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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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