…Very flat, always clingy went on for 9 months; was very agitated easily, demanding, avoided other people, he didn't know emotions; he could say happy and sad, but we could read his body language and just out waited him… Aggressive, came in a rush, destroyed toys given by the family, destructive, intrusive, watchful all the time, giving him limits and boundaries, there was a honeymoon period, lots of repression…No crying or clinging, but kept himself apart, strong on avoidance, didn't mix, and kept himself physically unavailable. He was already odd, at 5…No. had already been in placement, so behaviour didn't deteriorate; had him for respite beforehand. Noticed plenty of crying and very clingy; sits on my knee and does my hair as we are "in love". Fussing involves door locking and is atrociously fussy eater, likes novelty; sometimes everything becomes very loud and overwhelming and psychosomatic; transition object worked well [when foster mother went away]

Compliance/Caregiving/Self Reliance

Compliance: Learning independence, is helpful to the point of doing fun things like polishing, and not so fun things like cleaning up dog poo… Eventually agrees with most things required of her, not self reliant in choosing clothes…helpful to the point of asking… Being taught about choices regarding compliance or not… Compliant, also self reliant, likes help with homework, likes company…when she's growled she cleans her drawers, she's very tidy. Often asks if there is anything she can do.

Caregiving: More caregiving, eager to please… good at bringing me a cup of tea … rubbing my shoulders if I am tired… She also thought she had to care for her younger brother and didn't know how to be a little girl, or play with dolls… Shows care for others

Self Reliance: Resented being part of the family so doesn't want to do things for us… an independent streak… Non compliant…oppositional, walks away if asked to do something… a defense; it was a breakthrough admitting to problems at school; she thought she was dumb… Usually independent, looks after her own things… Will argue back if he thinks he's right…we taught him "our"; he started to look after things more…Never compliant, makes life a battlefield, argues and answers before you finish. Self reliant; but also reliant on [foster father] at his beck and call, takes him to school, does his hair but doesn't do his jacket up, doesn't like you telling him anything, can't teach him much, holds himself aloof.

Proximity seeking

Afraid: Generally doesn't like a lot of close contact, but keeps an eye on [foster parents] if separated... Sometimes, after a while...Never seen her scared ... When there's something on the telly...He didn't have "scared"; he'd get in the middle and walk in and walk off ;never let us out of his sight ; he resented women and did prefer men... only afraid of bugs

Tired: Loves to cuddle... always goes to [foster father]...Wouldn't admit to tiredness , but lately starting to come up for a cuddle...She winds up when she's tired...Dynamite when tired, also goes up a gear...Takes himself to bed when he is tired...Sits on my knee, although older than you would expect

Unwell: Calls for help and comfort if unwell...Has complaints that sometimes disappear with such contact...Gets lots of tummy aches, is clingy to either parent...If he's sick he goes to [foster father]; sits and leans and hugs, ...Still holds himself aloof, knows he has to take medicine...A very well kid.

Separated: Never far away, and is always checking...After access does unacceptable things, not listening, gets punished...Can't get separated, doesn't like crowds...Can be separated now

Hurt: Very much upset, screams the house down... Never talks about getting hurt anywhere; if she gets hurt when out... Clingy, especially when [Foster mother] is away...Gets very vocal, come running in if they have fallen off their bikes...When he cut his hand, he went to the neighbour... Definitely when he is in physical pain, used to be a lot more neurotic.... loud crying and stressed out.

How else: When he has nightmares, and after the court review and being told of his permanent status with this family...General neediness... Saps the energy out of you...If in trouble...Used to cling, frets... come straight away if something is broken...if he's hungry he also goes up a gear...She has rung when she is at [relatives] to let us know where she is ... Never been a touchy person, gets too sexual, doesn't know a hug can be a hug, women build up defences against him, [foster father] can get closer...Has a fear of having his wrist slit.

Separation and Reunion Behaviour

Used to show some avoidance on return, not coldly but becomes absorbed in own activities... Is pleased but not all over you like a rash... Once he was reassured that they would always come back then he was OK... Is now showing good connection and will

sit on our knees if we are sitting down anywhere... Has a ritual 2 goodnight kisses at the end of the day. And is not afraid to go off and explore when we are anywhere ...Is comfortable when separated and is typically generally well, sociable...Gets anxious and starts pacing if separated...Shows excitement, and begins caregiving...Responsive, cuddle and hug...On the first time away she hid from strangers (respite) and needed to have good preparation for this. On return she always shows disturbed behaviour, she gets twitchy and wandering; afraid she might run away; doesn't avoid and not sure if it's anger...Normally comes to give cuddles, feels insecure if away, like on camp...Has been quite fretful. If they go to
someone they know well they are both Ok but if not there are really anxious so they haven't been away a lot...Hates change, smashed toys when first? Disastrous respite weekend, get upset with the caregiver, would retreat when we returned, very anxious, respite weekends moved to one per month ; reverted; when caregiver left he mumbled, (avoidant) did he worry about whether he would be growled or sent away.
Knowing the respite caregiver is an advantage...Sits in the van as his security... when [foster mother] was away he would phone when he was anxious

Disordered attachment

Accept help and comforting : Usually...Given permission
Close/playful without disruption...Gets on well with little children, loves the little grandchildren, not dominated... To point of being a nuisance, provokes arguments, over-vocalises... Can play Ok but demands that others follow his rules, snatches games and cheats...Didn't know how to play...Wets pants when she gets excited – makes it hard as she finds it frustrating. Changes rules of the game to suit her or sulks...He can stick to the rules...He was very hard to bond with at the beginning, his concentration is not so good...No sense of humour, doesn't know how to laugh, starts coughing and falls over ...Initially frightened by demonstrative play
Show shame over behaviour: Lies...A habitual liar, used denial, and good at cover ups, used to get really upset when found out. Sadness at being found out... Not sure if its shame, used to yell and scream from facing up to consequences, punished after "winning" for bad behaviour at school...Says I don't care if she breaks something ... quick at testing boundaries and instigating getting someone else into trouble to make her look good... Not sure if he knows shame; he goes quiet...Uses denial, never admits...Seemed that he expected to get in trouble

Shows sadness over consequences: Didn't used to – does now…
Experience and give expression to sadness: Drops lip, puppy dog eyes, instant reaction, feels sorry for herself, manipulation: sad about [family members] very extraverted…Seems sad a lot of the time…If feelings are hurt…No tears at the death of [family member] …Misses Mum; only time he shows sadness over anything…Seems sad about old people, especially when [foster mother's] dad was sick…Shows anger, that's not fair…Relates to it, especially has great empathy for anyone who needs to be cared for.
Experience and give expression to fears: Had nightmares when she first came (disruption)…Fear of the dark…If growled reaches for the pot, ducks away from anger, and sudden movements…Will talk about fear but not show it…Is afraid of being last…people will laugh…Seems fearless/daredevil/speedfreak…Scared of the dark. Has a lot of bad dreams…Thunder and lightening; sat up in bed and became fixated on it… Afraid of praying mantises. Identifies with the hurt and unloved yet doesn't know how to… Only when having panic attacks; but has become more and more outward, confident and independent.

Would go to anyone, had to set boundaries for them… sensitive "drama queen"; slow to pick up things and has been dominated….Manipulating – manipulated the teacher

Self regulation

Being set up: Acceptance for wrong doing after the event ; gave explanation ; he yelled but did not scream…When she first came; confusion…Many times – both did it, not so much lately, has used it to divert attention…Perseverance required…Feel like she's baiting all the time to get me to lose my cool… plays one up against the other, also wears [foster father] down, has him and [older foster son] wrapped around her little finger, uses her eyes, splits parents; you're the best dad, to your not my mother…What you see is what you get…It happens less now, but the lies, or not talking made me think that she was actually wanting punishment…Heaps and heaps but happens less now…Creates incidents if he does not want them to go away? Defiant…Don't see him as being devious, will organise with a mate to come and stay without asking.
Managing Responses: Sometimes feel angry but don't say so in order to sort it out in own mind…Feel like ignoring him when he is doing irritating things – needed time out…Hard to live with because of his remoteness and self containment….I don't feel -

sometimes I am angry and the child gets a telling off…Tense the whole time, waiting. Angry in quick bursts, sometimes felt like ignoring [child] if he carried on with something we didn't like, like sucking. We have to remind about the rules less frequently now… Affection is a protective factor when rejection is the impulse… Try to ignore it, she thought if she behaved badly she would get sent home, and blamed caregiver that she was taken away from her Mum… Stressed – but always went for a walk together…Not saying, "don't do that" and not saying he was naughty – not using time out, but using diversion and maintaining the relationship – Name the action – you know you shouldn't do that. Took all the resolve to work with the child and not ignore him…Only angry about the fussy eating… when she's pushing the buttons, that's when she is not talking I feel annoyed and angry.

Ignoring or rejecting: A lot of the time you have to…When he's constantly talking about what he's doing, I switch off…Never, sometimes, not really …Sit and talk openly

Making a reparative connection: Didn't always connect if behaviour was repetitive and not changing. Mostly made sure that there was an opportunity to talk about it… Very well, talk about it … Yes, just goes back to normal talk – refuse to let him storm out of the room, and when it comes to cuddles, he is quite stiff after he has been naughty…Send her away ands have a talk and a cuddle, try not to put her back in the same situation…Within seconds, a cuddle…Both end up in tears, then have closeness, a hug and sometimes talk…Good diversionary tactic, used to take him for walks still does, also put in place a notebook system with the teacher introduced him to lots more people/ Very easy to make the reparative connection afterwards… have loved her from the first... communicating acceptance, now that's possible

Being rejected:…Almost invited it… At first, have no feeling about it, found a way to speak through another child in the house…Not since he learn that he was staying permanently. Not a nice feeling but part of growing up…Child asks if she still loves him. She says she may not "like" him but she does love him and thinks he can probably tell the difference…Think this boy is "reeling us in like a fish on a hook"…Will react and reject caregiver if she thinks caregiver is going to reject her…Does reject mother but not father, feels rejected all the time…Never, it seemed important that [child] asked a lot of questions about what was happening in court and came to some understanding of this for himself…Didn't bother us…That feeling is always there

Child's capacity for self regulation

When she comes back from her mother she is awful, wound up and agitated, for at least half an hour, I don't say much just let her get through it and then discuss it, she thinks its her fault, I tell her its not…Doesn't seem to have the same lack of control, gets over things pretty quickly. More family oriented, likes doing dusting… The other child in the family, older girl, has a role in regulating his behaviour…Takes time out in her room…Takes a bit longer, more stroking and pulling close, shakes with anger…Sometimes for both of them, takes a while after going to his room, he sucks his thumb and blanket…Sometimes – she is starting to recognise the things she can do, like the swing ball and bat gets a hammering, throwing the softball against the wall, and thumping the floor. She has been through the stage of going rigid, almost fitting, where she needed 2 parents. She is embarrassed about this and doesn't want the teacher to know about her bad behaviour…Good eye contact has to happen – tell him, slow down, slow down…Getting better at it, not often…Now he can, he copes very well

Caring

Difficult to get close to and likeable are a challenging mix to live with…Most of the time is lovable…Used to be difficult to get close to, always makes a big impression on adults, and can take him anywhere, has lots of relationships in adult world…Often offends others, friends and family, she is cuddly and sits in their laps looking for affection, demanding, and disrespectful of adults, non one else wants to have her, she has an attitude- don't tell me what to do, and beams in on the negative, does it to kids, too, poor me, cunning…Very affectionate – some people don't like him…Difficult to close to, doesn't like closeness, but sometimes gets close to strangers – not likeable, comes over as a dear sweet girl, wouldn't like her as a teenager, - is loveable sometimes…Difficult to get close to sometimes, hard for her to make friends as she sabotages, hard to always find her lovable when she is so rejecting…Always lovable… He's got character and a sense of humour…Physically hard to get close to. Loveable by both parents …Difficult to get close to… Defended – has set ideas, so much need for control over his world…Like a little mate, enjoy taking him places…I don't like the word love, I think care is a better way to describe the feeling.

Belonging

Absolutely a family member, wider family welcomed him and claimed him…Absolutely family member, one of my children, also part of wider family…Father has relinquished child. When he wanted to make contact with the growing child [foster parent] took action against this. Mother has six weekly contact that is contained within the family home…Like family "at the moment"…Family – but have been intimidated by biological parents and that is always in the background…Don't think he feels he is a visitor…

Claiming

Accept and treat them as own whanau, but not carrying their baggage. I have to do the job …Can't do this wholeheartedly otherwise I can't do the job, because you have to do the job. Still have to cope for me- got to be that aggressive Mum, and fight tooth and nail to get them out of trouble… In some sense ,claimed, in recognition of the care provided as part of the job, but not putting too much heart in it comes from experience…Not at all claiming…his aunty has lots of contact…Don't want to set up false situations… not our granchildren's cousin …Up to about six months ago as a family member, but now more like a visitor…Definitely part of the family, now developing a shared history and can talk about the future.

Relinquished by the parents?

Mother yes, Dad is more kind. Very good relationship with dad and thinks it would be beneficial for more of this, but he can't, maybe more in summer… Yes. Don't think mother ever wanted him, father physically pushed him away…Not relinquished by the father, not sure about the mother…They told [social worker] no family contact…

Advocacy

Angry and dissatisfied with decisions and wanted to take a stronger role…Increased desire to be protective on account of decisions that were made…Became more involved in the plan by pushing our way in…Was different in the past when didn't feel so involved…Feel hurt and angered if there are outside influences impacting on this child…Down to school a few times to see the teacher …Probably, but not entirely satisfied as we went for sole custody and were advised that this would not be accepted, feel as if it is continually rubbed in our faces – these children are not yours…Well supported but at the end of the day it has been left up to us – other kids have a role to

play...Been fully involved with it but sometimes not happy with part of the plan, being straight with everyone is important...Always wanted to protect him, made a commitment to him...Now get bolshy over things like medical interventions

Commitment

It was only expected to be short term – a maximum of three months...Short term changed to long term. Think we also need guardianship...Was short at first, didn't jump into it, and now considering long term care...Was respite, now we have to have him for eighteen months, wouldn't want him to go, call him son, after he began to settle and fit in...Long term expectation, want permanency...Short term, but we won't let them go until it's a permanent placement...It will be as permanent as the kids want it to be...Told her she is here permanently...Long term plan could last another couple of years, but depends, a bit frightened for him about what happens at the end of it...Long term commitment but would give him up if someone younger and better was available.

Relationship with biological family

None with mother, hopeful in early stages with father, but not any more...Up and down, inconsistent, not committed – father oppositional - continued contact with grandparents is fine. We arranged more contact than CYFS did...Same...None with father who briefly wanted something to do with kid, mother has regular involvement and we have supported her ...Ambivalent, have growled her, manipulating, both parents are...Have not much contact. Don't see them apart from court review hearings...Both parents have quite supportive partners, contact by telephone, sussed it out for ourselves. Loves his baby brother, talks on the phone. Has a supportive grandmother...Get on well with whole family, contact is good with mother, father has taken a new step and got married ...Keep him informed about his father through the social worker.

Consider the benefits of more contact? Most definitely, but earlier on... Not sure ...OK with Dad...Have no idea...Think access is confusing. Parents hadn't wanted to be involved. Other placements, there has been a lot of feedback and contact...Not until they [children] are strong enough, relationship is very difficult; twisting what is written, buying children with presents, having a fantasy about them...Have a problem with their empty promises and listening to what they say although I don't generally have a problem meeting them...Not at all, but contact with dad could help

Could such contact have been made easier? Yes, but nothing happened...Find the contact draining, when it is within the foster home...Think direct contact without the Social Worker would have been better.

Other Observations

Was only ever intended to be for a short period of time...The natural environment offered is peaceful, away from other distractions, with lots of varied activities, children are able to go for a walk, look for eels, plenty of physical work in doing the gardens... Where possible more preparation and follow up should be implemented around new placements...Also talked about end of day rituals... Talk to child/ren about the processes of CYF and court so that they were kept up to date....

Child Behaviour Checklist : More observations of behaviour by Foster Parents

Social : Social experiences sometimes limited because of distance... Unable to form friendships... Clings to adults, kissing strangers; too friendly.... socially not good in conflicts with friends... trouble for bullying, snatching, talking over the top, wearing down, and being disrespectful

Scholastic : Competence in school improving consistently... School problems are improving ... Has extra school work and is well behind other children... Reading recovery... eye problems

Behaviour that Concerns : Sets high standards...worries about being mentally unwell ... Obsessional/paranoid thoughts; fear of dark...insists on having the light on when with [family members]... Picks skin, lies, cries a lot, doesn't socialise, gets hypo; has a fantasy friend... has nervous mannerisms, and sleeping problems... The stomach problem when nervous or anxious...He has times when he doesn't seem to be able to focus or remember often done things...His need to lie for no reason.... Fears birds... Picks nose and fingernails. Strange and irrational behaviour sometimes...The fact that he is a loner and is shunned by other children because he is different; has poor sight... Has nervous movement like clutching his clothing at the neckline...His tendency to act irrationally and overbearingly often... Dissociates. Her fear of growing up, the way she shuts off, vagueness , inability to understand instructions, not listening, her fear of physical contact, inability to form friendships... Nervous movements, fingers in mouth, scratching face. Picks skin, chews objects, poor language...Inability to be aware of stranger danger... Not making friends, trying to control situations and people, mainly other children. Sets up other children to get them into trouble... Gets obsessional about Mum being away, losing her, had trouble at school when separated from his sister. Concerned most about argumentative behaviour... his tendency to rub people up the wrong way... Sometimes fears access, can regress to babyish talk...Lack of memory,

inability to retain things, and lying... Fears new people and some situations. Licks around lips, chews collar and cuffs, picks at scratches on skin, repetitions of car trauma, likes to sleep a lot, talks fast, special needs school unit, stores up old books and papers, concerned that his intrusive actions will get him into hot water... Fears crowds, insects, would overeat if he was allowed, stores up lollypapers and ice cream sticks, picks nose, eats clothes and sheets, poor school, has full time teachers aide, no social skills difficult to interact with others; his "up himself" attitude that he has developed to survive... Fear of being seen naked, locked doors in bathroom and bedroom even if friends staying over... Future ability to control emotions concerns.

Positive observations: Best things... his politeness and friendliness, once he is comfortable... That she is lovable and tries to please, even though she gets hypo sometimes... that he is outgoing and lively, loves to tell jokes, warm and loving and likes to do his bit as part of the family, polite and a pleasure to take out... he is outgoing, happy enthusiastic and lovable...Good manners and potential to do well, extremely bright and with right encouragement and motivation will do well, very helpful, very caring and affectionate... Her ability in art and her caring when it sometimes happens... Very friendly and loving... Se is kind, thoughtful, and helpful when she wants to, and outgoing... Kind and loving with a neat sense of humour... her sunny nature which makes it hard to be annoyed at her... Displaying his good manners... Wonderful with children in need, aware of people not feeling OK...Massages my neck when I am stressed...

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