A Child's Journey through Placement

UK Edition

Vera I Fahlberg MD

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This book is dedicated both to those children who are currently within the child care system and to those who have already completed their journeys – and to their travelling companions.

Notes on the author

Vera I Fahlberg, MD, is a paediatrician and psychotherapist who has worked with disturbed children and their families since 1964. Much of Dr Fahlberg's work has been focused on attachment and separation problems, with special emphasis on children in the care system.

Dr Fahlberg has completed over 400 evaluations of children in placement for public and private agencies throughout the USA as well as having seen numerous children in out-patient therapy, and serving as an expert witness in child welfare-related cases. For thirteen years she was medical director of Forest Heights Lodge, a residential treatment facility in Evergreen, Colorado, USA, and continues to serve as a consultant and trainer for Forest Heights.

A trainer and consultant of international reputation, Dr Fahlberg has conducted workshops in over 40 states in the USA, as well as in Canada, England, Scotland, Ireland, Sweden, Greece, Israel and Australia.

She has also contributed to a variety of child welfare-related materials, films and videotapes. Her publications include the workbook series, *Fitting the Pieces Together* (BAAF 1988), which served as the adaptable basis for updating, revising, and expanding in order to create this book, *A Child's Journey through Placement*, and *Residential Treatment: A tapestry of many therapies* (Perspectives Press, 1990).

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Foreword

The shelf life of most books, including academic and professional texts, is generally quite short. Those in print and still selling well after 10 or 15 years are rare. Their longevity suggests they have tapped into some deeper level of human experience. They rise above fleeting fashion, remaining relevant and wise. Vera Fahlberg's *A Child's Journey Through Placement*, first published in 1991 and by BAAF in 1994, became an instant bestseller and is now a classic. However, well before the appearance of the book, Dr Fahlberg had built up a formidable reputation and "fan base". She was a frequent visitor to Europe, including the UK, where she taught, lectured and ran workshops on the experiences and needs of children in the care system. Vera Fahlberg's success was based on her ability to draw on extensive clinical experience as a paediatrician and psychotherapist working with children in need, to render her understandings in a conceptually clear way, and to present her insights with great fluency and compassion. It was little surprise therefore that Dr Fahlberg became a leading authority and guide on the placement of children, with *A Child's Journey Through Placement* becoming and remaining one of the most widely used and cited texts supporting best practice for professionals, foster carers and adopters.

Vera Fahlberg puts children and their needs centre stage in her thinking and practice. You sense throughout her work that she cares passionately about and really understands children. But she also reminds practitioners that there is 'nothing so practical as a good theory'. Her use of theories of attachment, separation, loss and grief help child and family placement workers think about the needs of children and their parents with purpose and rigour. She invites us to approach practice on a scientific footing and with a disciplined mind. By weaving together experience, wisdom, insight, order and example, and applying them to each stage of the child's journey through their placement, Fahlberg helps us to work with children with thought, great care and sensitivity, qualities easily lost in a world of targets, performance indicators and political pressures.

In *A Child's Journey Through Placement* you will find sound practical advice. The chapter on 'Minimising the trauma of moves' is an excellent guide on how to help children deal with the uncertainty and stress of transferring between placements. That on 'Case planning' splendidly illustrates the importance of making thorough assessments underpinned by clear, theoretically informed thinking. In his 1994 foreword, Gerry O'Hara predicted that the work would become a 'standard text book' in child

care. His forecast was spot on. However, the book has become more than a publication success. It has helped practitioners define the way they approach and think about their work. By influencing a generation of workers, it has improved the lot of countless numbers of children in the care system. And it speaks with as much power and eloquence to today's professionals and parents as it did a decade ago. Having stood the test of time, *A Child's Journey Through Placement* remains a key resource for all those working with children in need.

Dr David Howe
Professor of Child and Family Social Work
University of East Anglia, Norwich
2004

Note to the UK edition

A Child's Journey through Placement was originally published in the USA by Perspectives Press in 1991.

In preparing this UK edition, minor changes have been made to the text to ensure that it is more easily understood in the UK context. These have included changes in spelling and some descriptions of procedures and facilities. The core of the work, of course, remains unchanged.

It must also be pointed out that in several instances we have not "Anglicised" the text. This is particularly true of some of the case histories that do not have an equivalent in the UK simply because both social circumstances as well as legal restrictions do not permit there to be one, for example, cases of the adoption of Korean children in the USA. It is hoped that in such and other instances the reader will be able to extract what is valuable and adapt it to suit their own work settings.

Each chapter contains references to works cited by the author; most of these are US texts. Additionally, a Bibliography at the back of the book provides a list of relevant and useful titles, published both in the USA as well as the UK. Some of the chapters also contain resource lists; most of these detail resources available in the USA. These have been retained in the text as they can be purchased using an internationally recognised credit card; alternatively, some of these may be available from Bookstall Services, 86 Abbey Street, Derby DE3 3SQ. Tel: 0332 368039.

Finally, a glossary at the back lists some terms and explains how these have been used throughout the text.

Face red with anger, tears rolling down cheeks, mouth downturned, 20-month-old Alice lashes out, pulling a handful of hair from the head of her four-year-old brother, Peter. He sits quietly withdrawn, little emotion showing on his face, strapped in a seat belt next to Alice's car seat in the back of a car. Alice and Peter do not know where their parents are. They do not know the person transporting them. They do not know where they are going.

Unaware of the true significance of this trip, they are joining 360,000 other American children, each on his or her unique journey through the child care system.*

** This figure is taken from a survey by the American Enterprise Institute and the American Public Welfare Association, June 1990.*

Introduction

Although much is available in child care literature about families and casework process and procedures, there is little that has the child as the primary focus of attention. This book is an attempt to fill that gap. It is written especially for child care workers. However, I expect that parents (especially foster and adoptive), child care advocates, educators, and mental health professionals will also find information that will help them understand and become more effective in their relationships with children. This work includes much of the material previously published in the series *Fitting the Pieces Together*. Although the philosophy and style of the previous publications have been maintained in this volume, the information has been updated, revised, and substantially added to. Theoretical considerations are combined with the practical aspects of working with children in the child care system.

The goal of all social work intervention is to help child and parent grow and change in ways that facilitate both the development of self and of healthy interpersonal relationships. As professionals, we cannot accomplish this goal without extensive contact with all family members, always modelling and encouraging the development of attachments. When we model avoidance, lack of caring, and emotional distancing, that is the pattern that children and families will learn or maintain. If we model caring, concern and emotional nurturance, we increase the likelihood that positive changes will occur.

This book focuses on the child, his or her feelings, needs and behaviours, once the decision has been made that he/she needs to be placed in foster care. Although I am a strong advocate of family preservation services, neither this topic nor the initial child protection assessment are included here.

Throughout the book, there is much discussion about the relationships between children and their parents. The word parents is used to mean primary carers, who may be birth parents, foster carers, adoptive parents, or other relatives. Research reflects cultural biases, such as mother being the primary attachment object. This will be apparent, particularly in the early chapters of this book, as most child development research done to date is based on mother as primary carer. I am pleased to see a growing number of fathers sharing this role, believing that this bodes well for fathers, mothers and children.

Extensive experience in presenting this material to child care staff has taught me that it is easy for adults to feel overwhelmed by the content and immobilised with

guilt about past decisions. It is my hope, however, that readers will use this information to stretch their thinking, and consider new ways of working with the children they are currently responsible for, rather than focusing on the past. I realise that in many instances I am identifying what optimally needs to be done to meet the needs of the child while, simultaneously, causing the least amount of subsequent trauma. Sometimes it will be impossible to achieve the optimum. However, we will never achieve any goal unless we first identify what we are striving towards. Once a child has been removed from his or her birth family, it is the responsibility of the child care system to ensure that the child's needs are better met than they were when living with his or her family of origin. This contract on the child's behalf must always be taken seriously.

I intend to challenge the status quo of the child care system. It is important that each of us who have chosen to make a commitment to the children who have become part of this system continually question our own practices and beliefs about the importance of each child and his/her paramount need to be part of a larger unit, the family, if the child is to reach his or her fullest potential as a member of society. If "the system" makes it difficult for us to meet the child's needs, then we must change the system rather than asking the child to forego his/her basic requirements.

This is not a cookery book with recipes for ways to manage a case from intake to discharge. Instead, it is a compilation of the background knowledge and skills necessary for understanding, working with, and planning for children and their families. In one case, a social worker may want to start by using an assessment skill outlined in the middle of the book. In another situation it is the knowledge of the impact of separation or loss and ways to minimise its trauma that will take precedence. In a third situation someone working with a high risk family soon after the birth of a new baby is likely to focus on the information on developing attachments and so on. The subject covered in each of the chapters has literally had volumes written about it. My objective is to provide enough information to lead the reader towards making informed decisions, without competing with the experts in each of these subjects.

Several themes will be evident throughout the book. Resurfacing from chapter to chapter are the significance of interpersonal relationships, the necessity of building alliances with children and adults by enhancing communication skills, increasing the individual's knowledge of self, and the importance of developing a plan for continuity of relationships throughout a lifetime.

The book starts by looking in detail at the functions of close interpersonal connections and how attachments between children and their families develop. It then proceeds to a discussion of normal child development. All adults who come in contact with young people in the child care system need to know what is normal in relation to age and what is not. Separation and loss are the subject of the third chapter. Descriptions of the normal grief process and the factors that influence it are

described. Transitions, unfortunately, are the norm within the child care system. Social workers and carers alike need to be knowledgable about ways to minimise the trauma of moves when they must occur. These are the areas covered in Chapter 4.

Chapter 5 looks at assessment and case planning skills, without which successful resolution of any case is unlikely. Children in the care system have developed a variety of survival skills for coping with their personal vulnerabilities and the traumas of their lives. These coping mechanisms are frequently perceived by adults as problem behaviours. Chapter 6 is devoted to the treatment of common behavioural problems of the child in placement, addressing both immediate interventions and the underlying needs.

Although grown-ups are responsible for making the major life decisions on behalf of children, it is difficult to make the best determinations unless the child's perceptions of the situation are taken into consideration. In general, children use non-verbal communications more extensively than speech. Adults need to learn to listen to children's behaviours and to enhance their own skills in communicating with children. These topics will be addressed in Chapter 7. Because children in the care system have frequently experienced disruptions in continuity, within this chapter there is a section on the Life Story Book, a tool which encourages communication and clarifies for the child, and meaningful adults in his/her life, the child's history through time.

Upon a first reading, ideally, the reader will identify new techniques or ideas to use with a child or family with whom he or she is currently working. In addition, there is a hope that the book will stand as a reference to which the reader can return when faced with questions or problems.

There is no such thing as "a typical case" in the child care system. Each child and his or her family are unique. Therefore, numerous case examples, as well as exercises, have been interspersed throughout the text to help the reader start to apply the material to practice. However, in addition, in the next few pages you will learn more about Alice and her brother Peter, as well as several other children, with whom you will be reconnecting from chapter to chapter as each completes his or her journey through placement.

Alice and Peter

Alice's mother, Rose, was known to the Child Protective Services (CPS) prior to her daughter's birth. Her older son, Peter, had been in care on two previous occasions. The first occurred when Rose left him, at age 18 months, alone all night while she was out drinking and using cocaine. His second placement occurred after his stepfather broke Peter's arm shortly before Alice's birth.

At the time of her daughter's birth, Rose appeared to be drug and alcohol free. She stated that she had not been using 'since I found out I was pregnant'. Hospital notes indicate that Rose asked for rooming in, that she breast fed, and that she

seemed to enjoy holding, touching, and soothing Alice.

Alice's father was prosecuted for child abuse. While he was in prison, Rose divorced him. However, on several occasions during the first year of Alice's life, police were called to her home because of neighbours' complaints about drug dealing in front of the home and the sounds of physical fighting. Rose's caring was inconsistent. On occasion she demonstrated many positive interactions with Alice. At other times, according to the home-based worker, she seemed unresponsive.

When Alice was fifteen months old, therapeutic day care services were initiated for both her and her brother Peter. Frequently the children arrived at the day care setting dirty and unkempt. Sometimes Alice was aggressive. At other times both children were clingy with staff. When Alice was twenty months old, on two consecutive days Rose seemed to be under the influence of drugs when the day care transport returned the children home. Both children were placed in an emergency foster home. Peter's paternal aunt, who had frequently cared for him, came forward and asked that he be placed with her. Rose did not attend the initially arranged visits and a month later Alice was moved to a longer-term foster home, while Peter was moved to his aunt and uncle's home.

Martin

Martin is sixteen months old. His eighteen-year-old mother received no prenatal care. In the hospital following his birth, his mother, Sylvia, avoided touching him. She avoided face contact with him. Sylvia herself had a history of multiple foster care placements. The hospital notified the CPS of their concerns. A health visitor provided in-home monitoring throughout the first month of Martin's life.

The first of Martin's multiple moves occurred when he was one month old. Because of physical and emotional neglect and a lack of weight gain, he was placed in foster care at that time. Sylvia indicated a willingness to work with a parent aide, and the baby returned to his mother's home after two months. However, once again it was noted that mother-child contact seemed infrequent and uncomfortable. Martin was losing weight. At age four-and-a-half months he was again placed in foster care. After six weeks, he was moved from the emergency foster home placement to a longer-term foster home.

At age eleven months, with reservations on the part of the social worker, Martin was returned to his birth mother's care. On numerous occasions during the past five months Martin has been left with his mother's friends for a day or two. Sylvia and Martin have been living a transient life-style. During the five months, Sylvia has had at least two different live-in partners. Alcohol and drugs have been part of her life. Although Sylvia acknowledges that she is having difficulty managing Martin and feeling emotionally close to him, she is unwilling to make an adoption plan for her son.

Judy

Judy, a twelve-year-old of Korean heritage, joined her adoptive family in the USA as the youngest child in the family when she was four. She had been abandoned at a train station. She lived for a year in a Korean orphanage, where she was described as 'a helpful engaging child who loves everyone'. Judy made the trip to the United States with an escort. Her adoptive parents, the Hasletts, have three other children – two sons and a daughter – by birth.

Two years ago the Hasletts approached the local social services department asking that Judy be placed in foster care. They indicated that there had been problems from the time of her arrival in their home, but that they had thought things would gradually improve. Her parents indicated that Judy was a stubborn, manipulative child who had become the source of numerous family problems. She would take food from the cupboards, but would complain about whatever was served at the table. She stole from her brothers and sister, usually taking their prize possessions. Although she was somewhat affectionate with her father, an easy-going man, she actively avoided contact with her mother.

Peer problems were evident at school. Teachers had indicated that her academic achievement was average for her age. When she was in primary four, she had had some behaviour problems. Her teacher that year was not very structured and Judy was one to always push the limits. Other teachers had indicated that school behaviours were within the normal range.

Judy and her family were in therapy for two years prior to the Hasletts approaching the social services department. Home-based services were offered to the family. They reluctantly complied with this plan. The in-home therapist noted that everyone in the family seemed fixed in their interactions. When any one person changed slightly, the others reacted in a way that ensured that the change was short-lived. By the time this intervention was initiated, the family seemed to be intent on proving that Judy needed out-of-home placement, rather than on solving the problems.

Following her placement in foster care, Judy's parents refused to complete any treatment plan, and Judy demonstrated little if any interest in returning to live with them. Subsequently, the Hasletts made it clear that they did not want to retain parental responsibility for Judy. In the Caldwell foster home, Judy demonstrated a variety of behaviour problems, including not responding to reasonable requests, poor physical hygiene, and lying. However, the food problems were not evident here and she did not steal. About a year after she entered care the agency started making an adoption plan for Judy. Shortly after her eleventh birthday, preplacement visits were initiated with the McConnell family, who had one older son by birth and a seven-year-old Korean daughter who had joined the family when she was eighteen months old. Within six months of the adoptive placement it was clear to everyone involved that neither the McConnells nor Judy were

willing to make a long-term commitment to Judy becoming a permanent family member. Judy was placed in the Dougherty foster home. Her behaviour problems escalated. Judy repeatedly asked to return to the Caldwell family. Ms Silver, Judy's new social worker, facilitated this move as soon as there was an opening in the Caldwell home.

Denise, Dean and Lorraine

The three Gilbert children live in two separate foster homes. Denise lives with a single parent, Shelley Stanton, and the two younger children have lived in the Warner foster home for a year and a half. They recently became legally free for adoption. Their birth mother, Anna, has a history of drug and alcohol abuse, a transient lifestyle and multiple boyfriends. The three children have different birth fathers.

Denise was in foster care for fourteen months between the ages of eighteen months and three years because of neglect and suspected abuse. The abusive boyfriend left the home and Anna seemed to stabilise her life. Denise was returned to her care several months before Dean's birth.

A year-and-a-half ago staff at Dean's school contacted CPS when he was noted to be very aggressive and sexually acting out with classmates in kindergarten. Staff at Lorraine's day care centre indicated that she was very withdrawn and would not defend herself when peers picked on her. Denise's teachers commented that she was an excellent student who seemed very adult-like. On the rare occasions that she played with classmates she was quite bossy. CPS investigation led to the younger children describing physical and sexual abuse. All three children were placed in foster care.

Although they were initially placed together, within a few months Denise was moved to her current placement while her brother and sister remained with the Warner family. Denise demonstrated many parenting behaviours when living with her younger siblings. She was competitive with the foster mother and frequently told Dean and Lorraine, 'You don't have to mind them. They're not our real parents anyway.' Denise has consistently denied that there was any abuse in her original family. Anna, too, denied that there was any abuse. Anna was inconsistent about showing up for scheduled visits during the first six months that the children were in care and then totally disappeared from the scene. The younger children have developed a strong attachment to their foster family. The foster carers are older, experienced carers who are not interested in adopting any children, but who work well on facilitating moves to adoptive homes.

Denise's foster mother has been very ambivalent about making a long-term commitment to Denise. She and Denise, living alone, have a sister-like relationship as opposed to a more typical mother–daughter relationship. On the one hand, Shelley is concerned about this; on the other, it has worked well for

them. Denise wants to be placed with her younger brother and sister. When they have visited at Shelley's home, Shelley sees Denise become very bossy and demanding. She knows that she could not parent the three children together.

Thirteenth century historian Sallimbeni, of Parma, Italy, reports that Emperor Fredrik II of the Holy Roman Empire conducted an experiment to find out man's original language. He gathered a number of babies and employed wet nurses to physically care for the children, but they were strictly forbidden to talk, cuddle, or sing to the babies.

By not having any human contact, these children were supposed to develop as naturally as possible. The Emperor never found out about man's original language – the children died one after another without any apparent reason.

(As reported in Dagens Nyheter, *a Stockholm newspaper, 1990)*

Chapter 1 will look at those vital first connections which infants make with primary carers – the relationships which not only lead to language development but to the child becoming human in every sense of the word.

1 Attachment and bonding

Attachment between humans is a complex process. How attachments develop and function is not yet completely understood. However, it is essential that those who participate in making major decisions about the lives of children and families have a basic understanding of attachment theory. Attachment and separation are at the heart of child care work.

Attachment behaviours in humans, as in lower forms of animal life, serve the primary purpose of providing safety and protection for the young, the old, and others who are less capable of meeting their own needs in these areas. However, in humans they are no longer present for meeting only physical needs. In addition, these interpersonal connections provide for socialisation and stimulation of intellectual development. Throughout an individual's lifetime, attachments provide connections to others and help us develop a sense of self. Attachments help us define ourselves as humans, as sons or daughters, mothers or fathers, brothers or sisters, wives or husbands, or as friends. They aid us in our own quest for identity.

For most, the earliest attachments are to parents, who become sources of both safety and gratification. An understanding of how attachment normally develops between children and parents is critical to the child care worker's job. In this chapter we will look at the kinds of interactions that facilitate formation of these connections between parent and infant and then we will examine how these interactions gradually change as the child develops.

An understanding of how child and parent behave when there is normal attachment and bonding between them is the basis for an assessment of the strengths and weaknesses of family relationships. Social workers need to be able to facilitate the development of stronger intrafamily relationships. Sometimes this means helping to strengthen a weak or distorted parent–child attachment; sometimes it means helping a child connect emotionally to a new foster carer or adoptive parent. Both assessment and facilitation skills are critical in child care cases.

This chapter has five sections. The first defines attachments and looks at the importance of family in terms of the child's long-term development. The role of attachment in foster care is explored in this section as well. The second section describes the usual ways that attachments between parents and children are formed and this information serves as a basis for the practical material in the rest of the chapter. Section III then looks at ways to assess attachment and bonding; Section IV

identifies some of the effects of lack of normal attachment, and the final section focuses on strengthening weak attachments or promoting new attachments when a child beyond infancy joins a family.

I The importance of attachment

Attachment has been defined as 'an affectionate bond between two individuals that endures through space and time and serves to join them emotionally'.[1] When children have a strong attachment to a parent, it allows them to develop both trust for others and self-reliance. These earliest relationships influence both physical and intellectual development as well as forming the foundation for psychological development. The child's earliest attachments become the prototype for subsequent interpersonal relationships. Table 1 highlights the many positive long-term effects of a child's strong, healthy attachment to parents. Many children who enter foster care are in jeopardy of losing some or all of these strengths.

Table 1

The positive effects of attachment
A strong attachment can enable a child to:
– attain his/her full intellectual potential
– sort out what he/she perceives
– think logically
– develop social emotions
– develop a conscience
– trust others
– become self-reliant
– cope better with stress and frustration
– reduce feelings of jealousy
– overcome common fears and worries
– increase feelings of self-worth

A child who is well attached to one carer can more easily develop attachments to others. We see this in families as the infant extends attachments to other members of the nuclear family such as the other parent and siblings. The fact that a child's strong attachment to one person eases the development of attachments to others is a crucial one for foster care. It means that children can be helped to become attached to a foster carer, and then to extend that attachment to birth family members, adoptive parents, or others. Rutter points out that if "mothering" is of high quality and provided by figures who remain the same during the child's early life, then at least up to four, or five multiple parenting figures need have no adverse effects.[2] However, young children, unlike adults, are unable to maintain strong attachments to a number of

different individuals who have little connection to each other or who might be hostile to each other.[3] Although attachments can be extended to include others and can even, with the co-operation of previous parenting figures, be transferred to new carers, interruptions in parenting caused by separation and loss universally carry a measure of harm.

Parents are responsible for creating the environment that helps children achieve their maximum potential in terms of physical, intellectual, and psychological development. The child's job is to make use of the environment. Neither can accomplish the other's work; it is only in the context of the parent–child relationship that the child is able to move successfully through the stages of child development.

Studies of children raised in institutions have shown that adequate physical care is not enough to lead to the development of a physically and psychologically healthy child with optimum intellectual functioning. For normal development to occur, the child needs a primary attachment object. This person, who responds to the child's needs and who initiates positive activities with the child, seems to be indispensable for normal development. The process of engaging in lively social interactions with a child and responding readily to his or her signals and approaches is called "mothering". It does not so much matter who this individual is as long as there is someone who meets these needs.

Bowlby has noted that the securely attached child with positive expectations of self and others is more likely to approach the world with confidence. When faced with potentially alarming situations, the child is likely to tackle them effectively or to seek help in doing so. In contrast, those infants whose emotional needs have not been consistently met respond to the world either by shrinking from it or doing battle with it.[4] Children securely attached as infants are more resilient, independent, compliant, empathic, and socially competent than others. They have greater self-esteem and express more positive affect and less negative affect than do children who were anxiously attached as infants.[5]

Families as facilitators of attachment

The majority of infants are able to form attachments with any carer. This person may be a birth parent, a foster carer or adoptive parent, or even a sibling. Neither blood ties to the child nor the sex of the primary carer seem to be as important as the connections this person develops with the child. A key factor seems to be the carer's sensitivity to the baby's signals. However, when the carer initiates a variety of interactions, as opposed to only providing routine care, the attachments becomes stronger. Mothers and fathers usually respond to infants differently. In general, fathers are more physical and stimulating while mothers are more verbal and soothing. Yogman believes that the mother's and father's roles do not have to be interchangeable or identical; there are advantages to having them be reciprocal.[6]

In most societies the infant and his/her primary carer are members of a larger unit, the family. The family's sense of entitlement and empowerment in raising the child is usually supported by society as a whole, although either internal or external factors may inhibit the sense of entitlement. For example, American and British cultures, amongst others, have traditionally identified birth parents as more entitled to the child than anyone else, even if they are not themselves providing for the child. Two important aspects of adoption are the legal empowerment of the adoptive family and their developing sense of entitlement to parent their adopted child.[7]

The family provides the environment in which attachments with the child can grow. Table 2 highlights the functions of the family in relation to children. Obviously, at different times in an individual's life, the relative importance of these tasks varies.

Table 2

What families provide
– a primary carer for the child
– care by specific adults to whom the child can become attached
– continuous contact with these adults on a day-to-day basis
– gradually changing relationships with a small number of individuals over a lifetime
– safety and security
– stimulation and encouragement for growth
– reasonable expectations
– experience in identifying and expressing emotions
– support in times of stress
– others with whom to share successes

Although a primary carer seems to be critical for normal development during early life, it is the continuous but constantly changing contact with a small number of individuals that is an especially important aspect of identity formation. Long-term relationships indicate that growth and change are possible. Relationships are not static. Normal parent–child interactions gradually change throughout their lifetime together. Even the relationship between parent and infant is different from that between adult carer and toddler.

As the child heads off to school when about five years old, the parent must be able to encourage the child to be less dependent and less exclusive in his or her relationships. When the young person becomes a teenager, and again when the adolescent leaves home, relationships change in fairly dramatic ways. In most families we do not think of contact between parent and young adult offspring ceasing when the latter leaves home. Family relationships continue to change when the young adults become parents of the next generation. Many people, upon reaching middle age, find themselves meeting more and more of their parents' dependency needs.

Indeed, eventually the adult "children" may become the carers for their own elderly parents, thus completing the cycle.

These long-term relationships identify the strongest attachments. The continually changing nature of such lifetime bonds helps individuals achieve a strong sense of identity, self-worth, and responsibility. People who lack long-term attachments may have more difficulty sorting out what to attribute to their own actions and what to ascribe to changes in the environment.

Providing physical and psychological safety and security is a basic parental task for carers of the young child. The importance of this gradually diminishes as the young person becomes more capable and self-reliant. As we will see in this chapter, stimulation and encouragement for change and growth are major determinants in children achieving their intellectual potential. The freedom to explore and try new things must constantly be balanced by the family having reasonable expectations for the child and placing limits which will protect the child from serious harm while helping with the learning of social skills.

Although few parents would think of including helping the child identify and express emotions as a family responsibility, it is primarily within the family unit that the child learns these skills. In general, schools focus on what the child is not to do. Parents, especially through modelling, teach the child whether or not certain feelings are acceptable in this family, and how they may be expressed. Finally, family members are the ones with whom most individuals want to share their successes. Likewise, most turn to relatives for support in times of stress.

Attachment in foster care

When moving to a new placement, children coming into care are faced with forming new attachments to their carers. The nature of these attachments will vary according to the purpose of the placement, the needs of the child, and the capacity of the carers.[8] Given the potential long-term effects that lack of attachment can have on a child, it is crucial that the foster care system responds in ways that help the child develop attachments with their primary carers whoever they may be. Regardless of whether the plan for a child in interim care is rehabilitation – as it usually is at the outset – or a move into an adoptive home – as it sometimes becomes – the development of an attachment to foster carers should be encouraged. Children need ongoing relationships to continue their growth and change.

Traditionally, children in foster care have been provided with day-to-day care by a primary carer within a family context. However, there are other aspects of family care that foster children have been denied. Many children in foster care have moved from one family to another, never having experienced the continuity in relationships which seems to enhance self-esteem and identity formation.

Many children in care have never learned psychologically healthy ways to connect with others. Their past relationships may not have supported growth and

development. Unfortunately, few children in foster care receive adequate help in resolving the grief they experience when separated from their birth families. These unresolved separations interfere with their formation of new attachments. A small number, probably only three to five per cent of the children who are identified as having some form of attachment or separation problem, are truly unattached children – those who have never had the experience of being emotionally connected to an adult carer.* These are the children Selma Frieberg was describing when she said, 'If we take the evidence seriously we must look upon a baby deprived of human partners as a baby in deadly peril. This is a baby who is being robbed of his humanity.'[9] Although the prognosis for these children must be guarded once they are beyond the preschool years, luckily most of the children in foster care who have attachment problems or unresolved separation issues have a much better prognosis with adequate diagnosis and treatment. In the past, attachment between child and foster carer has often been discouraged. Ostensibly this was done to decrease the pain of subsequent separation and to diminish loyalty conflicts between the birth and foster families. Although interrupted relationships are traumatic – and should be avoided whenever it is possible to meet the child's needs without a move – the long-term effects of a child being without attachments for significant periods of his or her life are even more detrimental. Once a child has experienced a healthy attachment it is more likely that, with help, he or she can either extend this attachment to someone else or form additional attachments if necessary.

The role of the foster carer has two components. The first is to help the child develop healthy attachments, so that continued growth and development are facilitated. The second is to aid in extending the attachments and behavioural gains achieved while in interim care to subsequent carers who may be birth parents, adopters, or new foster carers.

Foster carers who have the ability to form normal bonds must be selected. They will need to learn how to encourage connections with children who suffer from attachment or separation problems. Social workers must develop their abilities to assess attachment in children, to identify attachment problems, to help families develop and transfer attachments, and to facilitate the grieving process when a child moves.

Foster carers are responsible for creating an environment that allows the child to form healthy adult–child relationships. Children in care frequently need to develop both an increased trust for others and stronger self-reliance. With substitute parents, children may learn alternative ways of interacting with others and of expressing emotions. If this is to happen, however, the children must develop attachments to their foster carers.

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*This figure is based on my own personal experiences with hundreds of children in the child welfare system in the USA and confirmed by personal communications with Kay Donley and Claudia Jewett-Jarratt.

Frequently children in foster care will need help with learning how to express their emotions in ways that will not get them into more trouble. Children living with abusive parents may have learned to associate the expression of feelings, thoughts, or desires with being physically hurt. Yet, the children entering foster care have many reasons to have strong feelings. Usually they have lived with birth parents who have not been very successful in discharging their own emotions in non-harmful ways. When frustrated or angry, abusive and neglectful parents commonly become hurtful to their children. Physical violence may be the norm in some of these families. Others totally withdraw, sometimes by using alcohol or drugs, when under stress. In either case, their children have not been exposed to good modelling for coping with anger or frustration.

Usually families are able to provide growing children with remembrances of their past which keep memories alive. This helps the child develop a sense of self. In foster care the importance of the child's recollections is often diminished. For children in care, memories are frequently fragmented rather than whole. Their current parenting figures will not only have not shared the child's past, but frequently have no avenues open for helping the child find out about and clarify knowledge of past events.

The child care system encourages an artificial termination of the foster carer–child relationship. Traditionally, foster carers have been discouraged from maintaining contact with foster children once they have left the home. It is precisely those young people whose basic needs were not uniformly met when they were very young who may most need the emotional support of a family to develop successfully from adolescence to adulthood.

The children who grow up in foster care may not, as adults, have support systems. To whom will they turn in times of stress? Commonly, even as adults they turn to the system. With whom will they share their successes? This poses an even bigger problem. It is a rare person who is strong enough to strive consistently for success when there is no one else to notice or care. The child's need for a permanent family to whom he or she can relate throughout their lifetime is a basic one.

II The development of attachment and bonding between child and parent

Parent–child relationships are usually reciprocal. Adults certainly influence the child, yet even infants have an impact on their carers. Winnicott in the 1950s noted that there is no such thing as a "baby".[10] There is only a "mother and child couple". Forming relationships, even in the earliest days of life, is cyclical – adult and infant each influencing the actions of the other. However, there are circumstances where reciprocity is not present in a particular parent–child dyad. Either parent or child may be unresponsive to the other. One member of the pair may feel connected to the other without the reverse being true. Therefore, for clarity of communication, in this book