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Who Cares?
The Role of Attachment Assessments in Decision-making for Children in Care

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A thesis submitted for the degree of Doctor of Philosophy at the University of Otago, Dunedin, New Zealand

November 2008
Abstract

In this practice-based research the use of attachment assessments to assist with decision-making about the placement of children in State care is explored. In Aotearoa New Zealand care and protection legislation emphasises the importance of working with families. The central decision-making forum is the Family Group Conference where families, their support people and statutory social workers come together to work out a plan for children considered to be in need of care and protection. This research focused on conflicted situations where agreement could not be reached about where children should live.

The research was structured around one over-arching objective: the examination of a specific aspect of practice, namely the use of attachment assessments in decision-making, with a view to identifying elements of best practice. Within this were three other objectives: an exploration of the impact of attachment assessments on decision-making processes; an exploration of the experience of participants in this process; and an examination of perceived outcomes for children who have an assessment completed. In order to achieve these objectives the historical and cultural context influencing these decision-making processes was explored; the theoretical framework underpinning the use of attachment assessments was critically examined; recent literature on children’s experience in foster care was reviewed; the role of assessment in decision-making was explored; and the use of attachment assessments was evaluated from the perspective of social work practitioners.

The outcomes of this research indicate that attachment assessments are theoretically sound processes, which provide relevant information that facilitates decision-making in conflicted situations and the achievement of positive outcomes for children. It was, however, found that attachment assessments have an indirect influence by providing a pivotal point in the decision-making process rather than a direct impact. A number of variables influencing outcomes for children were identified and explored: availability of suitable placements; management of contact with birth family; provision of support networks including attention to ongoing cultural connectedness; and support through adolescence. Children’s absence from participation in decision-making was highlighted. I conclude with an outline of guidelines for best practice.
Acknowledgements

First and foremost, this thesis is dedicated to the children I have worked with. Without their willingness to participate in assessment and therapeutic processes this work would not have been possible and I would not have had the opportunity to see theory coming to life in the way they lived their lives. I am humbled by their courage, their willingness to forgive those who have hurt them, and their ability to remain hopeful in the most difficult circumstances.

Second, I owe a huge debt of gratitude to my significant attachment figures. My parents, who not only provided me with a secure base in childhood but have continued to do so, always being there when new challenges came along. My partner, Lesley, because without her sustained support this thesis may never have seen the light of day. Not only did she provide the emotional support so necessary in moments of doubt, she also provided intellectual stimulation, a sounding board as I developed my ideas, and a multitude of practical skills.

Third, my thanks go the participants in this research. You made time in your busy working lives to engage in reflection on an aspect of social work practice and willingly shared your thoughts and experience.

Fourth, my thanks go to my supervisors, Emeritus Professor Anne Smith and Associate Professor Anne Bray. You ‘hung in there’ even though you were each facing your own challenges and in the final stages we were in different cities. I acknowledge with sadness Anne Bray’s passing before she got to see the final version.

Last, but not least, I wish to acknowledge my colleagues at the Office of the Children’s Commissioner. Your support and good humour helped keep me sane during the final two and a half years of this project.
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Glossary of Abbreviations

CoC Act, 2004  Care of Children Act, 2004

CYF  Child Youth and Family


DSW  Department of Social Welfare

FGC  Family Group Conference

MSD  Ministry of Social Development

RAC  Research Access Committee

UNCROC  United Nations Convention on the Rights of the Child
Chapter One

Introduction

This thesis presents the results of an exploration of one aspect of contemporary social work practice – the use of attachment assessments in conflicted care and protection situations. Three themes dominated my choice of project. Firstly, as an experienced practitioner I am committed to practice based research. Social work and psychotherapy are frequently criticised for their failure to evaluate the effectiveness of their interventions (Cheetham, 1992; Gorey, Thyer & Pawlock, 1998; Munro, 1998; Payne, 1997) and I did not want to continue this tradition. Secondly, I have an abiding interest in the social construction of childhood and the absence of children’s voices not only from research in these fields but also from many of the processes that shape their lives. Thirdly, my interest in attachment theory, particularly its relevance to children in care, guided my choice of theoretical perspective.

I am female, aged 50 when I started this project and have worked and studied in the social services field from the time I left secondary school at the end of 1970. I have a Bachelor of Social Science, a Masters in Social Work and have completed a three year post-graduate Diploma in Child Psychotherapy. On completion of my social work qualification I commenced work with Child Youth and Family¹ (CYF), the service responsible for administering Aotearoa New Zealand’s care and protection legislation. I worked for them for 17.5 years in a variety of roles including frontline social work, supervision and training. I also completed my post-graduate qualification during this time and on completion of that training was employed by CYF as a child psychotherapist in a specialist services team. In that role children were referred to me for assessment and therapeutic intervention and I was available for case consultation with social workers and their supervisors. Prior to commencing this research I had completed 18 attachment assessments involving 26 children over a period of nearly 15 years. My role changed during this time when I moved into an academic position. In that position I retained a small practice component, accepting referrals for attachment assessments from CYF and the Family Court. Most of the assessments were completed after I moved into an academic position. During the time that it has taken to

¹ The service responsible for care and protection and youth justice legislation in Aotearoa New Zealand has undergone restructuring several times since the passing of the 1989 CYP & F Act and with each restructuring there has been a name change. A further change has taken place during the writing of this thesis and the service is no longer a stand-alone government department having been brought under the umbrella of the Ministry of Social Development. In the interests of simplicity I have referred to the service as Child Youth and Family apart from Chapter Two where I also refer to the Department of Social Welfare, the name by which the service was known prior to the restructurings.
complete this research I have left my academic post to take up a position in the Office of the Children’s Commissioner. In that role my responsibilities include monitoring CYF practice.

I became involved in attachment assessments shortly after joining the specialist services team. The early referrals were triggered by parental requests to have children returned to them after significant periods in care. The 1989 Children Young Persons and their Families Act (CYP & F Act) placed much stronger emphasis on children’s right to be with family than previous legislation. Many social workers interpreted this as meaning that care was only ever a temporary option and that, whenever possible, children should be returned to family. Unfortunately this failed to take account of children’s realities. For some of these children their foster family was the only family they had known and they no longer had close connections with kin (Atwool, 1999). I began undertaking attachment-focused assessments in order to clarify issues about the children’s sense of belonging and the nature of their attachments. Over time this practice evolved and attachment assessments were requested in a wider range of situations.

The CYP & F Act stipulates that families are part of decision-making when concerns exist about the care and protection of children. The central decision-making forum is the Family Group Conference (FGC) and cases cannot proceed to the Family Court unless a conference has been held. The Act states that it is preferable for children to remain with family and where this is not possible, placement within the extended family (kin placement) is the preferred option. Although the principles of the CYP & F Act (refer Appendix A) provide guidelines, tension can arise between the best interests of the child, the child’s right to be with family and the principle of minimum intervention in families. Even when there is agreement that the child is in need of care and protection and can no longer live with birth family, disagreement may arise about where the child should live. Conflict about a child’s placement may also emerge at later points. Once a child has been placed in the custody and/or guardianship of the Chief Executive, social workers are required to prepare plans (six monthly for children under seven and annually for children over seven) and gain agreement from relevant parties at planning meetings. The Family Court reviews these plans and disagreement may result in further FGCs. Throughout this thesis I use the term ‘conflicted’ or ‘disputed’ decision-making processes to refer to situations in which decisions are needed about children’s placement and agreement between family, caregivers and CYF has not been forthcoming.
I found that conflicted decision-making was often dominated by the need to appease warring adults and in the process children became invisible, even though they were the focus for concern. I came to believe that attachment theory could provide a framework to ensure that decision-making is focused on the child's long-term well being (Atwool, 1999; 2005) and developed an assessment process which allowed information to be gathered and fed into decision-making forums. Given the challenges that these children faced I was also interested in the concept of resilience and ways in which this could be enhanced for children in care. My research in this area led me to conclude that attachment processes are central to resilience (Atwool, 1998; 2006) and I incorporated this view in my attachment assessment framework. I found that I had developed a practice tool that had considerable impact on decision-making (Hindle, 2001) and became interested in evaluating the theoretical foundation on which it was based and its impact.

I decided that the three themes identified above could be combined in an evaluation of the impact of attachment assessments on decision-making processes in conflicted situations. Such an evaluation would be practice-based and it would provide an opportunity to explore the extent to which this practice tool allows children’s voices to be heard in these decision-making processes. Although the legislation allows for children’s participation this is very rare in care and protection matters and part of my motivation in completing assessments was to ensure that children’s views were presented together with information about their needs. Children’s limited role in decision-making processes has begun to receive attention (Butler & Williamson, 1994; Holland, 2001; Smith, Gollop, Taylor & Atwool, 1999) and this research was intended to make a contribution through its evaluation of an intervention designed to facilitate the child’s voice being heard.

At the same time the research provided an opportunity to undertake a critical examination of attachment and resilience theory and the relevance of these perspectives to children in care. Despite the existence of a considerable body of research on attachment, relatively little is focused on applying attachment theory to practice situations, especially with older children. My research includes a critical interrogation of attachment theory, including its cross-cultural application. This research also evaluates the proposition that the opportunity to form and maintain secure attachment increases the resilience of children in need of care and protection. Although research has identified protective factors (Jack, 2000), the development of models of intervention based on this understanding is in the early stages. My research examines the
proposition that decision-making in care and protection matters should be based on the concept of fostering children’s resilience through the formation of secure attachment.

My research was designed with the following questions in mind:

• How do attachment assessments shape practice when agreement cannot be reached about where a child is to live?
• Can the theoretical assumptions underpinning an assessment process based on attachment theory be justified?
• What is the impact of attachment-focused assessments on decision-making processes?
• What are the long-term outcomes of those processes?

By seeking answers to these questions I planned to develop practice guidelines for decision-making in disputed situations. A multi-method study was designed, ethical approval was received (refer Appendix C), and CYF’s Research Access Committee (RAC) agreed that I could proceed (refer Appendix D). Challenges encountered led to a revised methodology but the multi-method approach was retained.

Thesis Structure

The thesis is divided into four major sections. In the first section (Chapters Two to Five) I explore the historical background to foster care, current themes from recent research, children’s perspectives, and the role of assessment in decision-making. The methodology is described in the second section (Chapters Six and Seven) before moving into the exploration of the use of attachment assessments in conflicted decision-making about where children should live. This includes a critical interrogation of the theoretical foundation on which my attachment assessment framework is based (Chapters Eight and Nine) and an exploration of social work practitioner narratives about the use of attachment assessments and the perceived impact of these assessments on outcomes for children in care (Chapters Ten and Eleven). The thesis concludes with a discussion and an outline of practice guidelines (Chapters Twelve and Thirteen).

In Chapter Two I outline the development of foster care in Aotearoa New Zealand, identifying significant trends that have influenced decision-making. Particular attention is paid to cultural issues and the unique challenges they present in the Aotearoa New Zealand context. This discussion concludes with an outline of the dominant discourses shaping debates about foster care and an outline of the current practice context.
Chapter Three provides an overview of research on foster care focusing on current debates, which influence decision-making processes. This chapter begins with an outline of the permanency debate, one of the most significant discourses shaping decision-making practice in relation to children in care. Recent research is then summarised to identify key issues, including placement stability, care options including kin care, and contact with birth family.

In Chapter Four the focus is on children's perspectives. The chapter begins with a discussion of the ways in which childhood is socially constructed and the implications for children in care. The second section explores children's views about their care experiences. Chapters Three and Four highlight issues that may become sites for conflict and set the scene for the discussion of the role of assessment in decision-making.

Chapter Five begins with a discussion of social work research on decision-making identifying the challenges facing social work practitioners. Sources of conflict inherent in decision-making processes are explored before moving into discussion of the role of assessment in decision-making. The chapter concludes with a description of my attachment assessment framework. In order to contextualise this, different forms of attachment assessment are discussed. A full exploration of debates about the use of attachment theory in social work practice is included in Chapter Eight.

In Chapter Six I outline my research methodology. This was written with the original research plan in mind and includes a discussion of children's involvement in research. When I was unable to directly involve children I considered removing this but have not done so because hegemonic discourses silence children's voices and place barriers in the way of their participation, not only in research but also in other aspects of their lives. The theoretical framework underpinning my use of attachment assessments was designed to make children visible in decision-making processes and an exploration of issues related to their participation in research is relevant to the exploration of this aspect of their use. I have outlined the original research method to show how it might have been possible to militate against the play of these hegemonic discourses and to highlight the gate keeping practices that maintain them. The revised methodology is described in Chapter Seven.

Chapters Eight and Nine discuss the theoretical foundations informing my use of attachment assessments. In Chapter Eight I provide a critical interrogation of attachment theory including an exploration of key concepts, discussion of continuing debates, analysis of
critiques, and examination of cross-cultural relevance. This chapter concludes with a discussion of the link between theory and practice and a summary of the relevance of attachment theory for children in care. In Chapter Nine I describe the development of resilience theory demonstrating a conceptual overlap between attachment theory and resilience. Cross-cultural application is discussed with specific reference to the Aotearoa New Zealand context. This chapter concludes with a discussion of the link between theory and practice with particular emphasis on the relevance of attachment and resilience theory to social work practice with children in care.

In Chapter Ten I present the findings from the questionnaires and explore social work practitioner narratives about the use of attachment assessments and their impact on decision-making. In Chapter Eleven practitioner narratives about the impact of attachment assessments on perceived outcomes for children are discussed. Although I have not been able to provide a polyvocal analysis involving all of the participants in attachment assessments, the interviews with social work practitioners illustrate the impact of attachment assessments on decision-making processes and provide some insight into the impact on the participants. The discussion of the impact on outcomes for children raises a number of issues about their experiences in care and the potential for attachment assessments to contribute to stability.

In Chapter Twelve I “stitch together” (Rubin & Rubin, 2005, p. 201) the three themes of practice evaluation, children’s perspectives and exploration of the theoretical foundation. Themes from the social work practitioner narratives are integrated with the preceding discussion of dominant discourses shaping decision-making practice in relation to children in care. The use of attachment assessments is evaluated in the light of the theoretical foundations on which they are based and the findings from the research and social work practitioner observations. In Chapter Thirteen I develop practice guidelines in relation to the use of attachment assessments in decision-making and make recommendations for future research.

**Terminology**

A diverse range of language is now used to describe children not living with their families of origin. For the sake of clarity I have chosen to use consistent terminology. When discussing children’s family of origin I refer to these as birth families and their parents as birth parents. The term foster parent and foster home/placement will be used to denote those situations where the child has no kin relationship with the family providing care. Kin-carer and kin placement will be used to describe those situations where a child is placed with
whānau (refer Chapter Two for an explanation of this term) or extended family. The term caregiver is now widely used (for example, in Aotearoa New Zealand, social workers with responsibility for supporting foster parents are entitled caregiver liaison social workers) but there is potential for confusion because this term is used in the attachment literature to describe a wide range of people including birth parents. There is further discussion of the use of language in relation to attachment relationships at the beginning of Chapter Eight. Children will be referred to as children in care or foster children. Children’s contact with birth family while in care has traditionally been referred to as ‘access’. The 2004 Care of Children Act (CoC Act) introduced the term ‘contact’ to cover children’s visiting arrangements with non-resident parents and recent international literature also employs this term. For these reasons I have used contact throughout. When discussing research findings, the language of the researcher may result in some variation but I have attempted to ensure clarity and consistency throughout.

I turn now to a discussion of the historical overview of decision-making practices in relation to children in care in Aotearoa New Zealand.
Chapter Two
Children in Care in Aotearoa New Zealand – An Historical Overview of Decision-making Practices

This chapter provides an historical overview of responses to children deemed to be in need of care. The account begins with an outline of the indigenous practices prior to colonisation before progressing to a description of postcolonial developments and the movement toward implementation of statutory care and protection services in Aotearoa New Zealand. The focus is on decision-making about where children should live when they are not able to live with their family of origin and the attitudes that are likely to have influenced this. Prevalent themes and dominant discourses shaping practice are summarised and the chapter concludes with a description of the current situation.

Historical Overview

This overview begins with an outline of the situation prior to colonisation (which began from the early 1800s and proceeded at a rapid pace from 1840) and then traces development post-colonisation. The period from 1970 is described in more detail, because this was a period of significant change and the major debates of this period continue to influence and shape practice.

Pre-colonisation

Prior to colonisation in Aotearoa New Zealand children were cared for in the context of whānau (family), hapū (extended family) and iwi (tribe). The care of children was shared within extended family structures (Hiroa, 1970; Mead, 2003). Children were not considered the property of their parents but belonged to the whānau, which was in turn an integral part of the tribal system bound by reciprocal obligations. Rokx (1998) describes how children, through whakapapa (genealogy) were regarded as the physical embodiment of tuupuna (ancestors), thus giving them a preferential position and ensuring their safety and nurture within whānau and hapū structures. Within the traditional cultural system whakapapa provides the foundation for identity and self-esteem (Bradley, 1994; Mead, 2003; Metge & Ruru, 2007; Pitama, 1997).
The whāngai system allowed children to be raised by adults other than their biological parents and these were open arrangements for the purpose of strengthening kinship ties and structures (Bradley, 1995; Metge & Ruru, 2007; Ministerial Advisory Committee, 1988). Pitama (1997) describes the whāngai system as having its own set rules and criteria, a central element of which was that it occurred within the kinship group and that whakapapa connections were maintained. Whāngai status allowed children to maintain contact and connections with the birth family and the whāngai family. She indicates that abuse of a child was one of the reasons that such a placement may be made, but not the only reason. The taking on of a whāngai was a public affair and it is clear that the decision-making process would have involved whānau and hapū with consideration for both the child and the maintenance of kinship structures (Bradley, 1997; Metge & Ruru, 2007). To be whāngai was considered special and it was a powerful system aimed at protecting the child and hapū rights and privileges (Pitama, 1997). Bradley (1997, p. 38) quotes Karetu (1990) "[T]o be whāngai is to be indulged! Who would want to give up that treatment?"

The Treaty of Waitangi, signed in 1840, is the founding document that enabled colonisation to proceed. The Treaty included a commitment to work in partnership with tangata whenua (the indigenous population) and to protect their taonga (treasures). Despite these commitments although traditional practices continued they were not incorporated into legal provisions for the care and protection of children introduced by the Pākehā (New Zealand European) government. The failure to incorporate the whāngai system in legislation post-colonisation was to become a source of considerable resentment and grief for Māori (Bradley, 1995; Metge & Ruru, 2007; Ministerial Advisory Committee, 1988; Walker, 1997).

**The Early Colonial Period: Concern for the Neglected and Criminal Child**

Very different social structures were introduced during the early colonial period and legislation pertaining to the care of children was initiated in Otago\(^2\) with the 1867 Neglected and Criminal Children Act (McDonald, 1978). Prevailing attitudes were clearly signalled in the title of the Act with the bracketing of neglected and criminal children. The solution to this problem was to ensure that neglected children received appropriate training so that they would not become criminals. Industrial Schools were designed to serve this purpose and followed the British and American pattern of providing care through institutionalisation (Worrall, 1996). In 1882 a national piece of legislation, the Industrial Schools Act, replaced the earlier provincial legislation. Administered by the Education Department it allowed for

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\(^2\) In the early colonial period there was provision for provincial governance.
children to be placed with families, a practice known as “boarding out” (Dalley, 1998). Worrall (1996) notes that, despite claims in official reports that the system was working well, other observers noted that conditions in many foster homes were appalling. Indications that all was not well can be seen in the introduction of the Infant Life Protection Act in 1893. This arose from concerns about baby farming and infant deaths associated with the practice of providing private care for very young children. Provision was made for all homes providing care for infants less than two years, to be registered with the Police, who could inspect at any time (Dalley, 1998). These powers were extended in 1896 to include infants under four.

McDonald (1978) characterises the period from 1840 to 1899 as dominated by the view that children are chattels. He notes that there was little distinction between children and adults with many children entering employment at young ages. There was considerable resistance to legislative infringement of “the rights of masters” including both employers and parents (McDonald, 1978, p. 46). Such a view is consistent with primary responsibility for care being placed on parents and provision of state-funded services only in the direst circumstances of destitution or desertion. Parents who failed to fulfil their responsibilities were judged harshly, and there would have been no doubt in the minds of those making decisions about children’s care that they were qualified to do so and that they knew what was in children’s best interests.

Bradley (1995a) describes the way in which whānau structure changed following colonisation. He describes the period from 1860 as characterised by Whānau Tū Mokemoke with more emphasis on the two-generation family, which heralded the beginning of a shift toward the more narrowly defined nuclear family of the colonisers.

**The Early 1900s: Moving in the Direction of Child Welfare**

Dalley (1998) describes the period from 1902 to 1925 as being concerned with humanity and national efficiency. The emphasis shifted from policing to welfare with the introduction of the 1907 Infant Life Protection Act, which extended the coverage of previous legislation, giving the Education Department responsibility for licensing homes providing care for children less than six years of age. There was an increased emphasis on educating foster mothers in the scientific care and feeding of infants. Although there were criticisms of the way in which the Department carried out this role, especially by the Plunket Society (also established in 1907), the practice of supporting home based care was defended as being
better for young children than institutionalised care (Dalley, 1998). By the end of 1916 there were 4000 children in the care of the state, dispersed among foster homes, institutions, homes licensed under the Infant Life Protection Act, and on probation.³

The First World War heralded a raft of changes in health and welfare policy throughout the Western world and in particular an increased concern to safeguard maternal, infant and child well being (Dalley, 1998). These trends are reflected in the 1925 Child Welfare Act, which provided for Child Welfare Officers and cemented the preference for non-institutional care. Child Welfare Officers had a wide range of duties and the focus on children was expanded to encompass involvement with families. Dalley (1998) describes a shift from child welfare to social welfare. Although numbers of paid employees were small, unsalaried honorary child welfare officers supplemented them. Child Welfare Officers were given responsibility for investigation and “treatment” despite the fact that there was no training and Walker (1990, p. 52) notes that some have admitted to “floundering and a strong sense of inadequacy”. The concern with heredity gave way to a focus on family conditions, reflecting the growing influence of psychology. Prior to this time criminal behaviour was regarded as inherited with training needed to counteract these tendencies. With the growth of psychology more attention was placed on the learned aspect of behaviour and the role of the environment in this.

This era marks the extension of the powers of the State into the lives of families. For the first time an official position was created and the emphasis on investigation and treatment heralds the introduction of decision-making informed by expert knowledge. Although Child Welfare Officers may have been poorly prepared for their new responsibilities, it is likely that they viewed themselves as more knowledgeable than the families about whom they were making decisions.

1925–1945: The Expansion of Child Welfare

Dalley (1998) refers to the period from 1925–1948 as a time of social readjustment, while McDonald (1978) characterises the period from 1900–1945 as a time when children became recognised as social capital. Dalley emphasises social changes and the impact of these on families while McDonald identifies changes in the perception of childhood. It is likely that both of these trends impacted on attitudes to parents who were struggling to provide

³ In this era all offenders were dealt with via the Justice system irrespective of age and probation involved oversight including stipulation of where the young person could live.
appropriate care for their children. There appears to have been a concern with children's welfare and a sense that investment in children was an investment in the future of the nation. The earlier emphasis on discipline and training through hard work gave way to an emphasis on education as preparation for adulthood (McDonald, 1978). With the increasing reliance on "scientific" knowledge the expertise of Child Welfare Officers was consolidated and it is unlikely that there was any doubt that intervention was in the best interests of the child. A great deal of faith appears to have been placed in the benefits of a "good family" with little regard for the impact of separation from biological families. Evidence of this is seen in the lengthy duration of placement, perhaps reflecting an assumption that this was a permanent resolution of the problem (McKay, 1981).

It was during this era that intervention extended to Māori families in rural areas. Although Dalley (1998) suggests that there was a preference for placing Māori children with Māori families, Worrall (1996, p. 16) notes that there was much correspondence in the press relating to the separation of Māori and Pākehā children from families. She cites an Auckland Star report of 30 October 1930, which asks:

Why do the public and the Government of New Zealand allow the Child Welfare officials so much power and scope? Why are they allowed to practically ignore the appeals of many parents for the return of the children, who are forcibly kept away for such long periods?

These concerns indicate that the removal of children from families was questioned from an early stage, thus indicating that claims to expert knowledge were not necessarily accepted as valid.


Accurate data are not available until after the Second World War, but by 1945 4,258 children were in care and of these 46.4% were in foster homes (McKay, 1981). McDonald (1978) refers to the period from 1945–1969 as a time when the child was recognised as a psychological being, while Dalley (1998) describes the period from 1948–1972 as a time in which the history of social breakdown was recorded, and a shift from child welfare to social welfare was consolidated. Again we see McDonald’s emphasis on perceptions of the child and Dalley’s focus on social trends. Taken together these characterisations of this era give a fuller picture of the impact on families and decision-making about children. By this time there was a clear distinction between work with young people whose behaviour was causing concern (juvenile delinquents) and younger children where the primary focus was their home
circumstances. Psychological theory achieved ascendance bringing an emphasis on the importance of childhood experience for adult development (McDonald, 1978). Dalley (1998) notes the increasing use of psychological testing and explanations in child welfare work, although she states that this was not necessarily reflected in changes in practice. It is, however, likely that these developments influenced decision-making in the direction of removing children from families when their development was being compromised rather than working with the family.

Throughout this era the numbers of children in care remained reasonably steady (between 3,000 and 4,000) until the late 1960s when they began to rise reaching 5,202 by 1970. The percentage of children in foster care also remained steady between 45% and 52% (McKay, 1981). McKay (1981, p. 7) notes a change in the tone of official reports during this era. He asserts that throughout the 1940s reports continued to be positive with "bland assurances that the fostering system prepared children to become 'decent and useful citizens'". From the 1950s there is more frequent reference to difficulties and the process of trial and error involved in making successful placements. It is not clear whether this is indicative of an increase in difficulties or recognition of difficulties that had always existed (McKay, 1981). Despite these references, fostering continued to be extensively used. The introduction of Family Homes, providing care for groups of children, from 1950 can be seen as an acknowledgement that some children could not be accommodated in foster homes.

The 1945 post-war period saw the beginning of Māori rural to urban drift and with this a change in traditional whānau structure. Bradley (1995a) uses the term Whānau Tū Wehenga to describe migrant whānau, noting the cultural individualism that accompanied this change. Māori whānau were also affected by the difficulties faced by Māori men returning from the war to an inferior social position after being accustomed to respected roles as soldiers (Rangihau, 1981). This led many into adverse situations that subsequently affected their ability to fulfil their responsibilities within whānau (Rokx, 1998). From the 1950s urban drift increased leading to the emergence of a new whānau structure, Whānau Whāriki Tāngata, which included the first generation of urban born Māori children (Bradley, 1995a). This was an era when assimilation seemed to be occurring with the loss of Iwi connections and a predominance of pan-Māori legislation and organisations (Bradley, 1994). These developments increased the vulnerability of Māori children as their parents struggled with the dual pressures of adjustment to urban living and the loss of support available in close-knit rural communities. Utilisation of traditional whānau, hapū and iwi structures also became
more difficult as the shared experience of being Māori in an unfamiliar environment began to take precedence over an identity steeped in iwi based whakapapa (Rangihau, 1981).

Dalley (1998) claims that during this period efforts were made to place Māori children in Māori foster homes despite a chronic shortage. She states that iwi networks were utilised and the Department of Māori Affairs assisted. Worrall (1996), however, notes that although the Department of Education, influenced by Bowlby's work on attachment, supported kin placement, this was not reflected in practice. It is possible that a negative view of parents may have extended to include the wider kin-group and Walker (1990) quotes a Child Welfare Officer who says that the practice was not encouraged because there was no differentiation between the family where breakdown occurred and the wider kin group. The majority of Child Welfare Officers would have been Pākehā, many of whom had limited understanding of Māori networks and social structures, and it is likely that the significance of whakapapa and iwi was not well understood (Rangihau, 1981).

Fostering frequently involved severance of links with the birth family, especially when children were removed at an early age (Dalley, 1998). Parents who wrote to the Department asking for the return of their children often did not get sympathetic responses and there were contradictions in practice with some children returned in dubious circumstances (Dalley, 1998). McKay (1981) suggests that in the early days of fostering little thought was given to restoring children to their original family. Decision-making in this era appears to have been dominated by an assumption that once efforts to improve family circumstances were deemed unsuccessful, placement outside the family was a permanent solution.

The 1960s: The “Discovery” of Child Abuse

Up to the 1960s, many foster placements were the result of family poverty and issues of neglect and abuse appear to have been glossed over (Dalley, 1998). From the 1960s this changed with the “discovery” of child abuse. Dalley (1998) argues that it was a rediscovery that focused attention on these aspects of children's experience. The practice of working to improve family circumstances continued and Dalley notes that although there was a policy of investigating complaints immediately, the point at which the situation was considered serious enough to remove a child was very unclear. Removing children from family was regarded as a last resort and Dalley reports that there was an acute awareness of the criticisms that could be levelled at the Department if they were perceived to be interfering unnecessarily. She also notes that there were incidents of abuse within foster families and this suggests an awareness
that placement outside the family did not necessarily improve children's circumstances. Dalley (1998, p. 256) notes "Children's rights may have been on the rise, but they were tightly constrained within a wider family context."

The situation was further complicated by the absence of any special training in managing child abuse cases for Child Welfare Officers. Although social work training was introduced during the 1950s, only a small percentage of workers were trained. Welfare Officers were also expected to prosecute cases and again there was no special training or preparation for this (Dalley, 1998).

McDonald (1978) suggests that services were targeted at helping "problem" children adjust, and that when families were identified as the cause of maladjustment the emphasis was on providing substitute families. It would appear that neglect and abuse were often overlooked as possible explanations for maladjusted behaviour. The emphasis on parental rights and keeping families together is likely to have meant that decision-making about placement in care was strongly influenced by adult perspectives and that the balance was tipped in favour of removal from family by the child's behaviour.

Evidence that this was the case can be found in McKay's (1981) research. Although his data relates to children in care during the 1970s it is probably indicative of earlier periods. The main reason for coming into care was associated with offending behaviour for 34% of the children and misbehaviour for 53% of children. Although conditions within the home were mentioned for 84% of the sample, only 5% of cases resulted from neglect, and 4% from physical or sexual abuse. Despite this apparent sensitivity to parental rights, it was not until 1961 that parents were given the legal right to apply for a review of the original order of guardianship, and could apply to the Court once a year to have their child returned to them (Manchester, 1985). This suggests an emphasis on expert decision-making with limited opportunity for this to be contested once children had been placed in care. Such a situation tends to be self-perpetuating because there are limited opportunities for review, irrespective of changes in the family or the child's circumstances.

**The 1970s: A New Act**

Dalley (1998) refers to the era from 1972 to 1992 as child focused, family centred and characterised by changing philosophies and practices. McDonald (1978) refers to the 1970s as "The child as citizen". He notes that the 1960s was a period in which social values were
questioned and that the traditional and legalistic view that children's best interests were synonymous with their parents was challenged. He argues that there was a growing recognition of children's rights and that intra-psychic theories were rejected in favour of more situational explanations. Dalley (1998) and McDonald (1978) emphasise an increased focus on the child in this era. Three significant pieces of legislation reflected these changes. In 1969 the Status of Children Act removed the legal disabilities for children born out of wedlock. The term "illegitimate" was expunged, thus achieving equal legal status for all children. In 1970 the age of majority was reduced from 21 to 20. In 1974 the Children and Young Persons Act was introduced, the first major revision of child protection and youth justice legislation since 1925.

This Act clearly separated care and protection from offending behaviour for young people over the age of 14 and Section 4 stated that the interests of the child or young person were paramount. These two changes were indicative of a major shift in attitudes. Sutherland's (1975) report on a Bill of Rights for children suggested that child welfare practices often perpetuated deprivation, especially for children in care and that sometimes the remedies were worse than the child's previous situation. The report also argued that children were discriminated against because they had no access to advocacy or legal redress except through those responsible for their care (McDonald, 1978). The disestablishment of the Division of Child Welfare and the creation of the Department of Social Welfare in 1972 cemented the shift in emphasis from child to social welfare. The New Zealand Association of Social Workers (1971) opposed the amalgamation with the much larger Social Security Department on the grounds that the mandate was too narrow to be effective and Dalley (1998) refers to it as "a restless, and unequal, alliance" (p. 262). Very different philosophical perspectives underpinned the two organisations and the vision of co-ordinated service delivery to families proposed by the New Zealand Association of Social Workers was never realised.

Other significant changes included the establishment of the Foster Care Federation in 1975 (Dalley, 1998) and the instigation of the first large-scale research on fostering (McKay, 1981). Smaller projects undertaken in 1971 and 1975 had indicated considerable movement of children between foster homes and this project was designed "to establish the real extent of breakdown in foster placements in this country, and to attempt to determine what factors are associated with such breakdown" (McKay, 1981, p. 12). This research established that over a five-year period children in care experienced an average of 6.5 placements. The range was from 1 to 29. Forty-one per cent had less than five placements, 39% had 5–9 placements, 13%
had 10–14, 5% had 15–19, and 2% had more than 20. The average time in placement was 3.5 years for those in care at the end of the research period. It is important to note that not all placements were intended to be long-term and that about a third of the placements were planned to be short-term. Of the children placed in long-term placements more than half had a maximum of two placements. More than a quarter had four or more placements over the five-year period, indicating that placements were only lasting about one year.

A new whānau structure emerged between the 1960s and the 1980s, "Adapted Whānau" (Bradley, 1994). These families have been described as "increasingly atomistic, monolingual, and almost monocultural" with a marked sense of detachment from heritage (Bradley, 1995a, p. 28). Māori society, at this time, has been described as having almost completely and utterly lost its soul (Rokx, 1998). Of the children in McKay's (1981) sample 39% were European (80.9% of 0–14 year olds in the population), 53.1% were Māori (12.3%) 3.7% were Pacific Island (2.4%) and 4.3% were “other” (3.4%). There is no mention of the ethnicity of foster parents but it is likely that many of these children were placed with Pākehā families because by the 1980s the placement of Māori children was causing particular anguish (Human Rights Commission, 1992; Ministerial Advisory Committee, 1988). It is likely that this over-representation of Māori children in the care system is both a reflection of, and a contributor to, changes in whānau structure. By this time the traditional emphasis on whakapapa as the basis for identity and a sense of belonging had almost completely disappeared, particularly for Māori children in care.

The 1980s: The Emergence of Conflict – Permanency and Culture

McKay's report produced in 1981, combined with the impact of overseas research, led to planning and permanency becoming the dominant themes during the 1980s. There are no clear definitions of permanency (Thoburn, Murdoch & O'Brien, 1985; Triseliotis, 1991) and although Gilligan (1997, p. 12) agrees that it has been represented in different ways he argues that permanence essentially seems concerned with "stable, enduring and guaranteed placement as an alternative and antidote to ruptures in earlier care and primary relationships". Permanency had been on the agenda in the United States and the United Kingdom since the 1970s. Goldstein, Freud and Solnit's (1973) book, Beyond the Best Interests of the Child, provided a powerful impetus introducing the concept of psychological parent. They argued that children could only freely love more than one adult if the individuals in question felt positively toward one another. Without this, they maintained that children fall prey to severe and crippling loyalty conflicts. In both countries adoption became the preferred means of
securing permanency. This effectively severed any connection with the biological family and was based on the notion that a “clean break” enabled children to mourn the loss of previous attachment figures and form new attachments.

This notion has since been challenged (Bush & Goldman, 1992), more inclusive models of permanency have been put forward (Holman, 1980; Palmer, 1996) and when adoption is pursued these are more likely to be open adoptions (Triseliotis, 1991). In Aotearoa New Zealand, dispensation of parental consent to adoption was a lengthy and costly legal process. This was considered a very serious step and compelling evidence of birth parents’ inability to care for their children was needed. Māori found the closed nature of adoption particularly distressing and retained a preference for the traditional whāngai process, which ensured that whakapapa links were maintained (Metge & Ruru, 2007; Walker, 1997). A working party was set up in 1984 to explore options for those children needing permanent placement. The Department of Social Welfare was reluctant to push for legal solutions particularly when caregivers were unhappy with the prospect (Dalley, 1998). Although some adoptions proceeded, this model of achieving permanency did not achieve ascendancy and the emphasis was more on planning.

From July 1981 all social workers were required to prepare plans for children within three months of entry to care, and these were to be reviewed and reformulated at six-monthly intervals (Manchester, 1985). Initially this was applied to all new cases but the intention was to extend this model of planning to children already in care. There was increasing recognition of the specialist nature of fostering and the intensive work needed to achieve successful placements. The notion of generic social work was challenged and teams focusing on particular aspects of this work emerged. When I began my career in 1977 we had "patch" teams, each taking responsibility for all social work within a particular geographic area. These were reorganised into specialist teams: Intake, Court (youth justice) and Foster care and Adoption. It was during this era that Intensive Foster Care schemes responsible for locating and supporting long-term placements for “hard to place” children were established in Auckland and Christchurch.

Manchester (1985) notes a number of important changes at this time. More women were returning to employment, thus reducing the pool of available foster parents. More work was being done with families prior to entry of children to care to ensure that they remained with families where possible. Planning also encouraged more intensive work immediately
following entry to care to establish whether or not the child could be returned. As a result, those children requiring long-term care were more likely to need intensive and specialised help. Sharing relevant information with foster parents was more likely to occur and they became colleagues in working to achieve objectives for the child. During this era there was considerable emphasis on the importance of training for both foster parents and social workers. Considerable faith was placed in professionalism and practice informed by research and expert knowledge.

Another major development was the introduction of Mātua Whāngai in 1983. From the early 1980s there was an increasing emphasis on Māori cultural identity and with this, a re-emergence of tribalism (Bradley, 1994). Increasing concern was expressed at the high numbers of Māori in Departmental institutions and the experience of Māori children in foster homes. For example, the Advisory Committee on Youth and Law in our Multicultural Society included a section on foster care in their 1983 report (Tauroa, 1983). They noted that difficulties included concern with identity, unrealistic expectations by foster parents and a need for acceptance that being of different ethnicity requires adjustments by both children and foster parents. One of their recommendations was that children should be placed in homes where they felt physically and socially comfortable and, where possible, foster parents should be of the same ethnic group as the child. Mātua Whāngai was the response to this mounting pressure.

This was a joint initiative involving the Department of Māori Affairs and the Department of Social Welfare. Social workers (Mōkai) were appointed in each district to develop a close working relationship with Māori communities to achieve optimum involvement of wider whānau with families likely to become involved with the Department (Manchester, 1985). The scheme was designed to provide early intervention and was extended to include whānau involvement when children required alternative placement. In 1983, 47% of the 1308 children who came into care were Māori (Manchester, 1985).

The title of the scheme draws on the traditional concept outlined earlier and from the outset it was designed to provide community based support. Bradley (1994) notes that the initial aim was to compile a register of Māori foster parents to facilitate culturally appropriate placements. A secondary aim was to increase Māori representation on children's boards, the youth aid section of the Police and in the courts for the purpose of improving the mechanisms for identifying Māori children, and who they belonged to when they came to notice. There
were tensions from the beginning. Some of these related to discomfort with cultural practices that were incorporated as part of the programme and some related to doubts about the scheme's ability to deliver a quality service (Donnell, 1985; Edmonds, 1985). Bradley (1994) states that the scheme did not flourish and identifies a number of reasons for this. He argues that Māori were treated as homogeneous and there was a failure to take account of the importance of placing the child within whānau, hapū and iwi networks. There was also an assumption that whānau were in a position to cope with the children and young people placed with them, and this was not always possible. Policy dictated that whānau placements were not financially supported because there was an underlying assumption that whānau were obligated to care for their own. Mōkai (Māori social workers) were often isolated and practice varied from district to district. There were also difficulties with supervision because there were no Mātua Whāngai senior social workers.

A review was undertaken in 1985 and changes were made, establishing Mātua Whāngai as preventative kin-based community development (Bradley, 1994). There was a new focus on the Department assisting iwi to set up infrastructure and locate their people. The inherent tension in the role (having to span the demands of individuals, whānau, hapū, iwi and the state) was identified, and a more specific job description issued (Bradley, 1994). Despite the inherent difficulties the scheme continued and succeeded in securing a higher number of culturally appropriate placements and reconnecting whānau to iwi and community networks.

Throughout the 1980s, however, pressure continued to mount and a Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare was established. Their report Puao-te-Ata-tu published in 1988 signified a turning point. Two of the recommendations related specifically to children in foster care. Recommendation 4, Deficiencies in Law and Practice called for financial support for whānau placements. Although this related specifically to Māori children it had implications for all children in kin placements. A review of the 1974 Children and Young Persons Act was called for. There were a number of recommendations including the maintenance of children within their hapū, increased consultaion, identification of children's heritage and links, and diversion of negative forms of expenditure into programmes for positive Māori development. Recommendation 7 focused on Mātua Whāngai, supporting continuation and calling for improved financial support. In the Appendix to the report it was noted that Western views that Māori should be treated as individuals, and that the communal orientation of Māori was
without value or relevance, had caused particular anguish in relation to adoption and placement practices:

We do not think that cases involving Māori children ought to be determined solely in accordance with Western priorities, or that those who do not have a Māori experience or training, are adequate arbiters or advocates of the best interests of the Māori child. We do not think the law should be weighted to denying the facility of Māori communities to care for their own in the way they best know how. (Ministerial Advisory Committee, 1988, p. 76)

The culmination of mounting pressure came with the introduction of the 1989 Children, Young Persons and their Families Act. There were two predominant factions in the lead up to the introduction of this legislation (Tapp & Taylor, 2007). On the one hand there was extensive lobbying for a more professionalised service with increased power given to medical and legal perspectives. On the other, was the pressure from Māori and Pacific Island groups for more culturally appropriate responses. This polarisation was not unique to New Zealand, and Fox (1982) characterises the two positions as “society as parent protagonists” (p. 272) (sometimes also referred to as “child rescue”) and “kinship defenders” (p. 266) (also referred to as “family preservation”). The former place greater faith in the possibility of beneficent State intervention to protect children's well-being. This position emphasises good care rather than biological bonds, and has a favourable view of substitute care. High value is placed on certainty and permanence, with severance of contact with family of origin considered justified in some cases, in the interests of achieving this. The latter position emphasises the unique value to the child of the biological family and this is considered the optimum context for growth for the majority of children. State intervention is considered best directed toward preserving, supporting and strengthening the family unit. Removal of a child is seen as the last resort, only to be considered when all other avenues have been explored. If a child is removed the focus should be rehabilitation to family, and if this is not possible, the biological family should remain involved.

These polarised positions co-existed with many Pākehā social workers tending to support the child rescue position and Māori social workers favouring the kinship defender position. The debate was not, however, limited to different cultural perspectives and some Pākehā social workers were strongly opposed to the child rescue position. I observed considerable tension among social workers during this era. Decision-making was strongly influenced by the value position of social workers, their supervisors and Family Court judges, with birth families having limited opportunity to influence outcomes (Metge & Ruru, 2007).
The 1990s: Another New Act – Family Decision-making Takes Centre Stage

Henaghan (1991) notes that the debates leading up to the passing of the 1989 CYP & F Act were largely about who should be involved in making decisions and what the process should be. The debate was resolved in Aotearoa New Zealand with a decisive shift in the direction of family involvement (Tapp & Taylor, 2007). The principles of the Act (refer Appendix A) stressed the importance of family in the care and protection of children, and children's right to be placed within their wider family group if they could not be protected from harm. Maintenance of cultural identity is specifically mentioned. The principles also include the opportunity to develop a significant psychological attachment to the person in whose care the child is placed when a child cannot remain with or be returned to the wider group. In the event of a conflict of principles the child's welfare and interests were to be the deciding factor. The planning processes that the Department of Social Welfare had introduced were included in the legislation and there was a requirement that a plan be obtained before any orders regarding care were made by the Family Court, with provision for six-monthly reviews for children under seven years and yearly reviews for those over seven.

The Act introduced FGCs as the primary mechanism for decision-making. FGC co-ordinators were introduced and given the responsibility for the organisation and facilitation of these conferences. The majority of referrals came from statutory social workers but could also be accepted from other sources. Once a referral is accepted the co-ordinator is responsible for working with the family to identify who should be invited. The aim is to include members of the extended family in order to mobilise support for the family. In addition to the social worker, representatives of other services involved with the family, including schools and health professionals are also invited. The conference has three phases. The first is information sharing and includes all those invited to attend the conference. During the second phase only the family members are present and it is during this phase that a plan is developed. During the third phase the plan is shared with all those invited and agreement is negotiated. If agreement is reached the plan is presented at the Family Court; if not the matter may be referred to the Family Court for a defended hearing (Connolly, 2001).

Most academic commentators were enthusiastic about the Act (Connelly, 1994; Marsh & Allen, 1993) and it was favourably compared with the UK Children's Act 1989 (Ryburn, 1994). By making the FGC the vehicle for decision-making, the family was seen to be empowered to actively participate and it was considered that this would counteract the mistakes of the past. Marsh and Allen (1993, p. 78) argue that "In effect, it changes the
professionals from being zoo keepers of deviance, to that of game park wardens, protecting and supporting the integrity of decisions families make about and for their own kids". They also maintain that when plans do not work out the result is no worse than what occurred when state-directed plans failed. Connolly (1994) sounds a note of caution, however. She provides two examples of situations where agreement was reached in a FGC and two where agreement was not reached, identifying particular difficulties that may arise when there is not a large family network to draw on, when there are custody disputes between parents, and when there are allegations of sexual abuse. Connolly (1994) also stresses the need for research to ensure that the permanency needs of children are met under this new system.

Three additional factors contributed to the complex situation that emerged following the implementation of the new Act. New Zealand ratified the United Nations Convention on the Rights of the Child (UNCROC) in 1993. Article 12, which stipulates children's right to express their views on decisions affecting them, is of particular relevance (Refer Appendix B). Henaghan (1991) notes that although the CYP & F Act, 1989 allows for the child's view to be taken into account, reference to culture as an additional factor, over and above age and maturity may limit some children's participation. He argues that if a child comes from a culture perceived as giving children less say in decision-making, then that child's view may have less weight and that this is inconsistent with Article 12. He also warns of the danger that if all the adults are in agreement, the child's view may be overlooked or presumed to be consistent with that of the adults. Provision was made for children to have legal representation but reservations have been expressed about the timing of the appointment of counsel for the child arguing that all children should be represented at FGCs (Binns, 1998; MacLean, 2002). Support for these views is indicated by proposed changes to the legislation discussed in the final section of this chapter.

The second complicating factor was the disestablishment of Mātua Whāngai in 1993 because it was no longer considered necessary given the shift toward family decision-making and the Act's preference for placement within kin networks. Iwi social services emerged in some areas but not others and the extent to which the principles of the Act were fulfilled varies considerably. The high profile deaths of Delcelia Witika and Craig Manukau raised a number of issues about the extent to which the child's best interests were being compromised (Tapp & Taylor, 2007). The investigation into Craig's death raised concerns that his continued placement with his family despite a number of notifications was a significant factor in his death (Hassall, 1993). The emphasis on the primacy of family, compounded by a lack
of supervision for the social worker was considered a significant contributory factor. Fox Harding (1997) identifies child death scandals and the ensuing enquiries as one of four factors shaping law, policy and practice. This was certainly the case in New Zealand and throughout the 1990s the deaths of children as the result of child abuse generated suspicion about the extent to which children’s interests were protected by the new legislation (Tapp & Taylor, 2007).

The third factor was the emergence of voluntary organisations providing foster care services (Munford, 1994). In some areas the bulk of this work was contracted out to organisations such as Barnardos and the Open Home Foundation. This further contributed to variations in practice and a considerably reduced involvement of statutory social workers in the recruitment and training of foster parents in some districts.

Concerns about the FGC process began to emerge within a relatively short time. There were concerns about the quality of decision-making and the outcomes for children, and there were issues related to resources (Cockburn, 1994; Mason, 1992; Tapp & Taylor, 2007). The introduction of the new Act coincided with the introduction of the Public Finance Act. Funding became targeted at output classes and the service was no longer funded to meet assessed need but on the availability of resources to respond to need (Craig, 1998; O’Brien, 2001). It became clear that part of the attraction of increased family involvement was a perceived advantage in terms of reducing the costs incurred in State provided care and unfortunately this impacted on the functioning of FGCs (Tapp & Taylor, 2007). After the first year there was a reduction in the funds available to facilitate family members’ attendance at Conferences, thus limiting the support available for the family in some situations (Brown, 2000; Cockburn, 1994).

There were also insufficient funds to resource the plans that emerged from FGCs. The practice of providing less support to family and whānau placements continued and in some cases families received no financial support (Worrall, 1996). Families were also, in some cases, expected to care for children with serious behavioural and emotional problems with little preparation or support. The philosophy that “family know best” led to some very naïve assumptions. In 1991 a research report on FGCs referred to concern expressed by referral agencies and information givers that the family/ whānau decision-making process was taking precedence over the needs of the child. There was also reference to FGCs not being appropriate for a small proportion of “dysfunctional” families who were not considered
capable of making decisions that would ensure the safety and well-being of children (Paterson & Harvey, 1991).

**The Children Young Persons and Their Families Act 1989 in Practice**

The first review of the CYP & F Act, 1989 took place in the second year following its inception and Mason (1992) published his report following extensive consultation. The report was critical of many aspects of social work practice. In particular, attention was drawn to the impact of the Public Finance Act (Cockburn, 1994; Worrall, 1996) and the lack of trained social workers. Two strong recommendations were that the interests of the child should be regarded as the first and paramount consideration and that mandatory reporting of child abuse should be introduced (Cockburn, 1994). The Act was amended in 1994 to include what has become known as the “paramountcy principle”:

> In all matters relating to the administration or application of this Act...the welfare and interests of the child or young person shall be the first and paramount consideration, having regard to the principles set out in sections 5 and 13 (Section 6).

Although mandatory reporting was not brought in, this can be seen as a step away from the “kinship defender” position in the direction of “society as parent”. The renewed emphasis on social worker training and the investment of resources in a competency programme also suggests a move in this direction.

Māori were particularly dissatisfied with the impact of the 1989 Act on whānau. A Human Rights Commission investigation also published in 1992, reported that Māori who had been consulted expressed the view that there was a contradiction between the policies of the Department of Social Welfare and the spirit of the Act. Whānau, hapū and iwi considered themselves to have been disempowered in terms of looking after their own children and there was substantial criticism of the way in which FGCs were set up and run. Consultation with Māori families before, during and after placement of children in care was considered critical and hampered by the lack of Māori staff with the appropriate networking skills. Māori children were referred to as being “mis-placed” in out-of-family care and this was backed up with a quote from one of the participants: “Our kids are not being placed in out-of-family care, they’re being taken off us and mis-placed” (Human Rights Commission, 1992, p. 75).

Particular concern was expressed about difficulties in maintaining a positive cultural identity for young Māori in care and there was considerable resentment about the continued
imposition of dominant culture structures on Māori. The solution was not seen to lie in modifications to the current system:

Instead these recommendations require the Crown to acknowledge the rights of Iwi to rangatiratanga, specifically the rights of Iwi to care for and protect Māori children. As such these recommendations advocate political change rather than short term stop-gap measures. (Human Rights Commission, 1992, p. 174)

The reinstatement of the paramountcy principle, although important from a child's rights perspective did nothing to address these concerns. Judgements about “best interests” are subjective and difficult to define (Henaghan, 1991; Munford, 1994). For many social workers this did not include consideration of what was needed to ensure that children in care were able to have a positive cultural identity (Human Rights Commission, 1992). In the face of increasing criticism about the Department of Social Welfare’s ability to protect children from abuse, the focus of social work activity shifted to the assessment of families’ ability to keep children safe (Tapp & Taylor, 2007). Although notifications of abuse were increasing, the numbers of children in care were not, thus indicating that more children were remaining with their families or were being placed within the extended family (Munford, 1994; Tapp & Taylor, 2007).

A significant factor in the reduced numbers in care is likely to have been the closure of large residential facilities such as Hokio and Kohitere. A significant shift away from residential placement began in the 1980s and this was consolidated by the different approach to youth offending in the 1989 Act (Doolan, 2001). Prior to this, many offenders were placed under guardianship, frequently spending significant periods of time in short and long term residential placements. After 1989 guardianship was restricted to care and protection cases and residential placements for offending were time limited. Yates (2003) notes that there was a general belief that the number of children in care would not return to previous high levels due to the legislative checks and balances.

Throughout the 1990s there were significant changes in social work practice with children in care. Although prior to 1989, children were placed with family when the opportunity arose, the Act emphasises that family placements are preferable and requires social workers to seek these in the first instance. This creates a stronger distinction between “kin” and “stranger” placements, which may not accurately reflect the reality for children in care. Any person who is not known to the child is a stranger, and strangers with whom children have
been placed may become the only family they have known (Atwool, 1999). This became apparent when an extensive review of all children in care was implemented in the site where I was working. Not surprisingly a number of difficulties arose including the vexed question of "who is family?" Clearly, many of the children had a primary attachment to the foster family and in a number of situations there were external factors (over and above attachment issues) likely to present major obstacles to successful reunification with their birth family. Despite this, efforts were made to increase access, with a view to returning children to families. Foster parents were expected to willingly participate in an inclusive model with increased contact with children's families. Some children were returned to birth parents but many remained in care. The decision about returning the child to the birth family often remained open, creating insecurity for all concerned. Internal restructuring exacerbated the situation and for periods of time social workers went back to being organised in generic teams. Under this system children in long-term care receive lower priority given the pressure of new referrals. Later, teams with responsibility for those children in long term care were re-established and caregiver liaison social workers were appointed to recruit, train and support caregivers.

A complex picture emerged with birth parents and foster parents not being the only adults with an investment in the outcome of decision-making processes. Lawyers are frequently involved as advocates for the parents and the Family Court appoints lawyers to represent the child when they become the subject of orders. Social workers bring their own value judgements to each case and are required to juggle competing demands imposed by the constraints within which they operate. Decisions about children's futures have to be tempered by the expectation that, where possible, the Department withdraws from involvement with the child and the family providing care.

The goal of withdrawal has traditionally been achieved by the return of the child to the birth parents. The focus on permanency was not completely lost and resulted in an alternate goal – the securing of the child's placement with foster parents by way of guardianship. While many foster parents were willing to accept this responsibility, they were understandably concerned about what may happen in the future as children negotiate the path to adulthood. All foster children have experienced disruption and trauma in their early years and continue to face challenges and to challenge caregivers (Browne, 1998; Rosenfeld et al., 1997; Rutter, 2000).
"Shared care" in which both the birth parents and the foster parents have guardianship rights and continue to be involved in decision-making, began to emerge as a third care arrangement. Custody may be shared or allocated to one party with contact awarded to the other. Once these arrangements have been secured by way of Orders from the Family Court, the Department withdraws. Considerable scope for conflict exists between some, or all, of the adult parties involved in making these arrangements. Of major concern is the extent to which the child's voice is heard in this process (Henaghan, 1991), and the ability of all parties to maintain positive, child-focused, working relationships over a number of years.

In many ways the children who were in care in 1989 became the forgotten children (Atwool, 1999). There appears to have been an assumption, which permeated all levels of the child protection system, that children in traditional foster care placements would disappear – either by foster parents becoming guardians, return to birth parent(s) or placement with kin. There also appears to have been an assumption that the numbers of children in care would be further reduced, as long-term placement of children outside the family would no longer be needed. Evidence of this is seen in the Department's acknowledgement of "fuzziness" in social work practice around the importance of long-term work planning (Brown, 2000, p. 72) and the recommendation from the 2003 Baseline Review that priority in policy work should be given to developing and implementing a policy on permanency, including ensuring that permanency training is part of training for social workers, and completing and issuing guidelines for best practice in care (Ministry of Social Development, CYF & Treasury, 2003). In this climate children in care became reminders of past failure and systemic oversight was reinforced by a significant reduction in the resources allocated to supporting children in care following the shift to output funding noted earlier (Brown, 2000). This reduction, in turn, increased foster parents' suspicion that efforts to get them to take guardianship were motivated by financial concerns. There were renewed calls for recognition of the professional nature of foster care and continued support for foster parents (Kenny & Foster, 1997).

Toward the end of the 1990s reviews were carried out in selected areas and a national Care Management Project implemented (Taylor, 1997). The Manager of this Project noted that there was a need to integrate the two models of family preservation and permanency and to ensure that all children in care clearly know the answers to two questions: "Who loves and cares for me? Where do I belong until I am independent?" (Taylor, 1997, p. 9). Research undertaken during 1997 with a sample of 35 sixteen year olds in the care of the Department indicated that this was not the case for all children in care (Ward, 2000, 2001). The sample
had an average of six new placements, with almost a third having seven or more. Those who
came into care as adolescents averaged a change of placement every 17 weeks compared with
45 weeks for those under 13. Under the 1989 Act care orders for young people are
automatically discharged at 17. Foster adolescents were found to be typically ill-prepared, ill-
equipped and ill-supported for life after care, leading to the conclusion that the task of
preparing and supporting them through and beyond automatic discharge is an aspect of
permanency planning that has largely been overlooked.

*Bridging the Divide – Family Preservation and Permanency*

A further Ministerial Review took place in 2000 and the resulting report *Care and
Protection is about Adult Behaviour* (Brown, 2000) identified a number of concerns about
children in foster care. In the CYF submission to the review it was noted that the number of
children in care was in excess of 5000, increasing by 12% each year, and the average number
of placements for any one child was 3.1 per year. The submission also noted that with
financial constraints, support services to families had become discretionary, whereas care is
non-discretionary. Brown (2000) noted that some staff felt that taking children into care was
the only certain way to secure adequate resources and pointed out that this contravenes the
Act. He recommended that the basis for taking children into care must only be in accordance
with the objects and principles of the Act.

He also recommended that assessment processes be implemented when the child first
comes into care, and that attachment should be assessed along with safety, health and
education needs. If the outcome of the assessment is that the child is unlikely to be returned
home, then extensive plans should be made for permanent placement, based on a significant
psychological attachment. He stressed the importance of the review process and that the
child’s view should be sought, especially for children over the age of seven years. He also
recommended changes in relation to placement procedures, including the monitoring of FGC
decisions to make informal family placements, and that caregiver assessments must be carried
out and recorded for all caregivers, family/whanau or otherwise.

Specific issues emerged for Māori children. In their submission, CYF noted that 45% of all
children and young people dealt with are Māori. Of these 45% had been placed with whānau,

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4 There were a number of name changes for the government department responsible for administering the CYP & F Act. Up to now I have referred to the Department of Social Welfare. Once that name was dropped there were a number of variations in quick succession. Rather than list all of these I will adopt Child Youth and Family (CYF) for the sake of simplicity.
hapū or iwi. Brown (2000) noted the slow progress toward the development of Māori services, and suggested that some of the difficulties may have been avoided if Mātua Whāngai had been allowed to continue. Other commentators have questioned the extent to which children’s cultural identity is taken into account by those appointed to represent them. Hikaka (1998) discussing cultural issues and the role of counsel for child, cited the CYP & F Act:

Where the Court appoints a barrister or solicitor under subsection (1), it shall, so far as practicable, appoint a barrister or solicitor who is, by reason of personality, cultural background, training and experience, suitably qualified to represent the child or young person. (CYP & F Act, 1989, s159 (2))

He also cited a Department of Court’s research finding that only 14% of social workers believed that counsel should always represent children from their own ethnic group and 90% of specialist report writers felt that because the issues are similar for all children ethnicity of counsel is irrelevant (Hong, 1991). Hikaka argued that cultural implications are more closely linked to attitude and beliefs than knowledge of protocols and rituals, suggesting that moving through cultural issues is more art than method. He concluded that the legal profession needs to approach such issues with balance and wisdom bearing in mind the principle that the welfare of the child is the first and paramount consideration.

Hipango (2003), discussing the Care of Children Bill, argued that children’s welfare and best interests should not be separated from whānau responsibility to and for that child. He questioned how many counsel for child had experience of the whānau context, Māori values and practices, or insight into their client’s cultural background. He stated that while it was important that the focus remain centred on the child’s rights, those rights are often immersed in the child’s cultural identity. It is clear that questions about the extent to which children receive culturally appropriate responses remain.

Since the Brown report there has been a renewed focus on children in care. In 2001 a Care Services Strategy was implemented (Yates, 2003). This involved the appointment of a national care management project manager and twelve care specialist positions, two per region. Yates describes their role as being to work with management and other key players to find ways to improve care and planning practices in order to achieve permanency for children in care, and ensure their participation in decisions. By June 2003 there were 24 full-time equivalent caregiver liaison social workers and case reviews of over 400 children had been completed in the preceding year (CYF, 2005). During that year the total number of children in care ranged between 4,461 and 4,763. CYF (2005) reports that the review led to "the
Department's drive to improve permanency planning, increase the proportion of children in kinship care (currently 48.3% of Māori children are in kinship placements), improve management of cases and improve the quality of departmental support for both kin and non-kin carers" (p. 7). The proportion of all children in care and protection kinship placements at June 2003 was 34.5% and some areas have more than 60% of Māori children in whānau placements (Matheson, 2003).

Yates (2003) notes that, with this renewed focus, care specialists were promoting the same four permanency goals that had been used in the 1980s. In order of preference they were:

1. return home to parent/s or original caregivers
2. permanency (under the Guardianship Act) with kin
3. permanency (under the Guardianship Act) with non-kin
4. transition to independent living (where there is no appropriate guardian/parent or person acting as such). (Yates, 2003, p. 38)

The emphasis on permanency reflects not only a concern to ensure stability and continuity for children, but an awareness of the stigma that can be attached to the status of foster child (Yates, 2003).

Despite the tensions arising from different perspectives, the framework for decision-making has been clarified, and remains consistent with the objects and principles of the 1989 Act. The challenge is to integrate what have been two distinct approaches and include a children's rights perspective, especially in relation to their participation rights:

However the child rescue versus family support paradigm has its limitations and is increasingly becoming outdated as it does not effectively address issues around the rights of the child. The '89 Act pre-dates the New Zealand government's ratification of the UN Convention on the Rights of the Child and as practitioners, managers, policy-makers, trainers, researchers and lawyers, we also need to reconcile this. (Matheson, 2003, p. 22)

**Prevalent Themes and Dominant Discourses**

Throughout the development of care services for children in the post-colonial era a number of themes can be identified. The first is that there has always been an emphasis on family integrity and a reluctance to intervene in families. In the earliest stages this was somewhat punitive, because it was seen to be making it too easy for families to shed their responsibilities. When intervention did take place, there was a preference for family placement, and "boarding out" was used to a greater extent in Aotearoa New Zealand than in
other countries. When the focus shifted from child welfare to social welfare the emphasis was on the provision of services to families in order to support them in providing appropriate care for, and control of, children. The preference for family placement when children could not remain with families continued. It is likely that this emphasis contributed to a polarisation in the perception of families with intervention confined to "bad" families and care provided by "good" families. Such polarisation may have underpinned the failure to facilitate continued contact with birth families and the long-term nature of the alternative care solution. Although it does not appear to have been officially adopted as policy, the exclusive model of foster care predominated.

The shift to permanency did little to change such attitudes. It is interesting to note, however, that adoption was not embraced in Aotearoa New Zealand as enthusiastically as in other countries. Again this seems to reflect the reluctance to disrupt the integrity of the family. It would seem that this augured well for the later shift to family decision-making and partnership with families, but this does not seem to have been the case. The pressure for a family preservation approach came largely from Māori and Pacific Island communities. Families from these communities have disproportionately appeared in the "bad" category with little analysis of why this might be so until the 1980s.

Although the 1989 Act was preceded by a period in which institutional racism was identified and linked to the over representation of Māori in negative statistics, including numbers of children in care, the gap between awareness and practice continued. Western society is based on individualism and such an approach predisposes to polarisation, especially when there are conflicts of interest. The majority of social workers are Pākehā and despite concerted efforts to recruit Māori and Pacific Island social workers, CYF's need to improve its responsiveness to Māori has been acknowledged (MSD, CYF, Treasury, 2003). The majority of lawyers are also Pākehā. Family empowerment approaches to decision-making therefore face two major obstacles, the power imbalance between families and professionals, and the challenge of working cross-culturally in many situations. There has been a tendency to minimise these challenges and assume that the central issue (care and protection of children at risk) is the same irrespective of culture. In addition, a third challenge is presented by the power imbalance between adults and children, which has led to children's invisibility in decision-making processes.
**Decision-making in the Current Context**

*Legislation*

Two pieces of legislation provide the framework for decision-making in relation to children in care. The CYP & F Act 1989 has already been discussed and only the key provisions are summarised in this section. The CoC Act is also relevant and provisions related to children in care will be described. As already noted the CYP & F Act 1989 requires that families are part of the decision-making process when concerns exist about the care and protection of children. The Act also emphasises children's right to be with family and to maintain cultural connections. UNCROC also supports children's rights to protection, to be with family, and to maintain their cultural identity. Neither UNCROC nor the 1989 Act provide pat answers to the dilemma that arises when children are at risk within their families. Hassall (1994) captures this dilemma very well in a discussion of children's right to a place. He argues that the promotion of children's individual rights to self-respect and dignity and their right to a guaranteed place (family) are not mutually exclusive and it is a question of balance.

Under the CYP & F Act (1989) the central decision-making forum is the FGC and cases cannot proceed to the Family Court without a conference being held. The aim of the legislation is to obtain agreement to a plan for the family at FGCs attended by the birth family, social workers, foster parents, lawyers, and other professionals and lay people involved. Agreement among those people legally entitled to be at the FGC is needed but the co-ordinator does not have to obtain the agreement of people such as professionals and non-family members who attend for the purpose of information sharing. When agreement is not reached, the case is referred back to the social worker for further action, which may include referral to the Family Court (Connolly, 2001). If the matter is placed before the Family Court, evidence is presented to the Judge who makes the final decision. Judge Ellis (1994) notes that despite the Family Court emphasis on conciliation and mediation, contested child care proceedings are still essentially adversarial regardless of whether they arise under the Guardianship Act (now replaced by the CoC Act, 2004) or the CYP & F Act. He states that the court's primary task is to adjudicate the dispute as presented, on the balance of probabilities and the available evidence. He notes that specialist reports can be requested to assist with this.

The CoC Act, 2004 replaces the 1968 Guardianship Act and contains provisions relating to guardianship, custody (now defined as day-to-day care), and contact with non-resident
parents. The Act emphasises the on-going importance of both parents following separation and encourages active involvement through provisions for shared parenting. When foster parents agree to permanency they apply for parenting orders and/or guardianship under the CoC Act and if these are granted any orders relating to CYF custody and/or guardianship are discharged. The positive emphasis on continuing involvement increases the likelihood that birth parents will retain their guardianship and that foster parents will take on additional guardianship. Contact with birth parents is also likely to be viewed favourably.

The CoC Act also strengthens provisions related to consultation with children and requires lawyers to ascertain the child’s view and present this during hearings. Although there was provision for children to be represented and their views ascertained under the Guardianship legislation, the presentation of their views was not stipulated. This has created an anomaly between the CYP & F Act and the CoC Act because the former also contains provision for the child to be represented, attend FGCs, receive information and have it explained to them, but does not stipulate the presentation of their views. This is recognised in the CYP & F Amendment Bill (Number 6), which was reported back to the House by the Social Services Select Committee in August 2008:

Under new section 11(2), in any Court proceedings, or planning or other process in new section 11(1), –

(a) The child or young person must be encouraged and assisted to participate in the proceedings or process to the degree appropriate to his or her age and level of maturity unless that participation would, in the opinion of the person specified in new section 11(3), be inappropriate having regard to the matters to be heard or considered; and

(b) The child or young person must be given reasonable opportunities to express views on matters affecting the child or young person; and

(c) Any views the child or young person expresses (either directly or through a representative) must be taken into account.

In addition, the Bill proposes an extension so that a care and protection co-ordinator must consult the child or young person, if practicable, on the convening of a conference and provide for the attendance of a support person for the child or young person. These are significant shifts in practice and if enacted should increase children’s participation and visibility in decision-making processes. It is also possible to interpret these developments as recognition that children’s views have been overlooked under the current legislation.
Planning

Once a decision is made to place a child in care under the auspices of the Chief Executive, social workers are required to prepare plans (six-monthly for children under 7, annually for children over 7) and gain agreement from relevant parties at planning meetings. The Court reviews these plans, and disagreements may result in further FGCs and Court hearings if these fail to achieve a resolution of the issues. Disputes about where a child should live may arise at any time during the period a child is in care. Although the principles of the Act provide guidelines, tension can arise between the best interests of the child, the child’s right to be with family, the child’s right to maintain cultural links, and the principle of minimum intervention in families. Even when there is agreement that the child is in need of care and protection and can no longer live with the birth family, disagreement may arise about where the child should live. For example, a child may be in short-term care while the situation is being assessed and this can become protracted due to disagreement or the family’s failure to address safety concerns satisfactorily. Once the final decision is made not to return the child to family there may be dispute about whether the child remains with the family who have been caring for them in the interim, or is moved to another placement. This is particularly likely to occur if the child is not in a kin placement, the birth parents do not have a good relationship with the foster parents or the foster parents are of different culture to the child and their family. Conflict may also arise if the child is very young and the foster parents believe they have formed an attachment with the child and/or there are concerns about the suitability of the foster parents.

Conflict is exacerbated in these situations because there are no clear-cut solutions. Although there is agreement that continuity and stability are important, the word permanence means very different things to people involved. For birth parents it may symbolise the irrevocable loss of their child(ren) and signify their failure to care for them. Professionals working with, and advocating for, parents may have similar fears. Permanence may also be threatening to foster parents carrying implications of loss of support and the risk of further legal challenges from birth parents in the future. Foster parents may also be anxious that renewed conflict will be generated by any moves to change existing arrangements.

Children may also fear the loss of contact with birth family and they often experience divided loyalties (discussed in more detail in Chapters Three and Four). The combination of adults’ certainty about their capacity to act in children’s best interests and children’s absence from decision-making forums may render them invisible in these processes (Atwool, 1999;
Connolly, Crichton-Hill & Ward, 2006; Holland, 2001). Although the legislation allows for children’s participation in decision-making forums, this is extremely rare in disputed situations. Children may also have very little knowledge of decision-making processes (Smith et al., 1999) further limiting their ability to participate.

**Policy Changes**

Efforts to address some of the difficulties identified can be seen in CYF’s implementation of significant policy changes in the past two years, including a Care and Protection Framework and a new permanency policy. The Care and Protection Framework emphasises the importance of engagement with families and of assessment, reinforcing social work processes and countering the tendency toward investigation that has dominated practice in recent years (Connolly, 2005). In 2006 two EXG Reviews on the sustainability of the care and protection system were completed, one on demand and one on permanency (CYF & MSD, 2006). The objectives of the Permanency Policy are that Child, Youth and Family:

a. only brings children and young people into care when it is necessary because resources are not available to support a safe remain or return home outcome
b. stabilises needs and restores wellbeing during the experience of care
c. makes rapid and comprehensive effort to create long-term belonging and attachment in a new family setting, preferably with family members, through the transfer of guardianship and custody, where a return home is not possible (CYF & MSD, 2006).

The EXG Review acknowledges that the current structure of foster care is not adequately differentiated and that reforming the delivery of care services is required. It will involve:

a. clarifying the basis for reimbursement of caregivers, taking into account the wider developments in state support for people caring for other people’s children
b. providing a suite of measures to ensure caregivers understand the needs of the child they are caring for and how to manage them through:
   i. the development of the Health and Education needs Assessment Framework to provide the initial picture of the child’s health, disability and educational status and needs
   ii. specific training in parenting and child management, particularly parenting children with disabilities or behavioural needs
c. providing respite care
d. developing specialised models of therapeutic caregiving (evidence-based and available nationally) such as multi-dimensional foster care, for the small number of children with high and complex needs, such as those with intellectual disability and sexualised behaviour, or severe conduct disorder (CYF & MSD, 2006).
These changes took place after my interviews with social work practitioners had been conducted and, together with the review of the CYP & F Act, highlight the fluid nature of social work practice. The practitioner narratives in Chapters Ten and Eleven cannot be expected to have anticipated such changes. In formulating practice guidelines, however, I have taken these changes into account.

It seems fitting to end this account of the historical and current context for decision-making in relation to children in care on this note, emphasising the dynamic nature of practice. In the next chapter recent research is outlined and key issues shaping decision-making practices are identified.
Chapter Three
Decision-making and Foster Care – Current Research

Social work decision-making is influenced by values, knowledge (including theory) and practice experience. In this chapter I outline recent research on foster care, drawing on each of these dimensions and discussing the implications for decision-making. I begin by revisiting the permanence debate before moving to current research, some of which provides a reflection of practice wisdom. The themes emerging from research capture the day-to-day experience of living in care from the perspectives of birth parents, foster parents and social workers. Research about contact with birth family is highlighted because this is a common source of conflict in decision-making. Children’s perspectives are increasingly receiving attention and these are outlined in the next chapter.

The Permanence Debate

The values underpinning debates about permanence are remarkably persistent. Polarised positions such as “kinship defender” and “society as parent” also referred to as “defenders of family” and “savers of children” or “child rescue” may only delay the development of an agreed theoretical framework (Triseliotis, 1991). Indeed such value-based positions on permanency have contributed to the longevity of debates about out-of-home care over the past 15–20 years. Each value-based position in the debate reflects particular perspectives on the position of children vis-à-vis families and the state.

Decisions about the care and protection of children are made in the context of such prevailing social values and the goal of permanency can be challenged in the light of current family trends:

It could be reasonably argued that in a world of instability with high divorce rates, marital reconstitution, step-parenting and a large number of single parent families, it is somewhat paradoxical to talk of permanence for children coming into public care. (Triseliotis, 1991, p. 7)

And yet, as Triseliotis (1991) points out, when planning for children who have had a difficult start in life it is particularly important to ensure stability in their lives. He defines permanency in practical terms, “these being to provide each child with a base in life or a family they can call their own, and more hopefully a family for life” (p. 7). As noted in
Chapter Two, Gilligan (1997) adopts a similar approach arguing that permanence essentially seems concerned with stable, enduring and guaranteed placement as an alternative and antidote to ruptures in primary and earlier care relationships. Neither definition, however, offers strategies to achieve such an outcome. Triseliotis (1991) argues that few would disagree that it is in every child’s best interests to make strenuous efforts to achieve permanency first and foremost within the child’s own family and, as noted in the previous chapter, this is the first priority in New Zealand.

One of the difficulties is that birth families often fail to receive the level of support that is available once children come into care. Triseliotis (1991) maintains that adoption is one of the best means of achieving permanence but acknowledges that the legitimacy of adoption in the absence of equivalent support for families of origin will continue to be challenged, especially when much of the need for care is generated as a result of extreme poverty and hopelessness. He supports the notion of working in partnership with parents but cautions that such partnerships do “not always stand the strain of different perceptions of what is good for a child and especially as the parents’ power does not match that of the social worker” (Triseliotis, 1991, p. 12). He notes that there are no clear criteria for decision-making.

One difficulty with the emphasis on return home as the most desirable outcome is that repeated attempts to return children to birth parents who are unable to provide adequate care may in itself become a source of instability for children (Jackson, 2002; Sinclair, Wilson & Gibbs, 2005). Sinclair et al. (2005) argue that the moral imperative to keep children in families or return them means that children and families may only accept long-term care if every effort has been made to enable family care to work. They suggest that there is a need to increase the effectiveness of support in the community and to take decisive action when this is not going to work.

Given these complexities it is important to critically examine the outcomes of projects focused on permanency to identify what factors are important in achieving this goal for children. In Fein and Maluccio’s (1984) study of permanency over a three-year period, 53% of the children returned to parents, 24% were adopted, 8% went to relatives and 7% to permanent foster homes. They question the extent to which initiating a permanency planning policy implies a responsibility to provide preventative as well as rehabilitative services to birth families. They also ask what supervision professionals need as they go about their decision-making, identifying a tension between what is timely for the parents and what works
for the child. They also suggest that there may need to be some reconsideration of professionals’ orientation away from identifying pathology toward identifying strengths. It seems likely that failure to address these issues underlies the continuing focus on permanency being achieved through out-of-home placement. The alternative of continued residence with family or reunification after a short time in care, although listed as the first preference for achieving permanency, does not appear to receive much attention in either the literature or in practice.

Bush and Goldman (1992) argue that permanency based on the notion of psychological parenting can lead to mechanistic decision-making that may not be in children’s best interests. They suggest that the quality of relationships is the most important factor and that psychological parenting cannot be assumed to exist on the basis of time alone. They found that although some children in care wanted stability in their placement they did not want to be adopted. For these children “adoption meant being taken away from parents they still felt attached to and the destruction of the very strong sense of identity they felt with their natural families” (Bush & Goldman, 1992, p. 232). Bush and Goldman suggest that some children are able to tolerate a degree of ambiguity in their relationships in order to preserve the tie to birth parents. They stress the importance of a range of options and consultation with children.

Triseliotis (1991) bases his support for adoption on the evidence that adult outcomes are much more positive for children raised in care who had no birth family to return to but were fortunate enough to secure relative permanence with foster or adoptive homes. He also argues that the legality of adoption and the emotional security that goes with it, sets it apart in the minds of children and adoptive parents from all other forms of substitute parenting. He concludes:

Adoption will phase itself out only when every child can live with its own family and in its own country, thus maintaining continuity and stability. This position has not yet been reached. Its discouragement could prove detrimental to many children who would be condemned to a life of rootlessness for ideological reasons. (Triseliotis, 1991, p. 15)

Triseliotis does however refer to time limits and the ‘clean-break’ approach as blemishes in the permanency movement’s short history, arguing instead for continuing contact with birth family, especially for older children. The notion of open adoption with ongoing contact has increased the range of options but has also increased the issues that have to be addressed when making decisions. First there is the decision about whether a child remains with birth
family. If this is not possible, the options include kin placement, adoption (open or closed), and long-term fostering. In the interim, while decisions are being made, it is likely that children will also spend time in short-term placements. Other options include group homes and residential facilities. In Aotearoa New Zealand there are very few residential facilities for children with care and protection needs and these are not used for long-term placements. For this reason this option will not be discussed in any depth.

Despite the support for adoption as a means of achieving permanence in both the United States and the United Kingdom outlined in Chapter Two, placement rates have not been as high as anticipated and many children remain in long-term foster care. This has led to a refocusing of attention on this group. Kelly (2000b) notes that because public care is socially constructed it is, therefore, “as good as we make it” (p. 15). Like Triseliotis he revisits the value base underpinning decisions but focuses on the role that the concept of a child’s best interests has played:

The welfare test [the child’s best interests] is not an objective test that can be impartially implied. At best it should be a constant reminder to all adults in child welfare services that “children and young people must be at the heart of all we do” (Ryburn, 1993, p. 4). In this sense the welfare test is not prescriptive: it cannot tell us what to do. It is an aspiration, a call to best practice. (Kelly, 2000b, pp. 16–17)

He argues that in shifting from an exclusive to an inclusive approach (Holman, 1980; Palmer, 1996) foster care can be described as underpinned by beliefs in: family life for children and young people and the unique experience it can offer; children’s continuing relationships with their birth families; partnership with birth parents; a partnership between foster parents and the social service agency; continued post-placement support; and recognition of carers’ professional contribution to the community through various payment structures.

In comparing the options of adoption and fostering he notes his surprise that foster care survived given the arguments marshalled against it during the 1970s and 80s. He attributes its survival to the difficulties associated with adoption:

Even in a system dominated by fears of child abuse and so often unsympathetic to birth families, this often proved a step too far. Long-term foster care that has the potential to provide a substitute family without the traumas of protracted and bitter court proceedings against often disadvantaged and impoverished parents has proved an attractive alternative. (Kelly, 2000b, p. 31)
Barth (1998), commenting from a United States perspective, has a different view. He argues that during the eighteen years preceding the introduction of the 1997 American Adoption and Safe Families Act permanency came to mean reunification with family or adoption. He suggests that by the mid-1990s this approach had softened due to concerns about the undervaluing of long-term foster care and closer attention to children’s need to maintain links to their biological heritage, including culture and ethnicity. He considers that this softening carries a risk that children’s welfare will be compromised and he believes that with the introduction of the 1997 Act there has been an appropriate refocusing on child safety. Barth argues that children’s attachment to caregivers and family has been used to justify continuation in marginal placements and urges a refocusing away from a psychological perspective to a more sociological view that incorporates the notion of social benefit. He emphasises the importance of social capital and considers this should be the most important factor when making decisions about children’s permanent placements.

In New Zealand greater use has been made of guardianship orders to secure permanence but this is also not without difficulties. Ward (2005) came to New Zealand to study the way in which the Guardianship Act (1968) was being used as an alternative means of securing permanency. From his interviews with 20 families (including both kin and stranger placements) he identified five obstacles that he considered needed to be taken into account if such a provision was to be used in the United Kingdom context. These included fear (and the cost of) future legal challenges, fear of stirring up confrontation with birth families especially in relation to contact, concern about the withdrawal of the buffer provided by agency involvement, reduced economic circumstances and poor social work planning and multiple changes of social worker leading to drift in care.

In reviewing the permanence debate there is evidence that despite agreement that continuity of placement is important for children in care, this is not enough and debate continues about the most suitable pathway to achieving positive outcomes for children in care. I turn now to foster care research which has explored this issue.

**Foster Care Research**

Traditionally long-term placement has meant placement outside of the family with strangers. This option is discussed followed by a discussion of kin care. This latter option has only recently begun to receive attention even though it was probably used prior to its increased emphasis following the introduction of the 1989 Act in this country and subsequent
interest in this alternative placement for children in other countries (McFadden & Worrall, 1999).

**Stranger Placement**

International research (outlined below) points to the fact that outcomes for children in long-term foster care may not have been as negative as is frequently portrayed. When interviewing adults raised in foster care Festinger (1983, p. 258) found that 36.1% of men and 52.7% of women responded “very true” to the statement “generally I was satisfied with my experience in foster care”, 42.6% and 29.7% responded “pretty true”. In addition 50.5% of men and 60.9% of women responded “very true” to the statement “all in all I was lucky to be placed in foster care” and another 40% and 33.7% responded “pretty true”. These results have to be viewed in context and the reasons for placement may be different from those for children today. For example, Festinger found that rates of satisfaction were higher for children placed for “understandable reasons” such as the death, or mental or physical illness of a parent when compared with those who came into care as the result of abandonment, neglect, abuse, or because parents could not cope. In my experience children in Aotearoa New Zealand are more likely to need placement as a result of abuse and neglect and other solutions are likely for children whose parents have died or are unable to care for other reasons. The most decisive element in Festinger’s findings, however, was the relationship with the foster family. Those more satisfied had remained in the longest placement for a longer period, were younger at the start of placement, had been shifted less frequently, had used, or wanted to use, the foster family’s name and were more comfortable talking about their experience in care.

Despite the time difference the results of more recent research are remarkably similar. Barber and Delfabbro (2004) conducted research with 235 Australian children referred for a new placement between May 1998 and April 1999 and followed up at eight months and two years. Although they found a “distressing amount of instability” (Barber & Delfabbro, 2004, p. 122) the children were generally satisfied with their placements and their social workers. The largest amount of movement was during the first four months with approximately 40% moving at least once. Twenty-five percent of the children returned home during the first four months and 40% by the end of two years. Placement instability for a period of up to a year was not necessarily associated with psychosocial harm but beyond that, problems arose. They argue that the well being of a child may dictate a change of placement and the movement is not in and of itself negative. They caution that the weakness of the permanency planning
philosophy is that it may impose placement stability prematurely and it is only when changing placement becomes a strategy for managing a child's unsuitability for conventional family-based foster care that damage is done.

Sinclair et al. (2005) conducted research with a cross-sectional sample of foster children of all ages placed in seven local authorities in Britain. They collected information from nearly 500 foster carers, just over 400 social workers, and nearly 500 family placement social workers and 150 children. The great majority of the children said they were happy with their placements, case studies illustrated excellent practice, and there was ample evidence of commitment from carers. Social workers judged that seven out of ten placements were going well, or had gone well.

Despite this there were concerns about stability. Six out of ten children had experienced previous placements in the care system, social workers were working for return home in only one out of five cases and less than one in seven were at home or with relatives a year later. Less than one in eight remained in the same placement for more than four years and four out of ten children who said they wanted to stay with foster carers long term were not with them a year later. Sinclair et al. (2005) agree with Barber and Delfabbro (2004) that some moves may be positive. Some children complained that they were not moved from placements where they were unhappy and Sinclair et al. (2005, p. 241) noted that, "such movements are likely to be discouraged by new performance indicators that should in our view be left to the discretion of social workers".

Other research has focused on children placed in planned long-term placements. Rushton, Treseder and Quinton (1995) conducted an eight-year prospective study of 16 older boys (5-9 years) placed in permanent substitute families. They were followed up after 1, 12, 60 and 96 months in placement. Overall there was a 19% level of placement disruption. Eighty-one percent of the placements were intact when the boys reached adolescence with 69% showing a good or moderate recovery from behavioural difficulties at the time of placement. One third of the boys in stable placements had a large number of problems. Rushton et al. (1995) identified three outcome groups among the surviving placements – good, intermediate and poor. Those in the first category had lost most of the behaviour problems and had mutually satisfying relationships with foster parents. In the intermediate group the placement was stable but there had been mixed recovery and there were a variety of persisting severe difficulties. In the last group there were high levels of disturbance including aggression and
extensive contact with helping agencies. All the children with poorer outcomes had a combination of higher pre-placement adversity and lower levels of positive parenting at the start of placement.

Schofield and Beek (2005) conducted longitudinal research with 58 children under the age of 12. The first phase took place in 1997–1999 with a follow-up three years later. Thirty-two (75%) of the placements were intact. Five children (8%) had experienced constructive moves, one child (2%) had returned to his father and eight children’s placements had ended without being followed by a positive placement. The researchers found that the children could be grouped in three categories: 31 (60%) had made good progress; 14 (27%) had made uncertain progress and 7 (13%) were considered to be in a downward spiral. The children making good progress were mixed in terms of their characteristics, histories, patterns of behaviour in close relationships and level of difficulty they presented to carers and to the outside world of peers and school. What they had in common at phase two was their increased capacity to use the foster-carers as a secure-base.

McAuley (2004) revisited a cohort of 19 young people placed in planned long-term placements in Northern Ireland when they were aged between 17 and 24. Sixteen agreed to participate in the follow-up study, were keen to share their views, and pleased that the Department of Health, Social Services and Public Safety was interested in what had happened to them. She found that they divided into two groups, the more troubled and the less troubled. Those in the more troubled group had been further exposed to dysfunctional birth family relationships through contact and were deeply affected by their rejection, had experienced multiple changes of placement and school, were very isolated and were convinced that they must learn to survive alone. Seven of the group who had remained in the same placement were all in the less troubled group. They had higher self-esteem and a positive view of the future. They appreciated the support foster parents had given them to maintain contact with their birth families and this seemed to make them even more secure. Some of the young people in the less troubled group were doing very well. All had developed trust in their relationships with foster parents and one young person had continued to trust a foster parent after the placement had broken down. McAuley (2004) also notes that one young person attached significance to a brief placement and the foster parents’ continuing contact after he left.
Despite the complex picture emerging from these research projects, it is clear that although stability and continuity remain elusive, outcomes are not uniformly negative. Researcher-generated suggestions for change were also remarkably consistent. Rushton, Quinton and Treseder (1993) emphasised the importance of monitoring and support of placements, including advice on behavioural management. In an earlier paper Rushton (1989) noted the importance of clarity around roles and relationships when children are referred for counselling. They also commented on the need for methods of intervention with the substitute parents to enhance parenting skills so that responses could be tailored to the needs of each child.

Barber and Delfabbro (2004) challenge the notion that foster care in Australia is in crisis and argue that while there are systemic issues related to pressure for placements and availability of suitable carers, individual placements produce obvious benefits. Their primary concern is the damage done when placements break down and the child is "evicted". They recommend that serial eviction is to be avoided at all costs and recommend that alternatives including residential placements and treatment foster care be developed for children most at risk of this. McAuley (2004) also notes the absence of appropriate therapeutic intervention and placements as a factor in negative outcomes for some young people.

Sinclair et al. (2005) found that one of the reasons for instability was the child’s “difficult” behaviour and that most often this was about relationship difficulties commonly compounded by difficulties at school and socially. They argue that an understanding of these difficulties and the child’s wish for a “normal” family life, together with the opportunity to be involved in arrangements for his/her future should be the bedrock of foster care policy, training and practice. Successful carers were those who liked or loved the child, who were committed, who had the ability to cope with difficult behaviour and who were able to interpret this as something other than an attack on themselves. Sinclair et al.’s (2005) recommendations included more attention to matching of foster parents and children and the use of bridging placements to facilitate this. They also advocate strongly that decisions about placement type must be based on children’s needs and not financial considerations.

Beek and Schofield (2005) found that the level of sensitive parenting was the key factor in the placements where children were making good progress. This was not about the carer and the child being similar, it was about the carer’s reflective capacity and their ability to actively parent the child, helping them to develop their potential. Social work support was a key
factor and if this was lacking then support from other sources became more important. In Dando and Minty's (1987) research on “what makes good foster parents” they found among their 80 participants, one group identified as successful after a year were foster mothers who identified with deprived/damaged children due to past personal experience. It is possible that their reflective capacity was enhanced by this past experience.

A complex picture emerges from the research on stranger foster care. A number of variables influence outcomes and there is certainly evidence that children in long-term foster care, sometimes in spite of placement moves, can achieve positive outcomes. The quality of care and the match between foster parents and the children they look after is one of the most significant factors. Training and support, clearly plays a role in enhancing foster parents' ability to cope with challenging and difficult behaviour. It may be that the appropriate focus is not permanence per se but finding what works for a particular child, their birth family, and their foster family at any given point in time and understanding that this may change.

**Kin Care**

Kin care has probably always been part of the spectrum of care placements but this option assumed increased significance in Aotearoa New Zealand after the passing of the 1989 CYP & F Act. McFadden & Worrall (1999) include kin care as part of a family continuity paradigm, which they identify as having begun in the 1980s with Mātua Whāngai (refer Chapter Two) and culminating in the passing of the 1989 Act. In this country this approach represents a return to traditional Māori custom and has been adapted in other countries to become a method of respecting cultures of indigenous persons and other persons of colour. In Aotearoa New Zealand kin care options were increased by the involvement of wider family in the FGC, and despite its origins, kin care is also an option for Pākehā children.

Doolan and Nixon (2003) argue that international evidence supports kin care as the placement of first choice (Berrick, Barth & Needell, 1994; Berridge & Cleaver, 1987; Dubowitz, 1990; Dubowitz, Feigelman & Zuravin, 1993; Gabel, 1992; Iglehart, 1994; Milham et al., 1986; O'Brien, 2000; Rowe, Cain, Hundleby & Keane, 1984). Connolly (2003) disputes this, arguing that the evidence is perhaps more limited and less conclusive than the authors suggest. She maintains that the results are mixed with evidence that children in kin care fare better in relation to attachment, continuity, culture and identity but that there is also evidence that they may not do so well in relation to safety, permanence, health and well being outcomes (Billing, Ehrle & Kortenkamp, 2002; Ehrle, Green & Clark, 2001; Kortenkamp &
Ehrle, 2002). Others have echoed these concerns suggesting that minimal attention has been paid to the issue of quality in kin care placements (Barth, 1999; Connolly, 2003; Takas, 1992).

Having undertaken a review of the literature, Dunne and Kettler (2006) suggest that the growth of kinship care may have been ideologically driven in terms of family preservation rather than a focus on best outcomes. Some studies found higher levels of behavioural difficulty in kin as opposed to non-kin placements. They note, however, that all studies failed to take account of the nature of difficulties before entering care and the severity of those difficulties when entering care. They warn of the dangers of placing behaviourally disordered children with kin, especially older kin without providing support and training in behavioural management.

What is clear from the research is that kin carers face particular challenges, which may impact on their ability to provide quality care. Doolan and Nixon (2003) highlight the different profile that kin carers have, noting that they tend to have fewer material resources, are more likely to live in poverty, be older and have more health problems, be sole parents, have lower educational attainment and less knowledge of child development (Berrick et al., 1995; Dubowitz, 1990; Laws & Broad, 2001; Richards, 2001). Despite this there is also evidence that they receive less support (Berrick et al., 1994; Berrick, 1998; Dubowitz, 1990; Gebel, 1996; Worrall, 2001), leading Heger and Scannapieco (1995) to label kin care as state sanctioned poverty.

Support is not the only issue and other barriers to kin care include notions of family pathology and intergenerational responsibility for parenting failure, especially when a child is removed in emergency circumstances. A preoccupation with risk and safety also predisposes toward more intrusive interventions, and a lack of trust that families can protect children or be committed to working in partnership with social workers (Doolan & Nixon, 2003).

Children in kin care face the same issues as children in other placements and their behaviour is no less challenging (Dunne & Kettler, 2006; Taylor, 1997; Worrall, 1996). In one study significant rates of developmental delay were found in young children (3–26 months) placed in emergency care irrespective of the placement they ended up in, leading the researchers to conclude that this has important implications for the provision of the developmental services needed by these children (Leslie et al., 2002). These difficulties are
compounded because kin carers may have received no preparation for their role, and placement may arise as the result of a family crisis (Doolan, Nixon & Lawrence, 2004). Ward (2005) found that of the 11 kin carers he interviewed all initially offered emergency placements and all struggled during the beginning stages.

One of the perceived advantages of kin care is that of family continuity and on-going contact with family members. This does not necessarily prove to be the case, and relationships between kin carers and birth parents can be difficult. Worrall (1996) found that in some cases the kin carers had been the ones who made the notification to CYF because of their concerns about the children and this had an on-going adverse impact on relationships. Kin carers may also find it difficult to set limits on contact or challenge inappropriate behaviour by birth parents (Smith, et al., 1999; Worrall, 1996).

Worrall (1997) identifies three major issues emerging from research on stranger care:

1. It has been clearly shown that children who have suffered abuse and neglect need nurture, environmental constancy, stability and security. Foster care has not been able to guarantee this for a considerable number of children who needed it most.

2. Research shows that children need contact with their biological parents and siblings in order that important blood ties are not broken, and to enhance the likelihood of return home.

3. Research also shows that if children in foster care and their caregiving families are to be kept safe, and the likelihood of reabuse reduced, comprehensive family assessments must be undertaken, preparation for the difficult task of caring for an abused and traumatised child must be given, together with adequate and on-going fiscal and social support. Regular review and assessment of the caregiving family must also occur (McFadden, 1984). (Worrall, 1997, p. 10)

In her discussion of kin care, it becomes clear that these issues are no less important, and in addition there is a need for assessments and training to be culturally appropriate. Doolan and Nixon (2003) agree, arguing that assessment procedures and on-going work with families providing kin placements should avoid bureaucratic and intrusive processes.

As with stranger care the picture that emerges is complex with outcomes shaped by a number of variables. What is clear is that a simplistic faith in the merits of kin care over and above stranger care is not warranted (Dunne & Kettler, 2006; Taylor, 2003). As with all other options there are pros and cons:
The widespread use of kinship care creates both opportunity and risks for children. If instituted in the framework of specifically tailored, family-sensitive legislative policies, kinship care can promote family and cultural unity, while reducing trauma to the most vulnerable children. Less carefully designed policies, however, can undermine parent-child unity, subject some children to risk of harm and subject some families to unnecessary state intervention into family life. (Takas, 1992, p. 17)

As outlined at the end of the previous chapter, positive moves are being made to address foster parents' concerns about being left with the full responsibility for a child, who is living with the on-going effects of neglect and/or abuse during their early development. Favourable consideration is now being given to continuing support via Services and Support Orders in conjunction with Guardianship orders. There is also recognition that in some conflicted situations CYF will need to continue in a mediating role to prevent disruption of placements by birth parents (CYF/MSD, 2006). These changes appear to be driven by a renewed focus on the importance of stability for the child within an inclusive model of care, and recognition that families need to be supported in order to provide this. Whether this level of support will be extended to kin carers remains to be seen.

Decisions about a child’s placement involve choices between a number of options including remaining with or returning to family, short-term foster care while options are assessed, placement with kin (short or long term), long-term foster care and adoption. As we have seen the research demonstrates that significant numbers of children are spending time in long-term foster care (both stranger and kin care) and although there is agreement that stability and continuity are important and that serial placement breakdowns are detrimental, the debate about what is needed to achieve positive outcomes continues. One of the key issues in this debate is the role of contact with birth family.

Contact

In the light of research findings discussed above, it is clear that children in foster care must negotiate complex sets of relationships. For instance, they must manage loyalties divided between the people with whom they live, and who are their current source of care and protection, and their birth families, for whom they may have strong but ambivalent feelings. This is particularly so for children who have spent significant amounts of time in the care of their family. All children have to manage a situation in which they are members of two (or more) families. Contact is the point at which the two worlds overlap (Beek & Schofield, 2004). The research has generally shown that children want to continue contact with birth families, and some never give up hoping that they can return to live with them (Wilson &
Sinclair, 2004). It has generally been accepted that contact is of value for children because “it holds the potential to assist children in managing their dual identities and to develop or sustain positive relationships with their relatives, built on realistic understandings and appreciation of their strengths and difficulties” (Beek & Schofield, 2004, p. 124).

Contact occurs in most cases and there are wide variations in the frequency of this. There has been a tendency for contact to reduce the longer a child remains in care (Kelly, 2000a; Milham et al., 1986; Selwyn, 2004) although Barber and Delfabbro (2004) found no evidence of this. In keeping with the valuing of family integrity, current legislation in New Zealand places considerable emphasis on maintaining links with birth family (Refer Appendix A). This can lead to an uncritical acceptance of its value that is not without its difficulties:

Contact can involve difficult transitions, the arousal of painful memories and feelings and the exploration of relationships that have been destructive in the past. It can also have a positive or negative impact on the child’s sense of permanence in the foster family. (Beek & Schofield, 2004, p. 124)

Four parties are involved in contact arrangements – the child, the birth family, the foster parents (or kin carers) and the social worker. In addition, when there is conflict about contact there is likely to be a lawyer for the child, parents’ lawyers, a Family Court Judge and in some cases a person or agency supervising the access and/or providing transport. Each of the parties has their own subjective view of the value of contact, the frequency with which it should occur and the impact upon the child. Power is not evenly distributed among these different parties and there is considerable potential for conflicts of interest. To some extent this has been resolved by applying practice wisdom linked to the purpose of the placement. Weekly or more frequent contact is advocated when the plan is to return a child home and monthly contact or less is generally considered appropriate for children in permanent placements. This has been called into question by the evidence emerging from international research outlined below.

Poulin (1985), finding that research on long-term foster care, natural family attachment and loyalty conflict was inconclusive, set out to examine the effect of continued family involvement on adjustment to foster care for children who had been in care more than two years with a goal of remaining in care. He found that the strongest predictor of loyalty conflict was the strength of the children’s psychological attachment to their birth family and that those children who had difficulty with the separation from their family had greatest difficulty adjusting to long-term care. He also found that higher frequency of visiting was
associated with loyalty conflict. Those children with strongest attachment to their foster family experienced less loyalty conflict. At first glance this appears to support the limitation or termination of family contact and Poulin (1985, p. 26) notes, “this finding suggests that foster children tend to have a primary attachment to one family, either the foster family or their natural family”. He does however, sound a note of caution. The length of time in care had no bearing on loyalty conflict and he found that for those children whose strongest attachment was to their birth family visiting strengthened this, increasing the loyalty conflict and making their continued separation more difficult to bear. This raises the question of whether separation was in the child’s best interests or whether it would have been preferable to work intensively with the birth family to increase their ability to care for their children.

Milham et al.’s (1988) research scrutinising 450 children entering care in five English local authorities over a two year period, provides insight into parents’ experience of losing children to the care system and the significance of links for children and their families. They found that these links have symbolic and power dimensions that are little considered in social work planning. While acknowledging the complexity and difficulty involved in maintaining links they identify the lack of priority given to this by social workers as a major barrier. They argue that maintenance of links is important because although parents and families may be unsuitable on many criteria, the difficulty of ensuring stable alternative care placements means that these may be the only enduring relationships children have. They found that parents felt “frozen out by the care process” and were “expected to be passive bystanders with little to contribute to the well-being of their children” (Milham et al., 1988, p. 121). Despite the barriers, Milham et al. found that the majority of parents and children did manage to remain in contact and they suggest that this “says something for the resilience of the blood-tie, that in such unpropitious circumstances, links are maintained between family and the absent child” (Milham et al., 1988, p. 228). They conclude that social workers can enhance an absent child’s sense of belonging by questionning decisions, insisting on appropriate placements and giving parental links high priority.

Barber and Delfabbro (2004) found that children coming into care for the first time, who were in direct contact with birth parents after two years displayed significantly poorer adjustment. They recommend further research and conclude that “what is clear, however, is that it would be unwise to adopt a blanket policy of promoting parental contact under the assumption that this will promote child well-being and compensate for family separation” (Barber & Delfabbro, 2004, p. 206). McAuley’s (2004) findings support this. For children in
the most troubled group, contact had led to further negative experiences with birth family and feelings of rejection whereas for the less troubled group, contact had been positive, supported by the foster family and appeared to have enhanced their sense of security.

One group for whom contact may be particularly beneficial are children of ethnic minorities. Thoburn (2004), reporting on a longitudinal study of 297 children of minority ethnic origin placed from care with permanent substitute families, found that:

There was some evidence that contact with birth family members could contribute to a more positive sense of ethnic and cultural identity and pride in belonging to a particular ethnic group. This was especially the case when children were placed with a family of different ethnic or cultural background. Even for children of mixed heritage who only had contact with a white birth mother, the ability to ask questions about the other part of their heritage was important. (Thoburn, 2004, p. 198)

In their longitudinal study Beek and Schofield (2004) found that some form of contact remained in place for all of the children over the course of the study. The majority of the children had been placed in care in mid-childhood and had spent at least five years with their birth family. There were high levels of abuse and neglect with 81% having experienced three or more forms of maltreatment. The birth parents were described as being “in the main a troubled group” (p. 125) with 76% having difficulties in two or more areas. The sample could be divided into three broad groups: those for whom contact was promoting security and the risks were managed; those for whom contact raised anxiety and the risks were only partially managed; and those for whom contact was actively harmful and the risks were poorly managed.

Contact worked best when there was some overlap between the child’s two families. In some cases foster parents accompanied children to access and in all cases the carers were supportive of access. Potential difficulties and complex feelings were anticipated, acknowledged and dealt with as they arose. In these situations the foster family became the secure base, which allowed children to manage any issues arising from contact. In the second group foster carers had little involvement with contact arrangements and had little sense of what was actually happening during visits. The carers tried to be sensitive to the child’s needs and to promote a sense of belonging in both families but could not help feeling uncertain and sometimes anxious about contact. In some cases they did not feel that they had the right to ask questions or to act to protect the child when difficulties arose. In the third group the
children were having unsupervised access in which they were "exposed to relationships that were manifestly causing them stress or potential harm" (Beek & Schofield, 2004, p. 134).

Beek and Schofield (2004) conclude that contact is rarely straightforward and will always require a careful balancing of risk and protective factors unique to each case. Selwyn (2004), reporting on another longitudinal study involving 130 children for whom adoption was considered to be in their best interests, found that there seemed to be an assumption by social workers that contact would be good for the child despite the fact that abuse occurred during visits for 21% of the sample. She reached a similar conclusion emphasising the importance of assessment and noting that, too often, contact plans were made without any assessment of risks to the child, of the relationships within the family and of the ability of the non-abusing family member to protect the child.

Leathers' (2003) research with 199 children reached similar conclusions to those of Poulin (1985) and Milham et al. (1986). She notes that although frequency of parental visiting is not directly related to the emotional and behavioural problems of children in care, those children experiencing loyalty conflicts were in the most difficulty. She cautions against a uniform policy regarding termination or continuation of parental contact because of the potential for positive and negative effects. Leathers concluded that if these findings were replicated in other studies interventions specifically designed to assist children with the complicated issues arising from having two set of parents should be developed.

Traumatised children are one group for whom careful consideration needs to be given to risk factors associated with contact. Howe and Steele (2004) maintain that children who have a disorganised attachment pattern (refer Chapter Eight) are likely to be retraumatised by contact with adults who abused them. Such contact can undermine any opportunity to rework mental representations of relationship experiences and achieve security in their new placement. They recommend cessation of contact in the short- and in some cases medium-term, and argue that contact should only be resumed when children have achieved a degree of security and the ability to deal with the emotional arousal that contact will trigger.

Selwyn emphasises that contact alone is not going to promote good outcomes for children. She stresses the dynamic and evolving nature of contact and the need to manage this over time, highlighting the opportunities presented to continue working on issues and the role of the social worker in that:
The role of the social worker, once a thorough assessment has been completed and concluded that contact should continue, is to facilitate this work by ensuring that arrangements are made which are feasible, safe and supported by all parties. This requires experience, skill and time. We now need to move beyond generalisations of whether contact is harmful or beneficial, and to consider for which children in which circumstance or by which means, contact should be promoted or ended. (Selwyn, 2004, p. 162)

If contact is to "assist children in managing their dual identities" it is vital to consider that the child's needs and/or wishes may sometimes be contrary to dominant family integrity hegemony, and should always be pre-eminent in the decision-making process.

In Aotearoa New Zealand some practitioners have made a strong case for restriction or termination of contact. Derrick (2004) advocates strongly for the child's right to permanent placement in situations where family preservation is not an option. She notes parents' difficulty accepting the decision to place children permanently with strangers and identifies that this can lead them to undermine the child's placement during access. In these cases she argues that access arrangements must be determined with the child's best interests in mind and that the purpose is to maintain a connection rather than build a relationship. On this basis she cites Barnardos Australia's recommendation that two visits per year for preschoolers and four visits per year for school age children are adequate for these purposes. She argues that foster parents should supervise access and that visits should take place in neutral territory. If the biological parents or extended family are unable or unwilling to act in the child's best interests she stipulates that contact should be terminated. This position is justified on the basis of anecdotal evidence accumulated by the Permanent Placement Unit since its inception in 1981 that one hour per month is more frequent than is in the child's best interests.

Mossman (2005) supports this view citing a number of criteria for terminating contact including when there is a restraining order, abuse or neglect of the child during contact, the child not wanting contact, a threat of violence to the child, ongoing obnoxious adult behaviour affecting the child's stability and security, undermining of the placement, a lack of reliability and regularity about visits that repeatedly inflicts a sense of rejection on the child, inability to work with others toward the casework permanency goal, and repeated violations of the terms of contract. This list highlights the complexities of contact and serves as a warning against simplistic acceptance that contact is always in a child's best interests.
Summary

A key factor in the success of any foster care placement is the quality of the relationship between the child and the carers. Both the foster parents and the child contribute to this and it must therefore be a crucial element in decisions about placement. Foster parents’ capacity to empathise not only with the child but also with his or her biography and thus develop an understanding of the birth family and facilitate post-placement contact (where appropriate) is an important factor (Sellick & Thoburn, 2002). When birth families are able to come to terms with the reasons for placement and allow their children to forge new relationships the chances of stability are increased.

To succeed, placements must be supported and constructive working relationships between professionals, agencies and foster parents are essential. These need to extend into the environments that children are involved in including school and any therapeutic services that may be enlisted. Decisions are more likely to facilitate positive outcomes for children when they are based on assessments of their particular needs and wishes rather than financial considerations and the availability of suitable placements is a key factor in achieving positive outcomes.

McAuley (2000) reviewing the placement of looked after children in Northern Ireland identifies the importance of placement choice as a vital factor in meeting children’s assessed needs and keeping them safe. Inappropriate placement has been found to play a key role in placement breakdown (Barber & Delfabbro, 2004; Sinclair et al., 2004). Although the focus of this research is the role of attachment assessments in conflicted decision-making processes it is important to note that the effective implementation of decisions is dependent on the availability of suitable placements. McAuley (2000, pp. 52–54) outlines the changes needed to achieve this:

• attract more carers who can meet the needs of children currently requiring placements;
• professional salaries/fees more readily available to recognise the level of need being addressed;
• retain experienced carers;
• planned admissions and planned moves for every placement; and
• care plans based upon assessed needs of the child, involving the child and parents.
These recommendations are equally applicable in the Aotearoa New Zealand context and most of these points are acknowledged in the EXG review of permanency outlined in the previous chapter. As we have seen, foster parents whether they are strangers or kin carers, need support and recognition to meet the challenges presented by the children they care for. In later chapters theoretical perspectives underpinning practice will be explored but what sets practice apart from policy or theory is that it involves action that has a direct impact on children’s lives:

Acceptance and acclaim in journals and conferences is fortunately or unfortunately, no guarantee of lasting impact on child-care practice. Practice, unlike theory, policy or law-making, is subject to the final arbiter: What is feasible in the current situation? (Kelly, 2000b, p. 34)

Kelly concludes that:

The aim should be not to end up with another rigidly applied formula but rather that placements should be creatively negotiated with the child’s needs paramount but also, as most children would appreciate, the needs of birth parents and substitute parents actively considered. (Kelly, 2000b, p. 35)

The focus in the discussion thus far has been on adult perspectives of what works for children in care. In the next chapter the focus shifts to children’s perspectives, beginning with an exploration of why children’s voices are often not heard before moving into discussion of what has been learnt from research that has given children an opportunity to talk about their experience of care.
Chapter Four
Children’s Perspectives

One of the motivators for this research was my observation that, despite being the focus for concern, children become invisible when adult issues and/or agendas dominate decision-making processes. At the level of practice their absence from decision-making forums is a stark reminder of this but their absence is also evident in other domains. For example, a lot of research has been conducted about children without any attempt to engage with them in order to examine the findings in the light of their lived experience. This chapter opens with a discussion of the ways in which childhood is socially constructed and how children are positioned in adult thinking. This discussion sets the scene for an exploration of what children in care have to say about their experience of foster care when they are given the opportunity to participate in research. The chapter concludes with a summary of what can be learned from children’s experiences.

Social Construction of Childhood

Within a constructionist paradigm, childhood is viewed as a socially constructed phenomenon. Attention is drawn to the way in which social, economic and political processes shape the experience of childhood. Traditional universal theories of child development are questioned because of their failure to take account of the social context within which children are growing and developing. These theories tend to portray development as the outcome of nature and nurture mediated by the transformative agent of socialisation (Stainton Rogers & Stainton Rogers, 1992). They are based on the sequential attainment of new abilities at set ages and stages and in such models the child is conceptualised as deficient (Graue & Walsh, 1998; Morss, 1990; Prout & James, 1990). They are perceived to be in a state of “becoming” rather than “being”, a transitional state on the way to adulthood (Prout & James, 1990). It is possible that this emphasis on childhood as transitory has contributed to the belief that children recover from negative experiences with the passage of time. Such a view could, in turn, lead to the somewhat simplistic assumption, noted in Chapter Two, that placement with a “good” family was an adequate response for children needing care.

Within traditional psychology and sociology, theory has been formulated around binary oppositions. In outlining the consequences of this, Prout and James (1990) cite MacKay’s view that “in such an account children are regarded as ‘immature, irrational, incompetent,
asocial [and] acultural’ with adults being ‘mature, rational, competent, social and autonomous’” (1973, p. 28). The child is portrayed as passive, similar to the laboratory rat, at the mercy of stimulus-response processes controlled by external forces. In the child/adult binary, children who are not adequately socialised may be seen as failures of the socialisation process and therefore failures as human beings. This has particular implications for children entering the care system where normative models are regularly applied to determine their developmental status and progress.

Mayall (1996) summarises the impact of traditional developmental frameworks on our understanding of childhood. The idea of the “normal” child has acquired high value and this ideal becomes the yardstick against which children are measured without reference to the impact of culture and context. The individualising of children within the framework of the universal child, draws adult attention away from the social forces that shape children’s lives. Children are subjected to the power of adults, sidelining their common interest in resisting adult power and their operation as a social group. The deterministic framework of developmental psychology devalues the purposeful character of action, and in so doing diminishes children's agency. This obscures the fact that growing up is not just a matter of acquiring skills but is the site of complex political tensions between children, parents and the state. Within social policy children are subsumed under the categories “family” and “women”, resulting in them having few rights in their own name. The role of children as agents in constructing the social order is also minimised. Such a view increases children’s vulnerability to adult assumptions about their “best interests” and allows adults to act without actively seeking the child’s view (Connolly, Crichton-Hill & Ward, 2006).

By minimising children’s agency and competence, traditional views reinforce children’s dependence on adults. Adult power in decision-making situations is taken for granted, generating an uncritical acceptance of adults’ ability to act in children’s best interests. In conflicted situations children’s voices may not be heard (Atwool, 1999; Connolly et al., 2006; Holland, 2001) and it is often assumed that it would be detrimental for them to be involved (Smith, Taylor & Tapp, 2003). Many decisions about children are made without adults ever speaking directly with them (Butler & Williamson, 1994; Holland, 2001; Smith et al., 1999). Although the legislation allows for children's participation this is extremely rare in disputed situations. Children’s voices are silenced by adults' certainty about their capacity to act in children's best interests combined with their absence from decision-making (Atwool, 1999; Connolly et al., 2006; Holland, 2001). Research also demonstrates that they may have very
little knowledge of decision-making processes (Connolly et al., 2006; Doolan, Nixon & Lawrence, 2004; Smith et al., 1999), further contributing to their disempowerment.

Lansdown (1994) questions the extent to which children’s vulnerability is inherent, arguing that much of it is created. Viewing childhood as socially constructed highlights the ways in which perceptions of the individual child can also be socially constructed. Sorin and Galloway (2006, p. 21) have identified ten different ways in which childhood has been constructed each with a corresponding construction of the role of the adult. These are summarised in Table 4.1:

<table>
<thead>
<tr>
<th>Image of child</th>
<th>Image of adult</th>
<th>Power of child</th>
<th>Power of adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child as innocent</td>
<td>The adult as protector</td>
<td>Little power</td>
<td>A lot of power from their</td>
</tr>
<tr>
<td>Carefree, good, incompetent,</td>
<td>Loving and caring nurturers of</td>
<td></td>
<td>(assumed) capacity to guide</td>
</tr>
<tr>
<td>vulnerable, ignorant, naïve, z</td>
<td>children who act in the 'child's</td>
<td></td>
<td></td>
</tr>
<tr>
<td>blank slate</td>
<td>best interest'</td>
<td></td>
<td>protect children and limit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>the child's environment.</td>
</tr>
<tr>
<td>Child as evil</td>
<td>The adult as good/moral control of</td>
<td>Children have little power since</td>
<td>Adults have power to control</td>
</tr>
<tr>
<td>Original sin; Inmate evil 'an untamed threat' (Corsaro 1997). Destructive; threat to the social order; driven by their own needs, desires and pleasures.</td>
<td>of children. Adults have gone</td>
<td>they are 'driven'.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>from an evil stage to a more mature stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- they are 'good' and keepers of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>moral order.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The snowballing child</td>
<td>The deferring adult</td>
<td>The child has illegitimate power</td>
<td>Could have power, but they</td>
</tr>
<tr>
<td>Seeks to be in charge of the adults</td>
<td>Does not set limits therefore</td>
<td>- they get a little power and</td>
<td>hand their power, authority and</td>
</tr>
<tr>
<td>around them. Makes infeasible demands</td>
<td>opportunity to negotiate power and autonomy is</td>
<td>it snowballs.</td>
<td>influence over to the child.</td>
</tr>
<tr>
<td>of adults for their own short term gratification.</td>
<td>denied.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The out-of-control child</td>
<td>The ineffectual adult</td>
<td>Power is used in a negative way</td>
<td>Their power is ineffectual. They</td>
</tr>
<tr>
<td>Uses power in a negative way, for</td>
<td>Feel rejected by the child. Feels as if</td>
<td>by the child. When the child is</td>
<td>feel defeated by the child.</td>
</tr>
<tr>
<td>example by being violent, to get the parent to do what they want them to do. Eventually they feel out of control as if no-one is there to help them regain their control.</td>
<td>they have little power and influence</td>
<td>not sanctioned; they eventually</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and/or do not know how to regain</td>
<td>feel out of control.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>influence with the child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The noble/saviour child</td>
<td>The dependent adult</td>
<td>Power is assumed through</td>
<td>Adults absolve themselves of</td>
</tr>
<tr>
<td>Beautiful and beloved, can save</td>
<td>The adult depends on the child to</td>
<td>circumstances. The child is</td>
<td>responsibility or literally cannot</td>
</tr>
<tr>
<td>people, look after others, e.g.</td>
<td>get their needs/sends met.</td>
<td>neither agentic nor innocent.</td>
<td>undertake that which is</td>
</tr>
<tr>
<td>Jesus, Harry Potter</td>
<td></td>
<td></td>
<td>expected of them (by the child,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>by society, by themselves).</td>
</tr>
<tr>
<td>The miniature adult</td>
<td>The adult</td>
<td>Power is in their capacity to</td>
<td></td>
</tr>
<tr>
<td>Children are the same as adults.</td>
<td>The mature being.</td>
<td>learn and participate in a world</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>constructed for them by adults.</td>
<td></td>
</tr>
<tr>
<td>The adult-in-training</td>
<td>The teacher</td>
<td>The child is less knowing.</td>
<td></td>
</tr>
<tr>
<td>Human 'becomings' rather than human 'beings' (Hutchinson &amp; Charlesworth 2000). Have future potential.</td>
<td></td>
<td>Power lies in their capacity to</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>harness the abilities of the child</td>
<td></td>
</tr>
<tr>
<td>The commodified child</td>
<td>The self-interested adult</td>
<td>The child is powerless although</td>
<td>Hold the majority of power.</td>
</tr>
<tr>
<td>Child is an object to be used and consumed by adults.</td>
<td>Adult exploits child for economic gain.</td>
<td>they may have illusionary power</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>as their image is manipulated by</td>
<td></td>
</tr>
<tr>
<td>The child as victim</td>
<td>The absent adult</td>
<td>Powerless.</td>
<td></td>
</tr>
<tr>
<td>Children of famine, pandemic diseases, war and poverty.</td>
<td>The child's significant adults lack power.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults who do have power turn a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>blind eye to what is happening to</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The agentic child</td>
<td>Co-constructor of being</td>
<td>Power is negotiated and shared.</td>
<td>Power is negotiated and shared.</td>
</tr>
<tr>
<td>Capable and competent. An optimistic construct. Rather than 'becoming', the child is a social actor (James, Jenks &amp; Prout 1998)</td>
<td>Helps the child on their life journey, as the child helps the adult on their journey.</td>
<td></td>
<td>The adult lends their power, strength and resources with the child rather than imposing on the child.</td>
</tr>
</tbody>
</table>

These ten constructions represent different ways in which adults might think about children and they are not necessarily exclusive. Different groups of children may be conceptualised in different ways. It is not difficult to see that when decisions are being made about children in care, one or more of these constructions may influence each of the adults involved. Viewing children as innocent or victims may predispose toward notions of child-
rescue on the part of professionals. On the other hand, children in need of care and protection may be perceived as out-of-control and therefore needing a more disciplined environment. Birth parents may be more likely to perceive children through the lens of their own needs, possibly as their saviours, miniature adults or commodities. Conflict is to be expected given these very different ways of viewing the child who is the focus of concern. Only the construction of children as agentic beings creates room for their meaningful participation in decision-making processes.

The conceptualisation of children as agentic beings has its origin in sociological theories of childhood (Mayall, 1996; Prout & James, 1990) and is further developed in sociocultural theories of development, which draw attention to the importance of adult support in scaffolding children's learning (Smith, 2002). Development involves active participation in social processes; and individual development, social interaction, and cultural activity are inter-related. From this perspective understanding is transformed through participation and children and adults negotiate shared meanings (Smith, 2002). Children are not assumed to have the same capacities as adults; rather their developing competence is supported through interactions with adults and peers. Viewing children in this way not only opens the way to involving them in decision-making but also acknowledges the possibility that decision-making that excludes children may be detrimental to their development because there is no opportunity to negotiate shared meanings. Children's agency is diminished when major changes occur without knowing why these things are happening and without having an opportunity to express their view. Evidence of this can be seen in a statement made by one of the children in Smith et al.'s (1999) research. Aged 12 at the time of the interview he had been in foster care from an early age and he made this statement near the end of an interview in which he had talked about his very limited understanding of the reasons for being in care and the processes by which decisions were made:

There's nothing actually that I would actually want. I don't want anything in life actually. I don't even care if I die. (Smith et al., 1999, p. 66)

Social constructionism draws attention to the necessity to transcend the dualism of the individual and society and highlights the position of children as a distinct social group occupying a relatively powerless position within society (Mayall, 1996; Prout & James, 1990). Prout and James (1990) stress the importance of capturing both the role of the child as social actor in the construction of their world and the role of childhood as a social institution that exists beyond the activity of any one child or adult. Applying this view to decision-
making processes about children in care would highlight the significance of the impact on
individual children but also their shared experience as a distinct social group within the wider
population of children. Such recognition would facilitate increased understanding of the
potentially negative impact of their care status and the importance of taking this into account
when making decisions.

Mayall (1996) summarises themes relevant to a new paradigm of childhood. Taking
children as a social group draws attention to the proposition that children's interests are
specific and should not be considered solely within family or other adult interests. Childhood
should not be regarded as a preparatory stage but as an integral component of the structure of
society. Children should not just be viewed as the recipients of adult attention, social and
economic resources but also as contributors to societal resources and production through their
unpaid work at home and school and their paid work. The social condition of childhood
seems to be characterised by protection and exclusion and a distinction between natural
(biological) vulnerabilities and dependencies, and those that are socially constructed is
needed. Children need to be studied in their own right as a social group and social policy
must be rethought in the light of this. The subsuming of children's legal rights under those of
their parents, places them in the position of a minority group with concomitant oppressions
governing their lives and this must be challenged. Mayall concludes:

... it is theoretically important for adults to listen to children. For if adults wish to
construct theoretical frameworks about children, this cannot be done adequately
without paying attention to their experiences and views. ...Taking account seriously
of children's experiences and views would present a challenge to the adult social
order, which would be far-reaching in its effects. (Mayall, 1996, p. 59)

Taking the view that childhood is socially constructed presents a number of challenges to
researchers and practitioners. It means that theoretical paradigms and research data have to be
examined with a critical eye, paying attention to the prevalence of adult assumptions. It also
means that the experiences of children and their families must be understood within the wider
social, political and economic context. Viewed in this way children are positioned as active
participants in the process of constructing meaning. They may be powerless but they are not
passive. The position of children as a social group is considered worthy of attention and any
research about them therefore involves children as active participants and pays attention to
their experience as a group distinct from adults (Connolly et al., 2006).
These challenges can also be applied to care and protection decision-making. Connolly et al. (2006) suggest that being adults, social work practitioners are likely to feel more comfortable working with other adults to resolve concerns. This creates a situation where despite child protection work being essentially child-focused the child can get lost. The work of child protection takes place at the intersection of two cultures, that of the adults and that of the children. In order to overcome the dangers inherent in adult dominated decision-making Connolly et al. (2006) point to the importance of children's voices in both research and practice. It is not enough to simply seek their views through research, practice has to change to incorporate this new knowledge and to ensure children's on-going involvement in decision-making.

Children's active involvement in research is a recent phenomenon and a number of parallel developments have contributed to increased attention to children's voices in the United Kingdom: increasing emphasis on the power of consumers of services; pressure from young peoples' user groups; UNCROC; The UK Children Act 1989 and subsequent inquiry reports, and the growth of citizenship as a policy issue (McNeish & Newman, 2002a). The situation in Aotearoa New Zealand is similar in relation to the influence of UNCROC and legislation granting children the right to participation. As we have seen in Chapter Two legislative provision emphasising the importance of children's views has already been strengthened in the CoC Act 2004 and a Bill to amend the CYP & F Act 1989 is currently under consideration. Some of the reviews of the Act have also provided direct insight into children's experiences. The major difference between the United Kingdom and New Zealand is the absence of pressure from young people's user groups. There is no national organisation of children in care and they have only recently been given opportunities to speak at conferences and other forums.

There is very little Aotearoa New Zealand research about children's care experiences (Desborough, 2003), however, it has been possible to locate some material providing insight into their views. Although mindful of the importance of context it is also likely that children in care in this country share aspects of their experience with their counterparts in other parts of the world and international research is drawn on to supplement the Aotearoa New Zealand material.
Children’s Views About Their Experience of Being in Care

Given the opportunity, children have proved remarkably willing to share their views about different dimensions of their foster care experience. Researchers have asked children about their birth families, their experience of foster care, their perceptions and expectations of social workers and their views about what is important for children in care. Contact with birth family emerges as a significant issue and a source of conflict for children. This is discussed before moving into children’s views about what they wanted from social workers and foster parents, and the impact of placement changes. The chapter concludes with a discussion of what children consider important.

Birth Family

Birth families, especially mothers and siblings remain important and the majority of children want contact, and this does not appear to diminish over time (Baldry & Kemmis, 1998; Bush & Goldman, 1992; Fox, Frasch & Berrick, 1998; Heptinstall, Bhopal & Brannen, 2001; Johnson, Yoken & Voss, 1994; McAuley, 1996; McTeigue, 1998; Munro, 2001; Sinclair, Wilson & Gibbs, 2001; Thomas & O’Kane, 1999; Whiting & Lee, 2003; Yates, 2001). This was a frequently cited cause of conflict with social workers. Heptinstall et al. (2001) interviewed children in care as part of a larger comparative study of children living in four different family structures. Their sample included 15 foster children out of a total of 63. The children were aged between 11 and 13 years and all had been in care for a minimum of 2 years. Children were asked to identify the most important people in their lives by placing them in the inner circle of a diagrammatic representation of their world. All included their birth siblings in the inner circle irrespective of the amount of contact and even if they had never met them. Ten of the 15 children included their birth mothers and 6 out of the 11 who knew their birth fathers included them. Several of the children included their birth parents in their inner circle despite giving negative accounts of their experiences with them. Perhaps more than anything else, this signifies the enduring significance of relationships with birth parents.

Whiting and Lee (2003) analyzed the stories that 23 preadolescent children in foster care wrote about their lives. Although most had some positive recollections about their biological families, over half of the children’s stories contained material related to abuse and neglect. An unexpected theme that emerged was the children’s reliance on siblings. Themes of suffering together ran through many of the stories and many were dismayed about being separated from their siblings.
McAuley (1996) undertook a prospective study with 19 children interviewing them 4, 12 and 24 months after planned long-term placement with non-relative foster parents. She found that children remained preoccupied with birth family over time and that this was not dependent on contact. There was evidence that they worried about their birth parents and complex feelings characterised these relationships. Sibling contact was also important and older children worried about younger siblings. Similar findings emerged from Munro's (2001) interviews with 15 children aged between 10 and 17 years who had been in care for at least two years. Birth mothers, in particular remained vivid and central characters in their lives regardless of the child's length of time in care, the reasons they gave for their admission to care, or their satisfaction with their placement. Contact with birth family was raised by most of the children and was a major source of conflict with social workers. Two reported stable and satisfactory contact but the rest were dissatisfied with both the amount of contact and their involvement in decisions about contact.

In Sinclair et al.'s (2001) research 150 questionnaires were completed by foster children aged five and over. They were asked eight open-ended questions about "good" and "bad" points of life with a foster family. Being away from "your real family" emerged as a significant theme. When children were offered two wishes, just over a quarter chose seeing more of, or getting back together with, their birth family. There was, however no uniformity in the type or frequency of desired contact and some children did not want any contact. All the children did, however, want to be consulted about contact arrangements. Sinclair et al. (2001, p. 24) summarise the key points:

Most (not all) wanted:
- contact with their families;
- choice over the kind of contact (e.g. some wanted telephone contact)
- contact with family members they selected (not necessarily everyone)
- choice over the amount of support when contact occurred (from none to a lot)
- as few conflicts of loyalty between carers and family as possible.

There is a consistent message that contact with birth family is important and that children want to be consulted about this. The significance of consultation is immediately apparent given the diversity of children's wishes:

The diversity of preference described above implies that, from the children's point of view, social workers deciding issues of contact and placement should avoid 'rules of thumb'. They should also listen carefully to what children want, a plea frequently repeated in the questionnaires. (Sinclair, et al., 2001, p. 22)
Social Workers

Children regard social workers as having a key role in their lives and had varying experiences in their relationships with them (Butler & Williamson, 1994; Dance & Rushton, 2005; Doolan et al., 2004; McAuley, 2004; Munro, 2001; McNeish & Newman, 2002b; Cashmore & Paxman, 1996; Smith et al., 1999; Thomas & O’Kane, 1999; Ward, Skuse & Munro, 2005). Some children reported difficulties including irregular visits, difficulties accessing them and missed appointments (Butler & Williamson, 1994; Cashmore & Paxman, 1996; Smith et al., 1999; Ward, 2000). All of the children in Munro’s (2001) sample mentioned the importance of the social worker and their biggest complaint was about the high turnover and subsequent disruption. In a group of 47 Australian young people leaving care it was found that the more social workers they had during their time in care, the less helpful they found them to be. Some were singled out for praise while others were criticised (Cashmore & Paxman, 1996).

McNeish and Newman (2002b) interviewed about a hundred young people aged between 12 and 18 who were Barnardos’ service users. The group included young people leaving care, young parents, young carers and young disabled people. They were asked about their experience of the care system and what made the difference between a negative and a positive experience. Some social workers were regarded as unreliable and the importance of being reliable and trustworthy was stressed. Positive attributes they valued were the ability to have a laugh, communicate informally, demonstrate commitment and the most important thing was that social workers genuinely cared and were not just doing a job. Providing young people with information, really listening and being prepared to act on what they heard were also important factors. Ward et al. (2005) interviewed 27 young people after they had left care also found that young people valued social workers that listened and advocated for them.

Butler and Williamson (1994, p. 9) were motivated to undertake research with children by “[S]ocial work’s failure to recognise the selfhood of children”. In order to give children and young people an opportunity to speak directly to adults about their lives, they interviewed 190 children from nine children’s homes, four secondary schools, two junior schools and two youth clubs. They were particularly interested in who children spoke to about their worries and their experience of adult responses. Nearly half of the children and young people had experienced some contact with social workers and were asked about this. The children and young people expressed the view that social workers lacked understanding and/or were incapable of understanding their experiences and concerns. The participants also indicated
that social workers did not listen and at times imposed their own views. Concerns about, and experiences of, breaches of confidentiality were also identified as a significant barrier to communication. The most pervasive basis for doubting the value of adult intervention related to the anticipation, and experience of, inappropriate reactions including trivialising their concerns and over-reacting. Given these concerns it is not surprising that they were “absolutely clear” about what they wanted from professionals (Butler & Williamson, 1994, p. 87). This included listening, availability, non-judgemental and non-directive attitudes, humour, straight talking, and trust and confidentiality.

None of what children and young people have identified as important is unreasonable. Their experience, however, bears testimony to the number of times they are let down by the professionals in their lives. One thing that stands out is their desire for accurate information and to be consulted. Messages to social workers from older young people in care included:

Listen more, understand more and care more, the worst thing is being kept in suspense about everything in wardship. (Cashmore & Paxman, 1996, p. 64)

More contact to see how the placement is working out. Not leave me in an unhappy placement. I told them twice. (Cashmore & Paxman, 1996, p. 67)

Listen to me. Throw away the book and ask me how I want to live and be treated, what my problems and wishes are. (Cashmore & Paxman, 1996, p. 69)

They said I was too young to understand. But they never even tried. I was young, but they failed to notice that I was trying to understand. They did things to me — where I lived, where I went to school, the clothes I wore. I always wanted to know why. Why did I have to move homes, why did I have to change schools? (Butler & Williamson, 1994, p. 89)

Some of the younger children were even more direct:

They’re nice, they try to help you, but they don’t listen. They just do things to you. I would like them to listen to me a bit more (boy, 8). (Butler & Williamson, 1994, p. 94)

They’re [social workers] a load of crap. They don’t help. I hardly ever see mine. I don’t know what’s happening. They treat me like a little kid, like a child. They don’t think it matters for me to know (boy, 9). (Butler & Williamson, 1994, pp. 93–94)

They get up your nose. You tell them things and they say they’ll do something about it, but they don’t do nothing (boy, 10). (Butler & Williamson, 1994, p. 94)

I have had five social workers and the last one doesn’t know nothing about me. (Doolan et al., 2004, p. 39)
Has the wrong notes, not helpful and a bit dopey. (Doolan et al., 2004, p. 39)

I need to be told things. S (caregiver) does but not my social worker. (Doolan et al., 2004, p. 40)

Those children who had more positive experiences valued being listened to, social workers who kept their promises, and those who were prepared to take action on their behalf (Dance & Rushton, 2005; Butler & Williamson, 1994; Cashmore & Paxman, 1996, Smith et al., 1999; Ward et al., 2005). There is remarkable consistency in the messages from children and young people across the different studies and in relation to their positive and negative messages about social workers and what they wanted from them. This demonstrates the importance of giving them a voice as individuals and as representatives of the larger group of children in care. Practice with individual children and across the social work profession can only be enriched by these messages and they stand as a significant challenge to adult assumptions about our capacity to determine children and young people’s best interests in the absence of consultation with them.

**Foster Parents**

Children and young people in care also have a range of views of foster parents (Heptinstall et al., 2001, McNeish & Newman, 2002b; Sinclair et al., 2001). Children in one small Aotearoa New Zealand study were largely positive about the care they were receiving, describing their foster parents as “nice” and expressing confidence that they could talk to them (Smith et al., 1999). Larger studies have found similar levels of satisfaction. In one study 250 children in care were interviewed. Their responses about their circumstances were generally positive and those in foster care were more likely to feel loved and safe, with few differences between kin and non-kinship care (Wilson & Conroy, 1999). Similar findings are reported in an Australian study, which assessed 99 children’s satisfaction with out-of-home care. The majority of children felt secure, happy and supported (Delfabbro, Barber & Bentham, 2002). In another study participants identified the good points of family life with foster parents as being that they provide support, listen, are understanding and provide material resources (Sinclair et al., 2001).

Not all reports are positive and children have also identified aspects of foster care they find difficult. In one project young people expressed concern about foster parents who were “in it for the money” and treated them unfairly in relation to their own children (McNeish & Newman, 2002b, p. 275). For another group the bad points included strict rules and
discipline, arguments and quarrels with other children (Sinclair et al., 2001). In another study, children felt that foster parents needed to know more about their histories and personalities, how to help and how to take care of children (Johnson et al., 1995). Other difficulties relate to differences in family style, ethnicity, religion, food and language (Connolly et al., 2006). The need for permission from the social worker to participate in activities outside the home and in some cases vetting of friends’ families prior to overnight stays was mentioned as a negative aspect of the care experience (Doolan et al., 2004; Sinclair et al., 2001; Wilson & Conroy, 1999).

It is interesting to note, however, that children and young people presented a range of views, which included positive and negative. Common needs identified by Sinclair et al. (2001, p. 24) include:

- the care, concern and encouragement that others get from their families;
- to feel they belonged and were not the ‘odd one out’;
- fair treatment – not to be picked on or treated too strictly;
- to get on with everyone in the placement, including other children;
- not to have their family or school turned into the branch office of social services;
- as much pocket money, etc as other children;
- to be able to ask their foster parents for permission to stay with friends;
- some say in choosing their carers.

Foster children do not always see things as the foster family do. They also wanted ‘respect for their individuality’ meaning that:

- their different culture and values were recognised;
- adults listened to their particular concerns.

**Kin Care**

There is even less research on children’s perspectives of kin care than there is on traditional foster care. Smith et al.’s (1999) sample included children in kin care, most living with their grandparents. They observed that the children had close relationships and that their grandparents had been involved with their upbringing since they were born. Doolan et al. (2004) interviewed 11 children placed in kin care in Shire County. They noted that the prior relationship with kin carers often made the move easier and more natural. One child said, “it wasn’t difficult to explain to my friends why I went to stay there” and another noted that “mum and dad went to prison and my gran already has the rest of us” (Doolan et al., 2004, p. 33). The children generally reported positively on their relationships with their kin carers and
the other children in the family. They were, however, aware of tensions related to financial stress and overcrowding.

Thus far, I have summarised the researchers' interpretations of what children and young people had to say about their experience of kin and foster care. Although there is consistency across the different studies indicating that these interpretations are robust, the direct quotations from children reported in some of the studies add another dimension. In both kin and non-kin care children appeared to value the same things. Familiarity was important and took time to achieve:

We got used to living here [kin care]. It was strange at first. (Doolan et al., 2004, p. 32)

It was hard to get used to it, but really I was too young to understand. But I think it was easy because more people cared for me. (Dance & Rushton, 2005, p. 21)

I could get out of my childhood, the bad parts of my childhood and start again...But it took quite a long time getting my head around it [having a new family]. It took a long time for me to say 'mum' and 'dad' to them because it didn't feel natural. It just felt weird saying mum and dad to another person but after a while...a couple of months, I started calling them mum and dad but it still took a long time to get my head round that they were actually my mum and dad. (Dance & Rushton, 2005, p. 22)

Kindness and acceptance were also important:

What was easy about joining your new family? My mum and dad of now were very welcoming and so were both of their families (Dance & Rushton, 2005. p. 21)

The way she's nice and kind...Once I saved up two dollars and my tooth came out. I had three dollars and she let me go to school and spend it. (Smith et al., 1999, p. 77)

She lets me go to the pool, and she lets me go to this [school holiday] programme...[Caregivers] really nice to me. (Smith et al., 1999, p. 78)

Some children, like the child in the quotation above who talks about escaping the bad parts of her childhood, demonstrate an awareness of what foster placement offers:

You can talk to them if you've got a problem. (Smith et al., 1999, p. 78)

Happy, but mad at first, but then I was happy about foster care...we had some parents that we could trust [and] ...they care about me. (Whiting & Lee, 2003, p. 292)
You don’t get beat, um, they teach you the right way to do stuff, they teach you not to lie, stuff like that, they don’t try to harm you...They really never say no. (Whiting & Lee, 2003, p. 292)

It is clear from what children and young people have said that even when foster or kin care is a positive experience the transition into care is a challenging and difficult time. Subsequent moves make this even more so.

**Placement Changes**

Moving was a common experience and the children had much to contribute on how they felt about this and what made it easier or harder to cope with (Dane & Rushton, 2005; Sinclair et al., 2001; Thomas & O’Kane, 1999). The children also commented on the challenges they faced each time they moved, needing to learn new rules and sometimes having to deal with more than one family culture at the same time. They said that some carers made an effort to explain the rules but others left them to work things out for themselves (Thomas & O’Kane, 1999). Moving was a positive experience when children were not happy in a placement but negative for those who were (Sinclair et al., 2001). Being made to feel welcome and a belief that the move would increase security were factors that could ease the transition (Dance & Rushton, 2005). Sinclair et al. (2001) note that decisions about moving are made by others and this can lead to feelings of insecurity and powerlessness. Most of the children wanted a say in their care careers and this involved:

- respect for their wishes about their status (e.g. to be adopted, fostered, or return home);
- a say in who fostered them;
- less frequent moves;
- moves when placements are not working out;
- ability to stay after 18 if wanted;
- efficient planning and review;
- good information on plans for their future and on their own past;
- regular contact with social workers on their own (not all wanted this).

(Sinclair et al., 2001, p. 24)

Perhaps the final word should go to an 11-year-old participant in Whiting & Lee’s (2003, p. 288) research:

You have to keep moving, and moving, and moving, until finally someone keeps you. That kind of sucks.
School

A number of children had things to say about school and changing school was an aspect that made moving more difficult (Dance & Rushton, 2005; Festinger, 1983; McAuley, 1996; McNeish & Newman, 2001b; Thomas & O’Kane, 1999). Children who were able to remain in the same school commented positively about this (Doolan et al., 2004). Some children had experienced teachers who lacked sensitivity or had negative attitudes based on their care status (McNeish & Newman, 2002b). Children in one study (Thomas & O’Kane, 1999) generally found school to be a disempowering system. Bullying was a common experience, sometimes because they were in care, and the children complained that adults failed to intervene. Johnson et al. (1994) interviewed 59 young people in care and half reported finding changing school difficult. It was also reported that some teachers had low expectations of them because they were in care. Changes in school were also associated with loss of friends and children also found this difficult (McAuley, 1996).

Stigma

Children’s wish to belong and to be treated the same as other children in their foster home (noted above) indicates their awareness of being different. This is a difficult subject to traverse with children but there is some evidence that foster children are acutely aware of the stigma attached to their status. For many this is captured in preferences in relation to what surname they are known by (Smith et al., 1999). In my experience some prefer to retain their own name while others prefer to be known by that of the foster family. Such issues are highlighted by activities such as drawing a family tree as part of school projects. I remember one foster mother expressing her wish that there was permission for children to have family forests rather than a single tree.

The young people in McNeish and Newman’s (2002b) study talked about the experience of stigma and were able to identify the social exclusion arising from this. When Brown (2000, p. 70) interviewed 10 young people who were in care or had recently left as part of his review of the New Zealand care and protection service "[T]hey reported feelings of confusion, indignation and being treated as second-class citizens or criminals". Turnbull (1997) interviewed four adults who had grown up in foster care in New Zealand and three of the four participants indicated that the impact on self-esteem was negative. One said it was "like having a disease", another said it was like "being government property", and another said, "It meant I was a problem child" (Turnbull, 1997, p. 26). Although these are retrospective accounts by adults, they reflect an intensity of feeling that is likely to have its origins in their
childhood. Such feelings and perceptions demonstrate the extent to which children are attributing meaning to their experiences and actively constructing their identities from these. Stigma is more likely to have a negative impact when children and young people in care do not have access to information about the reasons they are in care, and support in working through any issues arising from this.

When McAuley (2004) re-interviewed 16 young people from her 1996 sample, aged between 17 and 24, she asked about the future for their own children. Irrespective of their experience in care they all said they wanted to give them what they had not been given and were adamant that they would not want them taken into care. She notes that they demonstrated a depth of feeling not evident elsewhere during the interview and suggests that this provided a rare glimpse of the depth of anger they felt about their life situation. Such intensity of feeling is also indicative of an awareness of stigma attached to the experience of being in care.

**Leaving Care**

Young people also had views about what would happen when the time came to leave care. They did not want to be rushed into leaving care before they were ready and they did not want to be abandoned once they had left care (McNeish & Newman, 2002b). These anxieties are likely to be exacerbated for children who do not feel secure in the foster family and Sinclair et al. (2001) report that moving on was seen as an essential feature of the foster care situation. As we saw in Chapter Two young people's experience of leaving care in this country may not be positive. Many of those interviewed by Ward (2000; 2001) were found to be ill prepared and the transition could be very abrupt. The young people in Cashmore and Paxman's (1996) study expressed both positive and negative views of leaving care. Some were glad to be independent of the agency and one comment echoes the view expressed by one of the adults Turnbull (1997) spoke to:

I feel as though I belong to the government. I'll be my own person and do my own thing. (Cashmore & Paxon, 1996, p. 92)

Others were ambivalent:

I hated the Department and I didn't want to be a ward but at the same time I needed their support. (Cashmore & Paxon, 1996, p. 92)
I have never had a mother or father – I get all my support from DOCS [care and protection service]. I’d say I’m a fairly lonely guy. (Cashmore & Paxon, 1996, p. 92)

These views capture the price paid by children and young people in care when they do not have the opportunity to form enduring relationships with another family. While other young people move into independence knowing they can seek support from their families, these young people are very alone.

**Having a Say**

Children’s views were not confined to social workers and they stressed the importance of the adults in their lives being reliable and trustworthy. They wanted to be provided with information and listened to by adults prepared to act on what they heard (McNeish & Newman, 2002b). Children said very clearly that adults do not listen, but despite this they wanted the adults they lived with and trusted to be the ones with the most say about day-to-day decisions that affect them (Thomas & O’Kane, 1999). They did not want strangers making decisions about them and they also wanted more of a say. Conflict continued to be a feature of children’s lives and it was noted that their awareness of this could make them reluctant to express their own opinions for fear of being seen to “take sides”. Research with a small number of New Zealand children in care demonstrated a very low level of involvement in decision-making and considerable confusion about the reasons for being in care (Smith et al., 1999).

All of the research with children emphasises that they do not want the same things and each makes sense of their experience in their own unique way (Heptinstall et al., 2001). Sinclair et al. (2001) conclude that what children in care want is “a life more ordinary” (p. 17) but note that it is one thing to acknowledge what they want and another to find ways of providing this. They suggest, “this is likely to involve at least clear and flexible individual planning which promotes children’s individuality and choices” (Sinclair et al., 2001, p. 24). The views expressed by children provide a valuable framework for decision-making but it is important to take note of what they have to say about the failure of adults to listen to them:

Children said very clearly that adults generally do not listen to children: they ignore them; they leave them out of conversation; they interrupt, override, or redefine what they have to say:

*Do you think adults listen to children the same as they do to adults or differently?*
Most people, I’m not saying all, but most people listen to adults more than children. I think. I think they like show off in a way and just say ‘Oh well she’s only a child, who cares? We can do what we like, because we’re bigger’. (Girl aged 10)

When you say what you want, how do adults listen? Oh, butt in. Well they listen, then they’ve got to say stuff...If they are talking to someone and you want to say something, they say ‘Sshh, we are talking’. I don’t like it. (Girl aged 8). (Thomas & O’Kane, 1999, p. 372)

Kilpatrick (2006) applies a child’s rights framework reminding us that UNCROC has several articles directly relevant to children in care (Refer Appendix B for full text versions). Article 20 specifies the entitlement to special protection and assistance provided by the State for children temporarily or permanently deprived of their family environment. When considering solutions due regard is to be given to the desirability of continuity and to the child’s ethnic, religious, cultural, and linguistic background. Article 9 stipulates that children should not be separated from parents against their will, except when competent authorities determine that this is necessary and that when this occurs all parties shall be given the right to participate in proceedings. Article 19 deals with children’s right to protection and also specifies States’ obligation to establish social programmes to provide necessary support for children in need of protection and those who care for them. Article 25 recognises the rights of children placed by competent authorities to periodic review of the treatment provided. It is important that decision-making takes place within the context of these rights and the State’s obligation to ensure that they are upheld. Perhaps most important, Article 12 grants the right to express a view and have that taken into account in decisions affecting them. These rights are remarkably consistent with what children have identified as important and as adults, we have to be mindful of their reliance on us to facilitate access to those rights. The evidence from children and young people suggests that we have some way to go:

Perhaps the most illuminating finding from our work is the caution with which a majority of children and young people relate to the adult, and especially the professional, world – a finding which needs to serve as the basis for reflection and consideration of how that world can re-connect with the experiences and anxieties of the children whose care and support is their responsibility (Butler & Willimason, 1994, p. 48).
Summary

A keynote presentation at the Australasian Conference on Child Abuse and Neglect at the beginning of 2006 was the first time young people in care in Aotearoa New Zealand had an opportunity to speak to a professional audience. Four representatives of the Youth Council of the Care to Independence Programme spoke about their care experiences, emphasising stigma, rights, resilience and stability. They summarised their views in a final statement:

Please remember that we represent all young people in care.
- We are young people, not a caseload. We need you to see past stereotypical ideas of young people in care. We need you to get to know us as the unique young people that we are, and tailor your work around our individual needs, wishes, dreams and goals.
- We need you to know our rights and give us up-to-date information about our rights.
- We need your time, your energy, your nurturing. If you see us and treat us as the forming potential that we truly are, then we are more likely to blossom.
- Lastly, we need stability. If we have all of the above but do not feel as though we belong anywhere, and cannot establish roots, then our growth and development will be stunted. (Watts, Kumar, Nicholson & Kumar, 2006, p. 19)

Given that one of my aims in undertaking attachment assessments is to provide children with a voice I think this is a fitting note on which to conclude this chapter and move into a discussion of the role of attachment assessments in conflicted decision-making processes.
A consistent theme from the preceding two chapters is the importance of securing placements for children in care that are appropriate to their needs and facilitate their on-going development. There is no one-size-fits-all solution and decisions have to take account of the particular circumstances and history of each child, their birth family, and other adults who have cared for them. Given the different discourses that shape practice and the different constructions of childhood, that shape adult responses to them, conflict is to be expected. Unfortunately the management of this in relation to decision-making has not been a focus for care and protection social work research until recently (Stanley, 2002). The research that has been done has focused primarily on the first step in decision-making, i.e. whether or not the child is in need of care and protection. This chapter begins with a brief outline of the research on the use of risk assessment as a decision-making tool before moving into a discussion of the dynamics of decision-making at later points in the intervention process. The role of assessment in relation to decision-making at these later points is discussed and I conclude with an outline of the framework that I used when undertaking attachment assessments.

**Decision-making About Entry to Care**

Schuerman, Rossi and Budde (1999), motivated by concern about the validity of assertions by family preservation advocates that large numbers of children were being unnecessarily removed from their families, attempted to find out whether it was possible to identify decision-making standards on which to base best practice. They asked a panel of 27 experts and 103 practitioners to identify what decisions they would make in response to case vignettes involving serious maltreatment. It became apparent from early on that there was no agreement but they did find studying the character of the disagreement fruitful. The highest levels of agreement were found at the extremes, the most and the least serious cases. The greatest variation was in the mid-range and they concluded that “disposition decisions depend very much on who is making the decision” (Schuerman et al., 1999, p. 615). They also reviewed four other studies and found that levels of agreement were low (Craft, Epley & Clarkson, 1980; Phillips, Haring & Shyne, 1972; Phillips, Shyne & Sherman, 1971; Rapp, 1982; Shinn, 1969). These studies were undertaken in the United States and similar findings have emerged from research conducted in the United Kingdom (Barnes & Chand, 2000, Parton, 1996).
**Risk Assessment**

Concern about the subjective nature of decision-making coupled with high profile child deaths has led to a focus on risk assessment (Parton, 1996; Stanley, 2002; 2005). This trend has been prevalent throughout the English-speaking Western world and has led to the adoption of standardised risk assessment procedures. In Aotearoa New Zealand a Risk Estimation System (RES) based on the Manitoba Risk Estimation Model was adopted by CYF in 1996 (Doolan, 1998). Although, not directly relevant to my research, which focuses on decision-making about placement once the initial decision to bring children into care has been made, some of the findings from research on the use of such tools are relevant. One of the key concerns is the reduction of a complex task to a set of procedures, which masks the inherently subjective nature of judgements about risk and safety (Morley, 2003). Reification of the concept of risk leading to assumptions that it is an objective state that can be quantified has the same effect (Parton, 1996). Supporters highlight the need for critical reflection and the importance of supervision is also emphasised (Stanley, 2005). Such learning is equally relevant to decision-making at later points.

Stanley (2005) notes that one social worker referred to risk being eliminated when children are placed in care. This example of reification demonstrates the extent to which such processes can contribute to assumptions that are detrimental to children in care. Such a view is consistent with social workers delegating care responsibility to foster parents and kin carers, without understanding that placement in care has associated risks and that risk arising from adverse experience is not so easily eliminated. In Chapter Nine the nature of risk in the lives of children in care is explored in more depth and research in this area provides ample evidence that risk of maltreatment is not the only risk in these children’s lives. The emphasis on risk in relation to safety may have contributed to concentration of resources and practitioner attention to the first step in the intervention process with less attention to planning for children once they are in care. This could, in turn, increase the potential for conflict at later points.

Scott’s (1998) semi-longitudinal research with 12 hospital social workers and 15 statutory child protection workers over a period of three years provides some support for this observation. She found that there was a tendency towards proceduralised assessments with a focus on the events surrounding abuse to the exclusion of other aspects of the child and his/her context. She found little awareness of the extent to which social workers may have influenced the process of assessment or how the child and their parents might perceive them.
Social workers varied in their capacity to undertake psychosocial assessments and there were individual differences in the extent to which they preferred the more structured certainty of a pre-determined response rather than the open-ended nature of an individually tailored response to each case. In her conclusion she questions the feasibility of adopting the rigours of analytic induction necessary to the latter response:

Is there a human tendency to avoid the ‘cognitive dissonance’ of multiple hypotheses, and to seek evidence which fits our pre-existing schema and belief systems? This may be the greatest challenge for all of us. (Scott, 1998, p. 87)

This challenge permeates social work practice at every stage of intervention and individual responses to this challenge by all those participating in decision-making will have a bearing on the management of conflict.

**Dynamics of Placement Decision-Making**

Every participant in decision-making processes brings their own subjective views (Britner & Mossler, 2002; Stokes & Strothman, 1996). These will have developed from their own family background, education, current experience, and the values arising from their particular circumstances. These values will in turn influence the knowledge they consider relevant and the preferences they have in relation to the different solutions available. The two key positions of kin defender/family preservation and society as parent/child rescue, discussed in Chapters Two and Three, coexist alongside conflicting views of children and corresponding parental roles discussed in the preceding chapter. These different constructions influence perceptions of children’s rights, parental responsibility, the potential for change, and desirable outcomes when children are in need of care and protection. In such an environment conflict is to be expected.

Decisions about where children live are emotionally charged (Hindle, 2001) and views frequently become polarised. Although there is often an assumption that adults will act in children’s best interests, evidence suggests that parents and professionals do not always do so (Munro, 2001). Participants may also be operating from very different perceptions. Britner and Mossler (2002) explored the responses of 90 participants from four different professional groups, (including juvenile court judges and guardians ad litem, Court Appointed Special Advocates, social workers, and mental health professionals) to vignettes related to decision-making about out-of-home placements. They found significant differences in the information considered important and the services needed. They describe these decision-making
processes as confusing for both the interested parties and the professionals. “Best interests” is a subjective and contestable concept (Lansdown, 1994; Woodhead, 1990; Butler & Roberts, 1997) and in many cases both parents and professionals assert common sense as the justification for their position.

Considerable variation also exists in attitudes to children’s involvement in these processes. Thomas and O’Kane (1999), focusing on looked after children’s involvement in decision-making, identified different typologies among children and adults. They found that children tended to adopt one of five different stances. “Assertive” children believed they should have a say while “dissatisfied” children thought they should have more say than they do. “Submissive” children accepted that they did not have much say and believed that adults knew best. “Reasonable” children took a balanced approach, expecting to be heard at times but also accepting the need to listen to adults. A small group of “avoidant” children appeared to find the business of decision-making with adults especially difficult, responding “I don’t mind” when asked how much say they should have (Thomas & O’Kane, 1999, pp. 382–383). I have seen each of these typologies in action in my work with children and many conformed to the submissive or avoidant categories, finding it difficult to believe that their views were important or would be listened to.

Adult views of children’s involvement fell into four groups. “Clinical” responses focused on children as in need of treatment and decisions about their involvement in decision-making were linked to perceptions of their emotional capacity (or incapacity). In practice Thomas and O’Kane (1999, p. 383) found that this approach often led to exclusion on the grounds that “they are not ready’, ‘would not understand’ or might make a regrettable decision”. The “bureaucratic” stance centres on fulfilling organisational and procedural requirements, which may leave little space for effective participation or sensitive communication with children. A “value-based” approach regards children’s involvement as positive either because it is a child’s right or because it leads to better decisions, better practice and better outcomes. Those adopting a “cynical” stance asserted “that children have too much say already; that they do not know what is best; that they want power and no responsibility; that they are manipulative; that they are ‘spoiled”’ (Thomas & O’Kane, 1999, p. 383). Exclusion of children was common in my experience and I sometimes suspected that bureaucratic concerns were at the heart of children’s absence from decision-making forums. Some foster parents appeared to adopt the “value-based” approach but many foster and birth parents (and some social workers) expressed views consistent with the “cynical” stance.
In addition, Thomans and O'Kane (1999) found that adults varied in their perception of the impact of adversity on children. Some viewed the children as "damaged" leading to negative views of their capacity to participate. Others perceived the children to be "resilient" and therefore more able to participate, while a third view was that children in care are "special", having "a particular need for inclusion, power and autonomy, because they are relatively alone in the world and will need to stand up for themselves more" (Thomas & O'Kane, 1999, pp. 384-385). They conclude that "the precise ways in which the attitudes of adults, the demands of systems and institutions, and the perspectives of children interact to form the context for children's experiences of decision-making are subtle and complex" (Thomas & O'Kane, 1999, p. 385). This description resonates with my perception of children's experience of decision-making and calls into question the quality of decisions, giving rise to the possibility that what is done for and to children is more or less guesswork (Flekkoy & Kaufman, 1997).

Barratt (2002) draws attention to the large number of agencies and individuals potentially involved with foster children and the families they live with. She notes that despite the fact that a foster parent may be the person who spends the largest amount of time with a foster child, s/he may be marginalised within the professional network. She argues that professionals have a duty to clarify roles and responsibilities so that children and families receive a coherent support service. She concludes:

While the process of decision-making for children is always complex it is helpful if professionals can clarify their roles and responsibilities in the decision making and seek to have an understanding of where their ideas come from – to what extent they are from personal experience, knowledge of resources or a consideration of what is in the best interest of the child. Listening to one another with an open ear and giving equal status in the professional network to the foster carer may lead to decision making which is closer to the expressed needs of the child. (Barratt, 2002, p. 173)

I observed the marginalisation of foster parents on several occasions and many expressed their frustration during assessment interviews. Clarity about professional roles and responsibilities was often lacking and overt discussion of the source of their knowledge and views was rare. There are various ways in which these challenges can be responded to. One of them is to place greater emphasis on assessment as part of decision-making processes. The use of a particular type of assessment, focused on attachment, is the subject of this research. I turn now to a discussion of the role of assessment in decision-making processes and different types of assessment used to inform decision-making.
Cooper and Webb (1999, p. 120) maintain that "the messy tangle of relationships which cases typically present just is the way things are". They argue that in a postmodern context the dissolution of traditional structures of culture, tradition and authority have led to a situation in which no single principle, person or institution is capable of exercising overall control, or decisive influence, upon any given state of affairs. They found that delays in achieving permanence for children in care were frequently the result of unresolved conflict and they stress the value of assessment in moving forward.

These comments originate from an English context where there has been greater emphasis on assessment than is evident in Aotearoa New Zealand. In England and Wales a framework for assessment has been introduced. The Looked After Children (LAC) assessment framework consists of three main domains: the child's developmental needs; the capacity of the parent or caregivers to respond to those needs; and the impact of the wider family and environmental factors on parenting capacity and the child's needs (Cooper & Webb, 1999; Garrett, 2003; Gray & Rose, 2000). The aim is to improve outcomes for children in care and there is a clear focus on developmental needs and progress and the use of evidence based models of intervention. There is also considerable emphasis on the quality of relationships and the ability of birth parents to provide emotionally responsive care as well as safety, stability, stimulation and boundaries (Gray & Rose, 2000). Although such a comprehensive approach holds much promise for achieving improved outcomes, caution has been expressed about the tools and instruments on which the framework is based. Garrett (2003) questions the evidence base and argues that such an approach represents a positivist and psychiatry-led orientation that is insulting and patronising to children and their families.

Holland (2001) found in her qualitative analysis of 21 social work assessments of care and protection concerns that children's voices were silenced. She noted that in most "children are in fact minor characters in the narrative" (Holland, 2001, p. 326). By contrast the parents were often portrayed in an in-depth and lively manner. Other aspects of children's experience including school and their relationships with foster parents were often overlooked. She found that children's credibility was influenced by the way in which they were portrayed, sometimes being described as "whimsical and materialistic" (Holland, 2001, p. 328). Children's perspectives were also invalidated by references to the possibility that they had been influenced, and questions about their trustworthiness. Such findings highlight that tension and conflict are not necessarily avoided in assessment-informed decision-making about the
Cooper and Webb (1999) suggest that the role of social worker may be better constructed as "mediator" rather than "authority" when there is conflict about planning for children in care. They emphasise the importance of detailed attention to the voice of all those centrally involved in thinking about the child's needs and future placement possibilities. They identify four aspects of assessment in these situations. Attention to both the internal worlds of the actors and a systemic framework is needed. There is a need for acceptance that no one has overall control or the capacity to determine the direction of movement towards an outcome. The professional task is to be sufficiently part of the system to be able to understand and influence it, and sufficiently separated from it not to become a participant in the conflicted dynamics. Organisational conditions have to be good enough to allow social workers to concentrate on this complex task (Cooper & Webb, 1999). Golding, Dent, Nissam and Stott (2006, p. 25) suggest that this is not an easy task:

Listening to and acting on the multiple voices involved in the care of the looked after or adopted child is a complex process, and attention needs to be given to how we get through all these complexities. In particular we all need to search for the middle ground between silencing and ignoring those who are receiving services and being overwhelmed by their voices. Strong frameworks will be needed to listen to and act on the discussions held between all those involved in the care of children, not forgetting the voices of the children themselves.

In my experience specialist assessments are often requested because of these challenges. Work pressure may not allow time for completion of comprehensive assessments by social workers and social workers may lack the theoretical knowledge to undertake complex assessments (Brown, 2000; Chinnery, 1999). Social workers may become embroiled in the conflicted family dynamics or be perceived as taking sides with one faction in a dispute. As a professional group social workers occupy a relatively low status position and the recommendations of a specialist report writer may carry more weight in a conflicted situation. There may also be advantages in the complex issues involved in such cases being presented by a person who is not an integral part of the statutory agency.

One of the ways in which this conflict has been responded to is referral to a specialist who completes an assessment and provides a report. Such assessments in disputed situations provide an opportunity for all parties to be heard. These reports provide an overview of the situation and pay particular attention to the child's perspective. Recommendations about the
child's living arrangements are usually provided and these recommendations may have considerable influence on the outcome (Hindle, 2001).

Hindle (2001) stresses the value of assessment in planning for children in care, maintaining that the dual tasks involved in separating children from birth parents and seeking permanent placements may leave workers overwhelmed. She notes the risk that the coalition of agencies and individuals involved can be bewildering and susceptible to re-enacting the dynamics inherent in the birth family, or mirroring the child's internal world. She discusses the importance of a theoretical framework and close attention to the child's perspective.

Stott, Nissam, Dent and Golding (2006) argue that the experiences of children can be unsettling, grotesque and terrifying, challenging even those who cope by distancing themselves. They suggest “that the most disintegrated children need the most integrated thinking” (Stott et al., p. 363) concluding:

Without a clear structure and theoretical framework the danger is that we replicate the very same experiences of the children we are intending to help. We continue to act without integrating our thinking both within and between agencies. In our haste to alleviate the distress we don’t have time to hear all the voices and so lose the opportunity for a different story. (Stott et al., 2006, p. 363)

Stevenson and Hamilton-Giachritsis (2006) discuss the role of psychological assessments of children and young people in the Court system. They emphasise that these are not the same as assessments of therapeutic need and the key issues are the best outcomes for the child in terms of future placement and future contact with birth family members and other significant adults. They argue that an integrated theoretical framework is needed and propose five main theoretical perspectives: psychodynamic, humanist, cognitive-behavioural, attachment and systemic. They identify family history and relationships as one of the key areas to be assessed. They also include cognitive functioning, school performance, medical/physical history, sexuality, forensic history, self-assessment and psychological profile. Specific issues to be addressed include age, any physical or intellectual disabilities, cultural issues, mental health, attachment, contact and permanence.

Particular concern has been expressed about very young children in out-of-home care and the importance of assessment for both case planning and decision-making emphasised. Malik, Lederman, Crowson and Osofsky (2002) describe a programme in which comprehensive developmental evaluations of young children are undertaken at the point of
entry to care. Judges refer children and families on a case-by-case basis and the assessments serve two purposes. Reports are generated to assist the court with decision-making and the assessments also generate court-endorsed referrals for intervention services. These assessments include the use of standardised developmental measures, parent interviews, and observation of semi-structured play interaction and task completion. These assessments take place at an early stage in the intervention and do not usually involve foster parents. Their primary purpose is to facilitate decision-making about whether the child should be reunified with family or not. This programme operates in the United States where the Adoption and Safe Families Act, 1997 requires decisions about reunification or action to free children for adoption to be expedited (Barth, 1999).

Clyman, Harden and Little (2002) are similarly concerned with the high number of young children in foster care in the United States. They describe enormous variability between states in the rate of entry to care, discharge from care, and the duration and type of placements. Like Malik et al. (2002) they advocate the use of comprehensive developmental assessments, noting that both the Child Welfare League of America (1988) and the American Academy of Pediatrics (1994) recommend that all children receive comprehensive assessments within one month of placement outside the home. They argue that permanency decisions should take account of the quality of relationships and not be based solely on the amelioration of difficulties faced by the birth parents.

Access to comprehensive assessments such as these is very limited in Aotearoa New Zealand. There has also been no provision for comprehensive assessment by social workers, although this is now being addressed. In the absence of these approaches, more focused assessment frameworks have been developed, attachment assessments and psychological assessments being the most common. The advantage of an attachment-focused assessment is that relationships are at the centre. Psychological assessments tend to be more focused on the child and the extent to which attention is paid to relationships varies depending on the theoretical orientation of the psychologist. The central focus of this research was to engage in critical reflection about the use of attachment assessments in order to explore some of the assumptions underpinning my use of them. In the final section of this chapter I outline the use of assessments specifically focused on attachment and the framework I used when completing attachment assessments.
**Attachment Assessments**

Critical evaluation of the theoretical components underpinning my framework and an exploration of the link between theory and practice is provided in Chapters Eight and Nine. In this section I describe the use of attachment assessments to provide a context for the description of the framework that I used.

Pilowsky and Kates (1996) maintain that disruption in children's relationship with both birth and foster parents may precipitate crises for children. They draw attention to loyalty conflicts, potential loss of foster parents, and the child's eagerness to return to birth parents masking anxiety about their capacity to provide adequate care as possible precipitants of crises. Their clinical principles emphasise the gathering of a detailed placement and attachment history, including information about the child's permanency plan and the impact of any impending changes. Like Bushman and Goldman (1992) they warn against ideologically driven decision-making and agree that emphasis needs to be placed on maintaining quality relationships rather than moving children who have been in placements for significant periods in order to achieve permanence goals or kin placements. Hess (1982, p. 47) maintains that knowledge of attachment "is a prerequisite for the ability to plan wisely for children in out-of-home placements".

Ansay and Perkins (2001) propose a conceptual model based on attachment theory and parental bonding to facilitate decision-making when children are removed from their birth parents. They argue that contact offers an opportunity to observe and assess children's relationships with their birth parents and that this can be presented as evidence in decision-making forums. Haight, Kagle and Black (2003) adopt a similar approach arguing that attachment relationships provide a heuristic approach for understanding, assessing, and intervening in parent–child relationships during foster care visits. They warn against the danger of inaccurate assessments and inappropriate decisions by policy makers and practitioners if they rely on oversimplified assessments.

In making the case for the use of attachment assessments it is important to acknowledge that like all of the other parties involved, specialist report writers bring their own values and such reports cannot aspire to complete objectivity. Some have addressed this challenge by developing structured assessment protocols. One example based on attachment theory is that developed by Crowell and Feldman (1988; 1991). The assessment involves a videotaped series of structured interaction between a parent and child. The assessment begins with ten
minutes of free play at the end of which the parent has to get the child to clean up the toys. The child then has to complete four tasks, each more challenging with the last task being beyond the capability of the child without adult assistance. The procedure concludes with a brief separation followed by reunion. Originally developed as a research tool this strategy has been used as a clinical assessment tool. Zeanah, Boris and Larrieu (1997) describe the use of the Crowell procedure in combination with a semi-structured interview procedure designed to assess the parent’s working model of the child (WMCI).

The WMCI developed by Benoit, Zeanah, Parker, Nicholson and Coolbeau (1997) differs from other adult attachment assessments such as Main’s Adult Attachment Interview (AAI), (discussed in Chapter Six) because it is more specific, assessing the parent’s internal working model of attachment with a specific child (Benoit et al., 1997) rather than an adult’s generalised representation of attachment based on their recollection of relationships with parent figures (Crowell & Treboux, 1995). The parent’s narrative in response to a semi-structured interview is assessed on a number of criteria: richness of perception; openness to change; intensity of involvement; coherence; caregiving sensitivity; acceptance; infant difficulty; fear for safety. Affective tone is also taken into consideration across dimensions of joy, anxiety, pride, anger, guilt, indifference, disappointment, and shame. Three categories are assigned: balanced, disengaged, and distorted.

Two New Zealand practitioners, Chambers and Foley (2002), adopted this procedure developing a Parent Child Relationship Assessment Manual and offering training to other practitioners. They use a combination of the Crowell procedure and the WMCI to assess attachment. Although developed for use with toddlers they extend this to older children and have a variation for adolescents, which includes a longer period of separation during which they are asked to build their “special world” in a sand tray. When the parent returns they are instructed to learn all they can about the teenager’s special world. This process has been used to assess attachment between parents and children at the request of CYF, feeding into decision-making processes.

I believe there are a number of potential drawbacks to using such models. As discussed in Chapter Eight, the Strange Situation methodology from which this model is derived has been criticised for basing judgements on a contrived time-specific situation. The advantages of a seemingly objective, standardised procedure may come at the expense of other considerations. Zeanah et al. (1997, p. 188) describing the use of this method to assess infant-caregiver
attachment stress that “they are less standard than we presume, because of extraneous or contextual factors affecting infant and caregiver behaviour (illness, recent external stressor, nervousness about being observed or videotaped etc.)”. They combine these assessments with naturalistic observation in the home and recommend multiple observations in the clinic across time.

Malik et al. (2000) also incorporate a modified Crowell procedure in their evaluations and despite the comprehensiveness of their developmental assessments they sound a note of caution:

Although the evaluations can be quite helpful to the court in permanency planning issues, recommendations regarding permanency planning, given the limited scope of the evaluations are not part of the written recommendations. (Malik et al., 2000, p. 586)

Their caution is based on the fact that the child is rarely seen with both the biological and foster parents. They describe their assessments as providing the court with a window into the way a parent currently relates to the child.

Such models rely heavily on the expertise of the specialist, reinforcing the power imbalance between the participants in the assessment and the specialist. This may not be such an obstacle in a clinic setting where the interaction is being assessed with a view to intervention. In the context of decisions about where the child is going to live, however, there is considerable risk that parents will feel alienated and judged. Although theoretically sound, the assessment structure provides a snapshot of the relationship at a particular point in time and this has to be placed in context. Parents are an important source of contextual information (Roberston, 2006) and if they feel alienated they may be reluctant to provide this. There is also an increased risk that the fragile relationship between professionals and birth family will be further damaged, reducing the opportunity to work in partnership. As I have outlined in Chapters Three and Four, even if children remain in care their birth family remains important to them and the maintenance of positive working relationships between social workers and birth families is necessary if practice is to be child-focused.

An alternative to the use of structured assessment protocols as a means of addressing the issue of specialist report writers’ subjective view is to pay attention to professional safeguards that are in place. Specialist report writers have the advantage of being trained to work with children and access to comprehensive knowledge of child development, the impact of trauma,
family dynamics, attachment and resilience. They are skilled in communicating with children and adults and are able to draw on a range of strategies for eliciting information. Their role allows them to focus on the unique circumstances of each situation and gather detailed information. In addition, their professional training alerts them to the subjective nature of their endeavours, encouraging a reflective approach. Although there is some difference depending on professional background most disciplines acknowledge the importance of professional supervision or consultation to facilitate this. Their reports are usually accessible to interested parties and this introduces a degree of transparency.

The most important aspect of assessments is the drawing together of a large amount of information. Kates, Johnson, Rader and Streider (1991) stress the importance of an ecological assessment that takes account of the child and the environment. They identify four key issues when assessing children in care. The first issue is the quality of the child's attachment to biological parents. The child's management of their feelings about separation from parents is the second issue. The child's perception of the way in which interpersonal issues of trust, autonomy and parent-child boundaries are negotiated within the biological and the foster family is the third issue, and the fourth is the child's perception of his/her integration within the foster family. It could be argued that the key issue is children's participation and the opportunity to share their views because it is difficult to see how any of these issues can be assessed without reference to the child.

Although specialist assessments may provide information about children, they do not necessarily afford them an opportunity to participate in decision-making. Schofield (2005) identifies a potential conflict between children's right to participate in family placement decision-making and their right to have their welfare protected. She recommends an approach based on a developmental perspective:

Listening to individual children when making decisions in family placement is not simply about offering them the right to contribute views on placement choices or levels of birth family contact. It is about understanding children's point of view as well as their developmental needs, striving to make sense of what their lives have meant to them and seeing the world through their eyes. It is about working with them to anticipate, plan for and create a pathway that will bring them their best chance of stability, happiness and personal fulfilment in family and community life. (Schofield, 2005, p. 30)

Schofield has developed a model that draws on theories of attachment, cognitive development and resilience, and also takes account of family membership and identity, the child's sense of
self and capacity for resilience, and an ecological framework. The key elements are an understanding of the child's affect, the child's autonomy and the importance of a secure base, the role of cognition and in particular the internal working model the child has developed, the child's sense of belonging, and their developing sense of self. She concludes that:

Active listening by workers who understand the complexities of development, the need for children to take the lead in a safe environment and the need to find ways to reach each child, whatever their history or ability to communicate, is the only way in which we can hope to achieve the best outcomes for children. (Schofield, 2005, p. 33)

Attachment assessments take many forms and Stokes and Strothman (1996, p. 348), describing the use of bonding studies in Illinois, note that there is “not one type of evaluation, but a smorgasbord of evaluative procedures utilized to consider the relationship between a child and an actual or potential caretaker”. They identify four typical situations in which they are requested: Situations in which the question is whether to return a child to a parent from whom the child has been removed; situations in which two - or even more - families vie for custody of the child; situations in which opposing social workers or legal professionals at least agree on the paramount importance of the attachment, but disagree on which of the potential caretakers can best meet the needs of the child; and transracial adoptions. They note the increasing use in the late 1980s of formulations derived from attachment theory to complement the use of parent-child observations developed by Marschak (1960).

In elaborating their model they identify the first step as being “to clarify and define what really needs to be understood, about whom, and why” (Stokes & Strothman, 1996, p. 352). The second step is to learn the history and management problems of the case. The evaluation itself is based on a semi-structured interactive interview with the parent and the child. Stokes and Strothman (1996) stress, however, the importance of multiple sources of information including individual interviews with the adult(s) and child prior to any observations. Their model and that advocated by Schofield (2005) are closest to the approach I developed and will be referred to in the description of that framework.

**My Framework for Assessment**

Having completed my child psychotherapy training in 1990, I returned to CYF and was employed in a specialist services team. In that role I was asked to complete assessments for children in care. Some of these assessments were related to emotional and behavioural issues and the need for therapeutic intervention. Others were requested in order to clarify placement
issues when there were conflicting views. These situations were similar to those described by Stokes and Strothman (1996), but the potential for conflict, as discussed in Chapter Two, had increased following the introduction of the 1989 CYP & F Act because of the renewed emphasis on family preservation. I developed an assessment framework based on attachment, resilience and ecological theories with the aim of facilitating placement decision-making that was focused on the child’s current and long-term wellbeing (Atwool, 1999; 2005).

**Theoretical Framework**

In choosing to focus on attachment I was mindful that assumptions about where children should live often failed to take account of their sense of belonging. I was often surprised at the widely diverging views of what was in children’s best interests and the lack of any information about the child’s perspective or wishes. Attachment theory underpinned my exploration of the child’s past and present circumstances in order to develop a picture of the significant attachment figures for the child, the quality of these relationships, the ways in which the child’s and the significant adults’ internal working models\(^5\) shaped these relationships, and whether or not they had a secure base or place of belonging.

In developing my attachment assessment framework I also became interested in the concept of resilience. Children in care have heightened vulnerability and an understanding of the dynamics of resilience is important in facilitating positive outcomes. Research on resilience and protective factors for children facing multiple challenges, highlights four factors: individual characteristics such as self-esteem and internal locus of control, family support, support from a person or organisation outside the family, and cultural connectedness. As discussed in Chapter Nine these factors can all be linked to attachment and this understanding was incorporated in my framework.

Research on resilience also draws attention to the importance of an ecological framework to ensure that environmental influences are taken into account (Aldgate, 2006; Fraser, 2004; O’Dougherty Wright & Masten, 2006) and this also forms an important part of my theoretical framework. Fraser (2004) argues that ecological theory provides a frame of reference that takes account of both the individual and their context. Drawing on Bronfenbrenner (1979, 1986), he argues that children’s development is strongly influenced by the social contexts in which they grow up and that human behaviour involves not only intra-family transactions, but

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\(^5\) Internal working models developed in the context of attachment relationships shape children’s perceptions of themselves, adults, and the world around them. These are described in some detail in Chapter Eight.
transactions that extend beyond the family, encompassing the neighbourhood, education environments, recreational and other community systems. This perspective is vital when decisions are being made about where children should live because disruption of these wider networks is often overlooked and as outlined in the preceding chapter children find this particularly difficult.

I have endeavoured to summarise my theoretical framework in the following diagram. Attachment provides the core of the assessment, focusing on the micro sphere of the family. The next layer draws attention to the concept of resilience and the significance of internal and external protective and risk factors for the child, highlighting the importance of networks of support. The outer layer captures the transactional nature of relationships between individuals, families and the environment and the importance of taking these into account in the assessment process.
Figure 5.1 Theoretical Framework

Ecological

Resilience

Risk Factors

Attachment

Protective Factors

Relationship history
Attachment figures
Internal working models
Secure base
Place of belonging
Placement

Networks of Support

Meso and macro systems and influences
Attachment Assessment Process

In accepting referrals I often had to clarify why the referral was being made and what information was being sought. Clarifying the dynamics that had given rise to the referral often yielded information that was directly relevant to the assessment (Stokes & Strotherman, 1996). Over time I noticed that social workers became more explicit about the reasons for referral and sometimes included a set of questions around which the recommendations could be structured. Clear directions about the issues to be addressed usually accompanied referrals from the Family Court.

The focus of my assessments was on the quality and nature of the child’s attachments to the significant adults in their lives. Interviews and observations were used to elicit information that would help me to understand where the child located their sense of belonging, who they felt safe with, the degree of security in their relationships with the significant adults in their lives, and any sources of conflict. I was also interested in children’s views about where they should live and how much contact they should have with significant adults with whom they did not live. I considered this information vital to any decision-making.

I believed that if adults in conflict had an understanding of who and what was important for a child, it might be possible to reach agreement about living and contact arrangements. In the absence of such agreement, child-focused information decreases the risk of the child becoming invisible, increasing the possibility that his/her needs are at the centre of decision-making. Recommendations were designed to ensure that the outcome of the decision-making process offered the child stability and the opportunity to form secure attachment relationships with those people entrusted with his/her care. Part of the assessment process was to identify who the significant adults in the child’s life were, and the nature of his/her relationships with each of these people. The aim was to ensure that the decision was child-focused rather than a compromise designed to appease competing adults. In the next section I outline the way in which information was gathered for an assessment.

The Structure of an Attachment Assessment

Interviews and observations provided the structure for the assessments I have completed. Background information was provided by the referring social worker, and in some situations access to the case file was necessary to construct a chronology of significant events in the child’s life. Close attention to the case history was important to identify who the significant people were, any traumatic events in the child’s life, and the number of changes they had
experienced (Schofield, 2005). I was often surprised to discover that social workers and foster parents did not have a comprehensive knowledge of the child's history and there was a tendency to minimise the impact of traumatic events on children. I sometimes encountered resistance to this approach because different parties, including professionals, felt that obtaining detailed information about the past, prior to an assessment potentially biased the assessment, but as Stokes and Strothman (1996) point out, ignorance does not ensure objectivity. The connection between children's past experiences and their current level of security, and emotional and behavioural functioning was not well understood. In making sense of the child's history I drew on my knowledge of child development, psychodynamic theory, attachment theory and the impact of trauma. The process of completing an assessment afforded valuable opportunities to increase the understanding of participants and professionals involved in the decision-making that followed (Stokes & Strothman, 1996).

All of the significant adults in a child's life were interviewed; usually this included current foster parents and birth parents. Individual interviews were conducted if the birth parents were no longer living together and current partners were also interviewed. Sometimes former foster parents and extended family members were included. Information gathering was not confined to family and relationships, but also included significant events in the child's life, health, education, interests and abilities. Information obtained during the interviews supplemented the case history and was invaluable in filling in gaps. Adult participants were given the opportunity to talk about what they wanted and what they believed the child wanted. During the interviews I paid attention to the content of what was said and to the emotional tone of the narrative. My knowledge of attachment theory heightened my awareness of the coherence of the narrative and the extent to which the content and the accompanying emotional affect were consistent, the significance of which is discussed in more detail in Chapter Eight.

The core of the assessment was a minimum of three sessions with the child. Very young children (under four) were usually accompanied by a familiar adult, but with older children these were individual sessions undertaken in a therapeutic playroom. If the assessment involved siblings, I observed them together as well as undertaking individual sessions. Observing children together generated a great deal of information and highlighted that children from the same family may have very different views about their family, their place within that family and what they want for the future. Although, as noted in the previous chapter, sibling groups may prefer to be placed together this is not always in their best
interests and assessment of sibling relationships may form an important part of the assessment (Whelan, 2003).

Great care has to be taken in making sense of children’s direct expressions of feeling (Schofield, 2005). Their behaviour reflects strategies for survival and has to be understood in the context of their experience. Children from troubled relationships will almost certainly have complex and mixed feelings about significant others:

Notions of ‘strong’ or ‘weak’ attachment are very unhelpful and need to be consistently replaced by clarity about the behavioural evidence of secure and insecure attachment, especially in the context of permanency planning for children. (Schofield, 2005. p. 34)

For these reasons I chose to use a playroom setting and multiple sessions so that children had a safe place and child-friendly place in which to explore these issues. Multiple sessions also generated rich material and afforded the opportunity to check out any conclusions that I came to, reducing the risk of making assumptions on limited information.

Each individual session included a combination of structured exercises and free play. Structured exercises include drawing a picture of their family, completion of a projective drawing exercise, (House Tree, Person), a feelings exercise, and asking them about wishes. Drawings were used to facilitate conversation and any interpretation was explicitly recorded in the report. Family drawings were particularly revealing, providing information about who children perceived to be members of their family and who they did not. The positioning of figures also provided insight into the quality of attachment relationships (Fury, Carlson & Sroufe, 1997).

The use of free play as a means of communication is informed by my child psychotherapy training and theoretical underpinnings drawing on my knowledge of development including the impact of trauma (O’Connor, 1991), psychodynamic play therapy (Adams, 1982; Boston & Szur, 1983) and other models of play therapy (Axline, 1969; Gil, 1991; Oaklander, 1978). Although play is used in a number of different ways in therapeutic settings, there appears to be agreement that play is a child’s primary medium of communication and allows greater flexibility than reliance on verbal communication (Henderson, 2000). Play was regarded as affording an insight into the child’s perspective (Nickerson, 1973) and, as with drawings, any interpretations were identified in the report. During free play the children chose from a range of activities, which also created opportunities for exploration of different aspects of their
lives. The playroom always included more than one dolls' house to allow for play reflecting the reality of these children's lives. I sometimes found that my adult need for information generated anxiety leading me to ask questions. Whenever I gave in to this I discovered anew that children do not respond to adult attempts to elicit information in this way. Sometimes more than three sessions were needed, especially if a child was particularly mistrustful and in one assessment I met with the child eight times before I was satisfied that I had sufficient understanding of her perspective.

The most frequently used items in the playroom included a baby's bottle, a first aid kit and the sandpit. These were popular with children of all ages and were indicative of the issues they lived with. The first aid kit was used to fix dolls, themselves and sometimes me. Such play indicates an awareness of hurt and the need for fixing. The baby's bottle speaks of the earliest developmental stage and the need for nurturing. The sandpit was often used for messy play facilitating the expression of conflicting and confusing feelings. The sandpit was also used to create scenarios involving conflict using toy soldiers or fences and toy animals to establish boundaries between the dangerous zoo animals and the safer farm animals. Such play provided an insight into the children's worlds and told me something of their experience (Kalff, 1980). That they chose play as a means of conveying this was an important message about the nature of children's communication. The availability of this form of communication and the presence of an adult willing to allow them to lead the interaction for some of the time appeared to make the assessment experience more manageable for them.

My work with children taught me that they are able to articulate their thoughts and feelings when given the opportunity. They demonstrated a capacity for astute observation of adults and they humbled me with their acceptance of the events in their lives. I found that children were very forgiving and in most cases sought solutions that they thought would keep all the adults in their lives happy, sometimes including them all in one house in their family drawings. Although some children sought idealised or simplistic solutions, others demonstrated a shrewd awareness of the conflict between adults and a longing for this to be resolved. This was especially true for children experiencing intra-family conflict.

Children were observed with the most significant adults in their lives, sometimes in a playroom setting and sometimes in the home. Observations were largely unstructured and took place after I had completed individual assessment sessions with the child. When the observation took place in the playroom, the child was already familiar with the environment
and usually took the initiative engaging the adult participant in a range of play activities. These observations yielded rich information and any interpretation of what I observed was explicitly recorded in the assessment report. Attachment relevant information was observable in the interaction between the child and the adult, whether or not the child used the adult as a secure base, the quality of the adult's responsiveness to the child, and the extent to which the adult could engage with the child. I always sought permission to record my observations and often took detailed notes. Most adult participants expressed some anxiety about being observed, but in 11 years only one refused. Some expressed a preference for the more natural setting of the home and I was flexible in allowing some choice about this.

I did not include structured tasks in these observational sessions. Although they present challenges, which create opportunities to observe how adults support children in resolving problems (Chambers & Foley, 2002; Crowell & Feldman, 1988; 1991; Stokes & Strothman, 1996), I found that these opportunities usually arose in the course of the observation. I did not want to increase the stress on adult participants and also found that the unstructured nature of the session presented its own challenges that provided valuable information about the relationship between the child and the adult. Stokes and Strothman (1996, p. 364) identify the core parental capacities as being:

1. capacity for attachment and, in the absence of existing attachment, the capacity to sensitively engage the child in a get-acquainted way (Lobar & Phillips, 1992, p, 250); (2) capacity to set limits/take charge and structure activity; (3) capacity to encourage age appropriate autonomy and tolerate the child as a separate being; (4) capacity to supervise and teach; (5) capacity to handle conflict appropriately; (6) capacity to relate emotionally to the child.

I certainly found that unstructured sessions afforded ample opportunity to observe these.

**Attachment Assessment Reports**

Attachment assessments provided information about the perspective of all the adult parties and the source of conflict between them. The reports provided an opportunity to describe the quality of children's relationships with the significant adults in their lives. They also provided information about children's self-perception, their hopes and fears, and their views about where they should live and how much contact they wanted with significant people in their lives, including siblings. Included in each report was an historical background detailing the main events in the child's life, sections reporting the views of birth family, current caregivers and any other relevant people such as previous caregivers, an assessment of the
child including what was learned in the observations, and recommendations. I have always avoided the use of jargon and technical language, preferring instead to use accessible descriptions of the behaviour I observed and the conclusions I drew from this.

Once an assessment had been completed, the report was forwarded to the person who requested it, usually a CYF social worker. Sometimes I was invited to participate in subsequent decision-making forums to present my recommendations in person. In these situations questions were asked about the reasoning behind the recommendations and sometimes these were challenged. When the Family Court requested an assessment, the report was sent directly to the Co-ordinator who was responsible for distribution to relevant parties. Specialist Report Writers can be cross-examined on their report at the hearing. A report prepared at the request of CYF may also be presented in Family Court as part of their evidence.

**Development of Framework Over Time**

The development of both the structure and the way in which I made sense of children’s experience evolved over time. Changes to the structure resulted from increased awareness of the importance of observations of children with significant adults. As already noted, such observations were rich with attachment relevant information and sometimes provided information at variance with claims made during interviews. Because these observations contained a subjective element, any conclusions were explicitly discussed in reports.

In Aotearoa New Zealand one of the sources of conflict that may lead to a request for specialist assessment is children’s placement outside their cultural group. Despite the CYP & F Act and CYF policy clearly indicating the importance of culturally appropriate placements this goal is not achieved for all children (Brown, 2000). Pākehā dominate the professions from which specialist report writers are drawn and this aspect may be overlooked, exacerbating the conflict. Although I am Pākehā, Māori whānau (family) sometimes requested that an assessment be referred to me because I was known to explicitly address cultural issues. The CoC Act 2004 makes provision for cultural reports to be requested and there is provision for cultural input in other decision-making forums but in my experience these provisions are not widely used. One of the most challenging aspects of my assessment work was addressing these issues when a permanency placement for a Māori child was being contemplated with a Pākehā family. The implications of such placements for cultural identity
had to be included in the assessment and my theoretical framework has been critically
evaluated in relation to this challenge in Chapters Eight and Nine.

Summary

In this chapter I have provided an overview of the role of assessment in conflicted
decision-making for children in care. All assessments provide additional information to assist
with the decision-making task. Attachment assessments focus on the quality of relationships
and provide information about children’s experience. Reports do not simply record the
child’s view, they provide an analysis of the impact of their experience and the consequences
of this for their current relationships. Although theory and research are used to help
understand the likely interaction between children’s development and their environments the
primary aim is to capture each child’s unique pathway in order to ensure that decision-making
facilitates the best outcomes (Schofield, 2005).

I turn now to the methodology that I adopted in exploring the impact of attachment
assessments on decision-making in conflicted situations. Chapter Six outlines my original
proposal and Chapter Seven describes the modified strategy. This is followed by a critical
interrogation of the theoretical foundation on which my framework is based in Chapters Eight
and Nine.
Chapter Six
The Original Methodology

The research question that initiated this journey was “Does the use of attachment assessments in conflicted decision-making situations have a positive impact on outcomes for children in care?” As I explored this question I realised that there were a number of related sub-questions. I wanted to revisit the theoretical foundations on which my framework for attachment assessments was based and re-examine their relevance in the light of the most recent research. I also realised that there were two distinct elements in relation to impact, the impact on the decision-making process itself and the impact on long-term outcomes for children and their families. Four objectives provided the structure for this research:

• an examination of a specific aspect of practice, namely the use of attachment assessments in decision-making, with a view to identifying elements of best practice;
• an exploration of the impact of attachment assessments on decision-making processes in conflicted situations;
• an exploration of the experience of participants in this process;
• an examination of the outcomes for children who have an assessment completed.

A number of methodological issues were encountered in developing this research. I wanted to undertake practice-based research and the rationale for, and challenges presented by, such research are explored in the first section. The epistemological orientation of the research is then outlined followed by a discussion of the rationale for involving children as participants and the challenges presented by this. The next section outlines the original research plan including the ethical approval process and discussion of ethical issues. In the course of this research significant obstacles were encountered and the research methods had to be changed. The initial research design involved case studies but protracted difficulties with recruitment forced a change in the research methods. The differences between the original research plan and the revised method exemplify many of the issues pertinent to the powerless position of children in general and children in care in particular. In order to emphasise these issues I have chosen to discuss both the original research method and the revised method. This chapter, which presents the original plan for the methodology concludes with an outline of the obstacles encountered and lessons learned from this. The revised methodology is described in Chapter Seven.
Practice Based Research

The social services and counselling fields are frequently criticised for their failure to evaluate the effectiveness of their interventions (Cheetham, 1992; Gorey, Thyer & Pawluck, 1998; Munro, 1998; Payne, 1997). In particular, despite its long history and prevalence the use of foster care has, until recently, received very little research attention (Berridge, 1999). A gap exists between the worlds of practice and academia (Pinkerton, 1998; Randall, 2002; Sheppard, 1998) and obstacles to research exist within academic institutions (Orme, 2003). To some extent these result from the pressures of providing professional training but a primary reason for the lack of social work research directed at the effectiveness of practice is the extreme complexity of the task (Cheetham, 1992; Gibbs, 2001; Randall, 2002). Social work interventions are not particularly amenable to quantitative processes for a number of reasons. It is difficult to recruit large samples, the use of control groups raises significant ethical issues, effectiveness can only be evaluated over time and many interventions contain a number of elements that are not easily separated (Cheetham, 1999; Martinez-Brawley, 2001). Despite this, interventions evaluated using quantitative measures have been privileged generating considerable tension within the profession (Pray, 1991; Shaw, 2005). The ascendancy of cognitive-behavioural interventions (Gorey et al., 1998) and their dominance in social work training at the expense of other approaches is an example (Hudson & Roberts, 1998; Morgan, Carter & Roebuck, 1998). More recently the primacy attributed to positivist paradigms has been challenged (Fook, 1996; Gibbs, 2001; Martinez-Brawley, 2001; Shaw, 2005).

The issue confronting the social work profession is to find ways to research social work activity that acknowledge the heterogenous nature of that activity. Martinez-Brawley (2001) argues that homogeneous thinking was never a characteristic of the profession and that contradiction is inherent in the subject matter. She suggests that social work became fascinated with scientific method as "the result of a quest for permanency of solutions, of a desire to arrive at Truths, a desire to achieve universal answers to problems which often defy generalizations" (Martinez-Brawley, 2001, p. 279). The competing discourses discussed in previous chapters can be seen as examples of this quest. Social work knowing has been described as an unfolding essay that almost always implies interpretation. Martinez-Brawly (2001, p. 283) maintains that "in a heterogenous world, our best work will not be the quest for permanency but the search for all the possible alternative avenues that can lead us to new levels of understanding".
Orme (2003) argues that research must be developed from practice and that "the ontology of practice – the influences on both user and practitioner involved in social work interaction – is just as important as methodology and epistemology" (p. 546). She maintains that practice provides a rich source of enquiry, evaluation and theory building and that research involving the actors will be more meaningful for the development of effective practice. Cheetham (1992) suggests that the complexities of social work need to be matched by equally complex methodologies and stresses the importance of studying processes, taking account of both service and recipient based outcomes.

Marsh and Fisher (2005), addressing the need to develop the evidence base for social work and social care practice, emphasise the need to concentrate on distinctiveness in terms of the way social work and social care generates and uses knowledge. They argue that much of this research evidence can only be obtained by research involving practitioners and social service users and carers. They conclude, “social care knowledge production needs research that can be used in practice. It needs research that begins and ends in practice: that begins with practice-relevant questions, and that ends with relevant material that can be applied in practice” (Marsh & Fisher, 2005, p. 13).

One methodological approach developed in response to these challenges is that of the reflexive practitioner (Fook, 1996; Shaw, 2005; Sheppard, 1998). This approach locates research in the practice domain, ensuring relevance. Sheppard (1998) makes a distinction between knowledge as product and practice wisdom. Like Orme he believes that knowledge for social work is not just concerned with the epistemological but also the practical considerations. He argues that what is important is not theoretical validity in isolation but practical validity – “the extent to which it takes a form consistent with the nature and purpose of social work” (Sheppard, 1998, p. 771). He describes theory-driven practice as prescriptive and argues instead for a practice-led approach in which knowledge is capable of being utilised in a way that is consistent with the nature and limits of social work. He argues:

The danger exists, in the absence of a proper focus on practice validity, that academics with an interest in social work spend much time talking to each other within the neutered and neutralised environment of academe, while having minimal or limited influence on the conduct of practice itself. (Sheppard, 1998, p. 773)

In contrast to this rather sterile image he describes the reflexive practitioner as one:
...who is aware of the socially situated relationship with their client(s) i.e. with a clear understanding of their role and purpose; who understands themselves as a participant whose actions and interactions are part of the social work process; who is capable of analysing situations and evidence, with an awareness of the way their own participation affects this process; who is able to identify the intellectual and practice processes involved in assessment and intervention; who is aware of the assumptions underlying the ways they ‘make sense’ of practice situations; and who is able to do so in relation to the nature and purposes of their practice. (Sheppard, 1998, p. 767)

Shaw (2005), however, identifies a number of tensions in the role of research practitioner including the dual role as insider and outsider, the risk of marginalisation and the tendency to polarise differences between practitioner and academic research. Despite these tensions he concludes that practitioner research has considerable potential and that diversity should be encouraged in the development of this method.

Marsh and Fisher (2005) support the concept of lecturer-practitioner as a means of improving the knowledge base in social work and social care. They describe the role as being developed “to combine professional activity in both the academic and practice components of the discipline by integrating theory, practice and the teaching of practice” (Marsh & Fisher, 2005, p. 17). This describes my position as a researcher well. I have a foot in both camps – academia and practice – having come into the academic world with nearly twenty years experience as a practitioner and continuing to work with children. As an academic I have an interest in bridging the two worlds, in particular making theory accessible to apprentice practitioners. I accept, however, Sheppard’s challenge that theory must be critically evaluated to ensure practice validity.

Gibbs (2001 citing Fook, 1996) describes the key features and assumptions of reflective practice as:

...intuition and creativity; evolving frameworks and theories that can be applied to complex issues; the influence of context is seen as critical; the acceptance and valuing of unintended outcomes; the researcher’s lack of control is accepted; and the integration of theory, practice and research. (Gibbs, 2001, p. 697)

Gibbs (2001) goes on to note that while reflective practice is usually carried out by practitioners, academic researchers may also undertake reflective work and they can apply this strategy to research on social work practice. It is this approach that has provided the structure for my research.
Turning now to the particular aspect of social work practice that provides the focus for this research, O'Brien and Wrighton (2001) asked social workers what they wanted from research when planning for children’s permanent care. They found that although there were innovative training practices encouraging the development of an evidence-based culture, these were mainly generic and did not answer the questions that social workers had about specialist areas of practice. In relation to planning for children’s permanent care they found that social workers wanted answers to questions about assessment of carers’ qualities, preparation of carers and children, matching, contact, why children in care do not do well at school, children’s mental health (including the assessment of attachment and helping children with emotional and behavioural problems), children’s views, and effective post-placement support. With this in mind my research was designed to explore a specific aspect of care and protection intervention practice, decision-making in conflicted situations, and the application of a theoretical framework (based on attachment and resilience theories) to that process.

Paradigm

In order to meet the challenges identified above I chose a multi-method study undertaken within a constructionist paradigm (Crotty, 1998; Guba & Lincoln, 1994; Schwandt, 1994). My research is based on the understanding that knowledge and meaning are constructed rather than found or discovered. Participants in social processes may each have a unique understanding of that process but these are arrived at within the context of shared understandings, practices and language (Schwandt, 2000). Crotty (1998, p. 53) distinguishes between constructivism and constructionism, reserving the former term “for epistemological consideration focusing exclusively on ‘the meaning-making activity of the individual mind”’ and using constructionism “where the focus includes ‘the collective generation [and transmission] of meaning’”. I wanted to understand the way in which participants experienced the use of attachment assessments in conflicted decision-making processes and the ways in which the information provided shaped the process and the outcome. I expected that each situation would be unique but that there might also be some shared understandings among groups of participants.

Social work can be conceptualised as a socially constructed process (Payne, 1997) in which clients are active participants, shaping the nature of social work, thus creating local and specific constructed realities (Lincoln & Guba, 2000). The implication of a social constructionist view of social work is that the social worker (or specialist report writer) engages as learner rather than expert (Connolly et al., 2006). Rather than imposing
judgements, meaning is negotiated and the client is viewed as the expert on his or her own life. Critical reflection is intrinsic to this way of working.

A constructionist paradigm also has implications for our understanding of cultural difference. Connolly et al. (2006) identify multiple cultural differences as inherent to care and protection practice including theoretical cultures, childhood culture, adult culture, family culture and ethnic culture as domains of difference. They challenge the belief that tools and instruments used in child protection are culturally neutral, universal and appropriate to all. Instead they suggest that because ethnic identity and cultural difference are components of human identity they are not confined to those who are different to mainstream society. The social construction of the culture of childhood is particularly relevant as previously discussed. In considering these differences and the way they are constructed my approach is also shaped by critical inquiry and praxis (Crotty, 1998). Put simply, not all constructions are equal and all thought is fundamentally mediated by power relations (Kincheloe & McLaren, 1994). In my pursuit of the research question I wanted to explore issues of power and the ways in which these intersected with the use of attachment assessments.

Consistent with a constructionist approach there is no claim to objectivity or neutrality underpinning this research. Although attachment theory’s reliance on empirical research may seem inconsistent with this stance, the purpose of this research is to critically examine the extent to which these research findings are able to effectively inform practice. I do not question whether this is possible but rather seek to establish how the contribution of attachment theory may be maximised within a best practice model. In Sheppard’s (1998) terms I am exploring the practice validity of attachment theory. Within this analysis the concepts of attachment and resilience are understood as the outcome of relational processes not individual attributes. The central focus is decision-making in conflicted situations, conceptualised as an inherently inter-subjective process involving conflicting knowledge and power imbalances mediated by social processes. As a researcher I identify with the stance of “passionate participant” and facilitator of polyvocal reconstruction (Lincoln & Guba, 2000, p. 171).

Theoretical Perspectives

Knowledge is not sought for its own sake but from the practitioner perspective of wanting to make a difference. Stanley (1990, p. 15) describes praxis as a political position in which knowledge is not simply defined as “knowledge what” but also “knowledge for”, adding
"succinctly the point is to change the world, not only to study it". Praxis is central to critical inquiry and has been defined as reflection and action upon the world in order to transform it (Friede, 1972). Praxis is associated with notions of liberation for individuals and their oppressors. This seems a very tall order but when we consider the consequences of decision-making for children in care and the social constructions and power relations that influence this process, it can be argued that questions of justice and injustice lie at the heart of social work practice. The decisions made have a profound impact on children. Praxis is therefore at the heart of my methodology.

The choice of methodology has also been guided by a desire to focus on inter-connections at every level, the essentially subjective nature of research, the experiences of the participants, and how these are negotiated within a process that has a profound impact on the lives of those involved. Stanley (1990) notes that praxis also means that "how" is as important as "what". I am indebted to Marie Foley (2007) whose exploration of the ways in which social workers use attachment theory in practice alerted me to the relevance of attachment theory in my methodological framework. Although I had stressed the relevance of interconnection I had not, initially, made an explicit link to this theoretical perspective in my methodological framework. The centrality of relationship shaped my choice of participants in both the original and revised strategies. I preferred to negotiate the complexities of focusing on work with which I had been involved, than to attempt a more objective stance by directing my attention to the use of attachment assessments by others. This perspective also shaped my choice of one site where I already had working relationships with potential participants. I realised from the outset that I would need the co-operation of social work practitioners in order to undertake this work. I thought that I was more likely to engage participants in an environment where I was known and that pre-existing relationships would help overcome potential barriers to co-operation including high workloads and consequent stress and lack of time, suspicion of my motives, and defensiveness. This proved to be the case to the extent that my reasons for wanting to undertake the research were understood and staff members were co-operative in identifying cases. When I revised my research strategy I had no difficulty recruiting social work practitioners. Hockey (1993) cites this as one of the advantages of being an "insider", although this positioning is not without difficulties.

**Insider/Outsider Positioning**

Shaw (2005) argues that the practitioner researcher is both an insider and an outsider. He suggests that moving between the two can be difficult to sustain and carries the ever present
risk of marginalisation. Despite this he maintains that there is potential for critical practice from this position. Labaree (2002) challenges the notion that insider/outsider are mutually exclusive positions and suggests that they are points on a continuum. He suggests that the insider occupies a dualistic position as both the subject and the object of study, and that the researcher is not exclusively within either position but at the intersection of both. Labaree also points out that the researcher has multiple identities and this was certainly the case for me.

Although I had been employed at the site where the research was to be undertaken, I had only ever worked in the specialist services team at that site. That team was not located in the site office and the geographic separation, combined with the nature of the role, meant that there were outsider elements to the role. I only became involved in cases when there was a referral and in this way my involvement was by invitation and could be terminated, conferring a degree of power on the social worker. In the years preceding the commencement of the research I had been in an academic position but continued to accept referrals for attachment assessments. I did not charge for this work and this, combined with my previous employment, meant that I was regarded as more of an insider than some of the other specialists to whom referrals were made. I was, however, still an outsider in the sense that my involvement was limited to the completion of an assessment and any further involvement such as participating in decision-making meetings was determined by the social worker. Some of the practitioners had completed their professional qualifications at the University during the time I had been employed there. They had been introduced to some of the theory and practice at the focus of this research and this provided a shared frame of reference over and above my involvement in specific cases.

In relation to the assessments undertaken I was an outsider to the family but the boundaries shifted through the sharing of information during the assessment process. I hoped that the willingness of family members, children and foster parents to participate in assessments and their openness during the process would increase the likelihood of their participation in the research. The focus of the research was to be case studies and some of these may have involved attachment assessments that I had completed. For this reason participants were offered a choice of interviewer so that they had the option of talking to an independent person. I was particularly mindful of the challenge inherent in reflecting on work that I had been directly involved in. I did not, however, believe that this was impossible. Transparency in
terms of the research process and the basis of any conclusions drawn from the case studies would be imperative (Huberman & Miles, 1994; Maykut & Morehouse, 1994).

One of the dilemmas of the insider role is the positioning of the researcher by others and the impact this has on what is shared with the researcher (Labaree, 2002). Despite my role as specialist and lecturer I had found that social work practitioners engaged with me as a colleague. The various relationships with practitioners were characterised by openness and a willingness to engage in robust debate and challenge. This history gave me confidence that social work practitioners would not feel inhibited in sharing their perceptions in the course of the research process. Families and foster parents had also been forthright in sharing their views in the course of completing attachment assessments and I believed that this would carry over into the research process. I was mindful of the fact that any families engaged in ongoing conflict with CYF would not be able to do so without fear that their views might influence decisions and for this reason any families in this situation were to be excluded.

A further challenge associated with insider status is maintaining “enough distance to ensure that the analytical half of the insider/outsider coin operates effectively” (Hockey, 1993, p. 208). I believe that these multiple identities worked to my advantage enabling me to work at the intersection. I was able to capitalise on the advantages conferred by insider status while at the same time having enough distance to critically reflect on the practice that was at the heart of my research.

**The Question of Validity**

Qualitative research is frequently criticised for the failure to address issues of validity and reliability. Lincoln and Guba (2000) suggest that validity cannot be dismissed in the way that claims to objectivity can. They argue that there are two questions that must be answered. Are these findings sufficiently authentic that I may trust myself in acting on their implications? Would I feel secure enough to construct social policy based on them? Such questions are particularly relevant in the social work context.

Denzin and Lincoln (2000) argue that qualitative research is inherently multi-method in focus reflecting an attempt to secure an in-depth understanding of the phenomenon in question. I planned to use a number of research methods to obtain data in this project, including the use of a questionnaire, structured telephone interviews and case studies. The proposed use of these within this research is discussed in more detail in the Research Methods
section of this chapter. Before moving to the specific elements, issues related to the question of validity in qualitative research and the role of children as research participants are discussed. Triangulation of data from multiple sources is the most frequently cited response to this challenge. Citing Flick (1998), Denzin and Lincoln argue that triangulation is not a tool or strategy of validation but an alternative strategy adding rigour, breadth, richness and depth.

Silverman (2000), however, cautions against simplistic reliance on multiple data sources suggesting five possibilities for establishing validity: the refutability principle; use of the constant comparative method; comprehensive data treatment; deviant case analysis; and the use of appropriate tabulations. The refutability principle encourages the researcher to think critically about the data and not to rely exclusively on anecdotal reporting. I have critically interrogated theory in relation to practice to guard against simplistic or selective interpretation of data. I have placed particular emphasis on attachment theory, the link with resilience, and the cross-cultural application of these theories in the light of the experience of participants.

**Case Study**

The constant comparative method involves the use of case studies. Stake (2000) argues that case studies facilitate the study of the particular and are valuable for refining theory, suggesting complexities for further investigation and helping to establish the limits of generalisation. Each case study is of intrinsic importance but simultaneous study of more than one case adds depth to this process. Given the complexity of the focus of this research, multiple case studies were considered essential to ensure a thorough exploration of relevant issues. Verschuren (2003) notes that there is little consensus about the methodological status of a case study as a type of empirical research. He provides the following definition:

A case study is a research strategy that can be qualified as holistic in nature, following an iterative-parallel way of preceding, looking at only a few strategically selected cases, observed in their natural context in an open-ended way, explicitly avoiding (all variants of) tunnel vision, making use of analytical comparison of cases or sub-cases, and aimed at description and explanation of complex and entangled group attributes, patterns, structures or processes (Verschuren, 2003, p. 137).

He argues that many of the criticisms of case study research have come from a reductionist perspective and that these do not hold true for holistic case studies aimed at in-depth knowledge of patterns, structures and boundaries. He suggests that the difference between quantitative and qualitative strategies lies in the point at which the researcher's subjectivity
influences the process. In quantitative strategies subjectivity is exercised in the conceptual design and any errors cannot be rectified by the technical design. He concludes that issues of controllability and researcher-independence are always a problem and that confining them to case study methodology obscures difficulties within other strategies such as the survey and the experiment.

Case study as a research strategy is particularly suited for studying phenomena that are highly complex and/or embedded in their cultural context (Verschuren, 2003). Three types of case study are identifiable. Intrinsic case study is undertaken to facilitate better understanding of a particular case. Instrumental case study is undertaken to provide insight into an issue or refinement of theory. The choice of case is made because it is expected to advance our understanding of an external interest. Collective case study is the extension of instrumental case study to several cases (Stake 2000). This research was designed to utilise collective case study with the external interest being an examination of the use of attachment assessments to facilitate decision-making in conflicted situations. Cases were to be selected to facilitate understanding of participants’ experiences of this process and to explore outcomes. There was no presumption of similarity or that there would necessarily be common characteristics. The intention was to give voice to the similar and the dissimilar (Stake, 2000). This strategy also allows the constant comparative method to be utilised.

Comprehensive data treatment requires comprehensive description of specific phenomena rather than reliance on simple correlational statements. Consequently the focus of the analysis was to be on complexity and difference. A central issue in this project is the definition of outcome. Reddy and Pfeiffer (1997) review forty treatment foster care outcome studies and note a lack of consensus about what defines successful outcomes. They argue for a broad definition that is multidimensional and multidirectional. Because standardised outcome measures do not fit within a constructivist paradigm, I aimed to provide outcome data demonstrating the basis on which any conclusions are drawn, rather than superimposing judgements or specific categories. Cheetham’s (1992) observation that social work can often be about creating potentialities rather than final states or outcomes provides the framework for this analysis.

Deviant case analysis requires attention to difference, in particular findings that go against the trend. Attention was to be drawn to difference within the case studies and across them. There was no presumption of similarity or common themes underpinning the data analysis.
Finally, Silverman (2000) urges caution when counting categories and attention to how these are defined. I aimed to provide some tabulation of responses to the questionnaires but every effort was to be made to avoid spurious collation of the data. In constructing the case studies it was planned to include interviews with children over the age of ten years. Claims of validity in the context of child participants have been subjected to particular scrutiny.

**Children as Research Participants**

Research within the traditional paradigm relies on adults as expert observers of children who are viewed as objects of concern providing windows onto universal psychological laws or as indicators of treatment effects (Burman, 1994; Graue & Walsh, 1998; Stainton Rogers & Stainton Rogers, 1992). More recently, attention has shifted toward children’s direct involvement and their previously minor role in decision-making processes has begun to be criticised (Butler & Williamson, 1994; Holland, 2001; Smith et al., 1999). Researchers have noted that the ethical issues are the same as those that arise with adults but have a sharper edge because of the power imbalance between children and adults (Mauthner, 1997; Morrow & Richards, 1996; Thomas & O’Kane, 1998; Valentine, 1999). Rather than excluding children from research, or confining research to “safe” topics the challenge is to find appropriate ways to engage children in the research process, negotiate consent, ensure confidentiality, elicit information and construct meaning. Solberg (1996) argues that it is not that age and status do not matter, but that it is important to understand how they matter. She also notes that although children are regarded as being more likely to give adults the answers they think they want to hear, positioning children as experts on the subject of the research can overcome this. In this way the risk that they will give what they perceive to be the “correct” answer is reduced. Other researchers have noted that children may be less deferential (Valentine, 1999) and, in relation to consent, refuse outright or fail to turn up to the interview (Mahon, Glendinning, Clarke & Craig, 1996). Munford and Sanders (2001) argue that it is important that researchers do not use the issue of capacity as a justification to exclude children from decision-making about participation in research. They maintain that as soon as children are able to communicate verbally the responsibility rests with researchers to find appropriate ways to inform children and gain their consent.

Numerous studies emphasise the importance of quality in the research relationship, and that time spent on developing positive relationships is a necessary pre-requisite to children’s willingness to participate (see for example Solberg, 1996). Researchers have also noted the importance of not relying solely on individual interviews with children. A range of strategies,
including children's drawings, focus groups, children participating as researchers, and activities have been developed (Hill, Laybourn & Borland, 1996; McAuley, 1996; Mauthner, 1997; Morrow & Richards, 1996; Punch, 2002; Solberg, 1996; Thomas & O'Kane, 1998).

One issue of particular concern is that of confidentiality, should disclosures of abuse emerge during the interview. In one study a decision was made to guarantee confidentiality and renegotiate this if a disclosure was made (Mahon et al., 1996). The more common method is to advise children during the consent process that in the event of disclosure of information indicating that they are not safe, this would have to be passed on. Many researchers (for example, Morrow & Richards, 1996; Valentine, 1999) cite Alderson's (1995) advice that in the event of disclosure this should be discussed with the child and permission obtained to talk to someone on their behalf. Munford and Sanders (2001) frame this issue in terms of the principle of duty of care, arguing that the responsibility to protect research participants from harm extends to ensuring that strategies are put in place to deal with any threats to participants' safety that may be revealed in the research process. They refer to this as a qualified guarantee of confidentiality, carrying with it the responsibility to have strategies in place should there be disclosure. Although this issue is often discussed as if it is unique to children, disclosure of abuse or lack of safety presents an ethical dilemma irrespective of age. Persistently discussing it only in relation to children is evidence of paternalistic attitudes toward them and of a naïve assumption that adults do not find themselves in this position.

Children's competence and ability to participate has been demonstrated in a number of studies across different aspects of their lives including their experience of parental separation (Smith, et al., 2003), being in foster care (Christensen, 1998; McAuley, 1996; Munro, 2001), participation in decision-making (Thomas & O'Kane, 1998), experience of being a young carer (Mahon et al., 1996) perception and management of risk (Hood, Kelley & Mayall, 1996); emotions and well-being (Hill et al., 1996) and perception of problems, coping strategies and help-seeking behaviour (Punch, 2002). These studies have found that children want to be involved not only in research, but also in consultation about other aspects of their lives (Cashmore, 2002). Perhaps the most important finding is that children do indeed have a unique contribution to make. Hill et al. (1996) report that their research conveyed vividly the nature of many issues significant to children, some of which they felt adults underestimated or dismissed. Many expressed a wish that adults would listen carefully and take children's views and concerns seriously. One group came up with a version of "stop, look and listen" for adults:
STOP - and think about children’s point of view.
LOOK - for their feelings.
LISTEN - to what they say.
(Hill et al., 1996, p. 142)

My original research strategy was to be guided by this advice and was premised on the understanding that children are competent, that they have a right to participate and that their contribution is unique and important in understanding the process of decision-making.

**Research Methods**

There were four key aspects to the proposed research – critical interrogation of the literature, a national survey of CYF supervisors, telephone interviews with specialist report writers, and in-depth case studies. As discussed in Chapter Five there is considerable variation in the use of assessments and the nature of assessments requested to assist with conflicted decision-making for children in care. For this reason it was important to locate the qualitative data from the case studies within a national context. In choosing a multiple method approach I took account of Hammersley and Atkinson’s (1983, p. 199) caution that “one should not adopt a naively ‘optimistic’ view that the aggregation of data from different sources will unproblematically add up to produce a more complete picture” (cited in Silverman, 2000, p. 99).

One of the aims in choosing a multi-method approach was to reduce the risk of presenting findings from the case studies as if they were representative of practice throughout the country. The requirement is not for “the full picture” (which is often illusory) but for a transparent process of gathering data that allows the research questions to be addressed (Silverman, 2000). This section begins with an outline of the research process followed by discussion of the strategies chosen.

**Ethical Approval**

The original proposal was submitted to the University of Otago Ethics Committee for approval. To gain this approval information was provided about the proposed participants, consent processes, what was required of participants, precautionary measures to prevent harm or discomfort, potential risks and ways of managing these, methods used to collect, code, store, and eventually dispose of personal information. Information and consent forms were attached (Refer Appendix C). Conditional approval was granted but a question was raised about whether consent would be requested from only one parent or guardian and, if so, what
steps might be taken to ensure that children would not be put into a situation where they might be put under conflicting pressure to either participate or not by their parents/guardians. Given that some of the children eligible to participate in the research were likely to have remained in care there was a risk that the significant adults in their lives could take different positions in relation to participation in the research. In Aotearoa New Zealand birth parents remain guardians when children come into care in all but exceptional circumstances. In some cases foster parents become additional guardians but in others they have custody only. It was therefore decided that no children would be approached until consent had been gained from birth parents and foster parents. Full ethical approval was granted on that basis.

As an institution that supports the principles of the Treaty of Waitangi and partnership between the Crown and Māori as Tangata Whenua (people of the land) of Aotearoa New Zealand, the University of Otago also requires that research proposals likely to be of significant interest to Māori comply with the University Policy for Research Consultation with Māori. The research proposal was submitted for consultation and was considered by the Ngai Tahu Research Consultation Committee. A recommendation was made about use of a particular tool for collecting ethnicity data and the Committee acknowledged that the proposal outlined the sensitive nature of the project and the cultural issues that may need to be considered for the potential Māori participants. Attention was drawn to the cultural safety of Māori children in care “with reference to the aims and objectives of this study” (refer Appendix E).

Research Strategy

The original proposal included a literature review covering three aspects: an historical overview of the provision of alternative care for children focusing on decision-making processes and the role of assessment; an exploration of attachment theory; and an exploration of the link between attachment and resilience and implications for children in care. I began by critically reviewing relevant theoretical literature as the first step in examining the “practice validity” (Sheppard, 1998) of this framework. Although qualitative research often begins with the data and examines the literature in the light of this I considered the theoretical exploration an important precursor to data collection. I wanted to begin with an open mind and considered it possible that this exploration would not provide robust support for the framework, in which case the research question would have had to be revisited and further exploration of the impact of attachment assessments on conflicted decision-making modified accordingly. I also explored the historical context at an early stage in the research process.
because I wanted to identify the dominant discourses that had shaped decision-making in relation to children in care so that I could explore their influence on current practice.

A questionnaire focusing on practice in disputed cases was developed and distributed to CYF Supervisors with responsibility for care and protection and long-term care cases. (Refer Appendix F). Although questionnaires and structured interviews are often associated with positivist research where the intention is to identify statistically significant correlations across pre-determined categories, this is not their only purpose. The questionnaire design allowed specific information to be collected in order to develop a snapshot of practice across the country that took account of differences as well as similarities. Such a picture was important given the aim to develop practice guidelines because it may have been inappropriate to do so on the basis of data gathered from only one site. Supervisors were chosen as key informants because of their role in leading teams of social workers, making decisions about the allocation of resources (including funding for assessments) and supporting and guiding social workers in their practice.

Telephone interviews with specialist report writers to obtain information about the theoretical base of their assessments and the process used were also planned. I wanted to capture information about the different types of assessment and processes used because there is no standard approach (Refer Appendix C for outline).

Ten case studies were to be selected and the decision-making process and outcomes for each were to be tracked before analysing the data and identifying trends. The analysis of the data was to have been based on the following questions:
- Did the recommendations facilitate an agreed outcome?
- If agreement was not reached how were the decisions made?
- Were the recommendations implemented?
- If the recommendations were not implemented, what factors led to different outcomes?
- How long did it take for decisions to be made?
- Was the child's voice heard in this process?

Information about the current situation and present status of the children was to be obtained through:
- analysis of case records;
- interviews with children's current social workers;
The analysis of this data was to be focused on the following research questions:

- What changes in living arrangements have occurred since the decision was made?
- What is the nature of the child's attachment relationship with significant adults in their life?
- Was the goal of stability and the opportunity to form secure attachment relationships achieved?
- If so, has this resulted in positive outcomes?
- If this goal was not achieved what factors contributed to further disruption?
- How did participants experience the assessment and decision-making processes?

Analysis of the information held on file was considered important in building a picture of what had happened to children since the assessment was completed. The aim was to establish concrete data about the decision-making process and outcome as outlined above and additional information about any changes of placement, amount of contact with significant adults in their lives, and changes of social worker.

Although this information had the potential to contribute to an understanding of outcomes for the child, it was not viewed as the definitive source of information. The subjective views of parents, caregivers, the child and social workers were considered to be of more importance in building a picture of the outcome for each child. The aim was to explore the complexity of these situations from the perspective of those most affected, with attention focused on the unique experiences of the children and their families. For these reasons semi-structured interviews were considered to be the most appropriate means of gathering data (Refer Appendix C for outlines). The choice of semi-structured interviews was guided by clinical experience where I have found that the format allows the story to unfold in the person's own words. The process of the interview is as important as the content and often the order in which experience is related highlights what is significant for the respondent. The semi-structured format serves as a guideline or checklist but does not dictate the flow of the interview. Too rigid a structure creates its own imperative and detracts from the development of the individual account. The purpose of the interview was not to gain the same information from each participant but to elicit their representation of their experience (Opie, 1999) of the assessment and decision-making process. Opie cautions that one of the dangers of creating an environment that facilitates disclosure is that it can lead to too much. For this reason the
return of transcripts and gaining specific permission to use quotations was to be an important aspect of this research. It was important that participants had the opportunity to withhold material.

The children's interviews were also designed to include opportunities to participate in drawing and other activities. Children were to be invited to complete a picture of their family to facilitate discussion about where they were living and who they had contact with. Children were also to be asked to draw a self-portrait and invited to talk about things they were good at. If they did not wish to undertake this task they were to be asked to look at Strengths Cards and select the ones that they identified with. The purpose of this was to gain some understanding of the child's self-perception and self-esteem. Such strategies have been found to facilitate communication with children in research projects (Hill et al., 1996; Mauthner, 1997; McAuley, 1996) and in assessment processes (Russell, 1998). Drawing and other activities serve multiple purposes. They contribute to the creation of a child friendly environment and reduce the intensity of the one-to-one relationship with an adult, because there is no obligation to maintain eye contact. These activities were also likely to be familiar because they are often included in the attachment assessment process.

Access to Participants

The CYF Research Access Committee (RAC) must approve any research involving children in care. In accordance with their guidelines, the research proposal was submitted after I had obtained ethical approval from the University of Otago Ethics Committee. The RAC requested a more detailed time frame for the research, stipulated that CYF would forward information to potential participants who could respond if they wished, requested that the consent forms be amended to include “more of an assurance to protect the respondent’s identity” and a copy forwarded, stipulated a process to ensure confidentiality of information, and requested a copy of the University Ethics approval. I was also required to sign a deed of confidentiality and submit the penultimate copy of the thesis to the RAC. Additional issues were raised when I responded to these requirements and approval for the research to proceed was granted once these had been met. It took three months to complete this process. (Copies of the proposal and correspondence are included in Appendix D).

The initial contact with potential participants for all aspects of the research came from a CYF staff member. Because of concern about Supervisors’ workloads Regional Managers were asked by a National Office staff member to approach Supervisors and to nominate any
volunteers. Those names were forwarded to me and I could then send the questionnaire. Supervisors completing the questionnaire were asked to provide the names of specialist report writers willing to participate in telephone interviews.

The process for the case studies was more complex. I intended to conduct the research using a site located in one of New Zealand’s five largest cities. I met with the site manager, supervisors and the permanency team. In consultation with the supervisor from the permanency team a number of possible participants were identified. The criterion for inclusion was that an attachment assessment had been completed as part of decision-making processes. Cases were excluded if there were unresolved issues at the time of the research because it was considered that these would blur the boundary between on-going social work processes and research as a separate activity. Each case involved negotiating consent with foster parents, birth parents and the child. It was decided to approach foster parents in the first instance and then birth parents. As outlined earlier I had agreed to only approach children if consent had been obtained from adult parties because of concern about conflict if a child wanted to participate but any of the adult parties did not.

It was decided by the supervisor that a CYF social worker completing a fieldwork placement within the permanency team would make the initial approach, forwarding a letter I had written and following up with a phone call. I was to be advised once agreement to participate had been indicated. All parties were offered a choice of interviewer because I had been involved in completing some of the assessments and it was felt that some parties might be more comfortable with an interviewer with whom they had not had prior contact. I agreed to this method of recruitment because a social worker on placement was more likely to have time to undertake this case.

**Obstacles Encountered**

Unfortunately I was unable to proceed with the original proposal due to a number of obstacles. CYF’s insistence on robust procedures to protect client confidentiality and to ensure ethical processes in relation to access is appropriate given their duty of care and responsibility to ensure that children and families are fully cognisant of the implications and consequences of participation. There were, however, protracted delays and there appeared at times to be an excessive attention to detail that went beyond the requirements of the University ethics committee. This is perhaps understandable given that Child, Youth and
Family have had to withstand sustained scrutiny and criticism in recent years. It may, however, work against constructive evaluation of practice.

**Questionnaire and Specialist Interviews**

The first round of recruitment for the national survey yielded ten expressions of interest. Of these, two people completed and returned questionnaires. Repeated requests to the National Office of CYF to facilitate another approach failed to yield a response. I sent reminders to the original ten Supervisors who expressed interest and this produced two more completed questionnaires and two further expressions of interest in completing the questionnaire by phone. Repeated attempts to make contact with these two volunteers failed. The responses from the questionnaires have been included despite the small number because they highlight a range of different approaches but they fall short of providing a national context. Without completed questionnaires it was not possible to identify an adequate sample of specialist report writers.

**Case Studies**

Thirteen possible participants were identified. Of these, two had left care, two (siblings) were under the sole guardianship of their caregivers, one was living with a parent and the remainder were in foster care. All but one of the seven foster parents approached agreed to participate in the research. Two parents agreed, four declined and a number simply did not respond. I was unable to approach any of the children or gain access to case files without the consent of birth parents and foster parents. Attempts to contact families who were no longer involved with CYF were also unsuccessful due to people having moved from the last known address. Although the undertaking not to approach children without the consent of all the significant adults in their lives was made in order to protect children from exposure to further conflict or pressure, it had the effect of excluding them from the research. In one case consent was obtained from the foster parent and one birth parent but the other birth parent’s whereabouts were unknown. It may have been possible to proceed in this situation but given that active consent was unable to be negotiated with sufficient birth parents it did not seem feasible to continue with the case studies.
Summary

The stipulation that all recruitment be negotiated through a CYF staff member significantly contributed to the difficulties that forced me to revise my research strategy. Access to participants had to be negotiated through third parties who had no investment in the project and may have had limited understanding of the total project. My failure to elicit responses from the staff member designated to manage access to supervisors can be seen as evidence of this. Although mindful of the heavy workloads of CYF staff members, the strategy put in place to protect them reduced any opportunity for potential participants to engage with the researcher in the process of deciding whether or not to participate. Such distancing greatly increases the likelihood that people will choose not to become involved. Lack of commitment was also evident in RAC's failure to respond to requests to discuss the difficulties I was encountering, made in the progress reports submitted in accordance with their requirements.

In relation to the case studies the involvement of a social worker on placement was agreed to because it was more likely that this staff member would have time available to facilitate contact with potential participants. This did mean, however, that access was dependent on one person who did not necessarily have any commitment to this project.

Other reasons for the difficulties recruiting birth parents were identified as the research unfolded. These reasons related to some of the assumption I brought to the research and are treated as data and discussed in Chapter Ten.

After a lengthy process of attempting to negotiate access to participants I decided that it was unlikely that any more questionnaires would be forthcoming and that I would not therefore be able to proceed with the telephone interviews with specialist report writers. I also came to the conclusion that it was not going to be possible to recruit sufficient numbers for the case studies. I considered the topic too important, however, to abandon the project and in the next chapter I describe the revised methodology that I developed.
Chapter Seven
Revised Methodology

For the reasons outlined in the preceding chapter I was unable to proceed with the research as planned. One of the obstacles to proceeding with the original proposal was the absence of parental consent. This meant that service users (birth families and children) and carers could not be involved, thus falling short of Marsh and Fisher’s (2005) criteria for evidence based social work. When service users choose not to participate in research, and in so doing block access to other potential participants such as children, the likelihood of practice continuing unchallenged is perpetuated. For this reason, I chose to modify my approach rather than abandon the research.

In coming to this decision I was reassured to discover that despite the evidence outlined in the previous chapter, that children given the opportunity are willing to discuss their experiences of care, other researchers have encountered similar obstacles. Powell (2006) interviewed 12 New Zealand researchers and found that gate keeping was most likely to occur when the research topic was considered sensitive and/or the children were considered vulnerable. Sinclair et al. (2001), in undertaking questionnaire based research with children in care, noted that this required the agreement of both the child’s social worker and the caregiver and “although we hardly ever encountered a blunt refusal from either source, the arrangements took time to make and often they were not made at all” (p. 18). Ward et al. (2005) sought young people’s views of care and accommodation and noted that the number of gatekeepers encountered was particularly high including not only parents, but also social workers and foster carers, “all of whom may ask that particular children be excluded from selection” (p. 11).

In my search for an alternative way to proceed I was encouraged by Denzin and Lincoln’s (1994) description of the researcher as “bricoleur”, a researcher who uses the tools of his or her methodological trade deploying whatever methods are at hand. The product is a bricolage, “a complex, dense, reflexive collage like creation that represents researcher’s images, understandings and interpretation of the world or phenomenon under analysis” (Denzin & Lincoln, 1994, p. 3). Their later observation that “invention is not only the child of necessity but also the demand of a restless art” and that “the methods of qualitative research become the invention and the telling of the tales becomes the art” (Lincoln &
Denzin, 2000, p. 1061) provided the space within which to look at how I might use different tools to address the original research questions:

- How do attachment assessments shape practice when agreement cannot be reached about where a child is to live?
- Can the theoretical assumptions underpinning an assessment process based on attachment theory be justified?
- What is the impact of attachment-focused assessments on decision-making processes?
- What are the long-term outcomes of those processes?

**Methodology**

It was decided to proceed on the basis of interviews with social work practitioners from the site where I had planned to recruit participants for the case studies. Although this falls short of in depth case studies, the focus remains practice based and consistent with this aspect of the original methodology. The role of reflexive practitioner takes on a new dimension as the revised methodology invited social work practitioners to engage in reflection on their practice. Although the range of voices was considerably narrowed, constructionism remains an appropriate paradigm. The focus, however, shifts to the ways in which social work practitioners construct their experience of the use of attachment assessments in conflicted decision-making situations and their understanding of the impact on the children and families involved.

Critical theory is retained as an important element because the search for an understanding of power dynamics and the positioning of children continued to be central to this exploration. Praxis remained central to my research endeavours because the emphasis continued to be on making a difference. The influence of attachment theory carried over into my preference to work with practitioners with whom I had a relationship. As outlined in the previous chapter, I considered that this would increase the likelihood that participants would be willing to engage in critical reflection. This appears to have been borne out by the willingness of all those approached to participate in the interviews and the depth of their reflection during those interviews. This is in stark contrast with the failure to recruit participants for the less time-consuming process of completing a questionnaire. I chose not to expand my study beyond the one site because I was concerned that while quantity of material would be increased this might come at the expense of quality in terms of achieving a comparable level of critical reflection. Given this choice my role as an insider takes on particular significance and this is discussed in the ethical issues section of this chapter.
A crucial feature of the original research was the inclusion of children's voices. When it became apparent that this was not going to be possible I considered excluding the discussion of children as research participants from Chapter Six on the grounds that it was no longer relevant. The obstacles encountered in attempting to include children's voices in this research mirror the processes that limit their participation in the decision-making processes that affect their lives. Rather than perpetuate this silence I have chosen to treat my experience as a research finding. Because I could not involve children directly I expanded my review of the literature on children's experiences of care and highlighted this is by providing a separate chapter.

Revised Strategy

The focus of my research shifted from case studies to interviews with social work practitioners. Some elements of the original strategy are retained including the identification of historical discourses shaping decision-making practice, critical evaluation of theory, critical reflection on my own practice experience and the questionnaire. I did, however, decide to move the critical evaluation of theory from the literature review at the beginning of the thesis to the third part of the thesis, which focuses on the evaluation aspect of the research. New elements of the modified strategy included an extension of the literature review and interviews with social work practitioners. Together with the questionnaire these are described followed by a discussion of the ethical issues encountered. The process for analysing the material from the interviews is described in the final section of this chapter.

Questionnaire

As previously described I designed a questionnaire for completion by CYF supervisors in an attempt to gain a national perspective (refer Appendix F). CYF did not allow me to make direct contact with potential participants; instead National Office contacted managers requesting them to nominate supervisors willing to participate in the study. Expressions of interest were received from ten supervisors and questionnaires were sent by e-mail. Of these, two were returned promptly and a reminder produced two more. All participants came from different sites, two worked in large city offices, one worked in a town office and one worked in a rural site. Supervisors from the site where the interviews took place did not complete the questionnaire.

6 As outlined in the methodology discussion in Chapter 6 permission to undertake this research had to be sought from CYF's Research Access Committee and this was one of their conditions.
Extension of the Literature Review

The literature review was extended to include recent research on children’s experience of foster care and particular attention was paid to children’s perspectives. Discussion of discourses around permanency, current debate on children’s contact with birth family while in care, and factors contributing to positive outcomes was expanded in Chapter Three. A further chapter was added to include discussion of the ways in which childhood is socially constructed, followed by an exploration of child-focused research, which enabled children’s voices to be represented (Chapter Four). This additional material supplemented the practitioner perspectives by highlighting current debates influencing decision-making and providing additional insight into the experiences of families and foster parents.

Interviews with Social Work Practitioners

In order to gain as broad a perspective as possible I interviewed ten social work practitioners who performed different roles in the decision-making process. The participants included five front line social workers, two supervisors, two caregiver liaison social workers, and one FGC Co-ordinator. Selection was based on participants having direct experience of the use of attachment assessments in decision-making processes. For the social workers this included having made referrals for assessments and being actively involved in the decision-making. Some had current knowledge of the children involved but this was not a prerequisite for participation because changes of role and reallocation of cases meant that many were no longer working with the children and families for whom attachment assessments had been requested. Supervisor selection was based on their experience of having supervised cases where assessments had been used and their direct experience of attachment assessment informed decision-making in the supervisory role. The caregiver liaison social workers brought a unique perspective. Both had participated in attachment assessment informed decision-making prior to taking up this role and in addition they were closely involved with foster parents and permanency decision-making processes. The role of FGC Co-ordinators is to organise and facilitate FGCs. This is one forum in which attachment assessments are presented and experienced co-ordinators have a perspective not available to other practitioners. They are not directly involved in casework and their responsibility for facilitation provides a degree of distance, not available to front-line social workers.

A direct approach was made to each of the participants and they were provided with a modified outline of the project (Appendix G), consent form (Appendix H) and an interview outline (Appendix I) in advance of the interview. All those approached agreed to participate
despite the fact that the interviews were to take place in December, a very busy time for social work practitioners.

Of the ten participants there were three men and seven women. The participants were drawn from a CYF site located in one of Aotearoa New Zealand’s five largest cities. A semi-structured format was used (refer Appendix I) and the interviews varied in length from 45 minutes to 90 minutes, averaging about 60 minutes. All interviews were taped and transcribed. Transcripts have been randomly allocated a letter of the alphabet (excluding the initials of all participants) in order to ensure confidentiality and these letters are used to identify participants.

Participants were asked to identify their age within five-year brackets. Ages ranged from 25–29 (one participant) to 60+ (two participants). Seven of the participants were aged over 50, making this a very mature group. Given this, it was not surprising that there was a wealth of social work experience within the group. Participants were asked to identify how long they had worked for CYF and the range was from 2.5 years to 24 years. Seven of the participants had more than twelve years’ experience and the least experienced participant had spent nine years working in a similar field in another country. The total number of years working for CYF was 123.5. Seven of the participants held social work qualifications at diploma or degree level. One had a certificate in social work and two were currently completing a social work qualification. In addition six participants held additional tertiary qualifications. Two mentioned involvement in voluntary work and two had been employed as CYF resource workers prior to taking up a social work position. In the course of the interview two participants also mentioned that they had been foster parents.

At the time of the interviews the site was organised in generic teams covering both intake and long-term cases. All of the front-line social workers interviewed also had experience in specialist teams, two had worked primarily in intake and three had worked primarily in a long-term care team. The two caregiver liaison social workers also had extensive front-line social work experience, one in intake and generic teams, and one in long-term work. Although both supervisors were responsible for generic teams, one had worked primarily in intake and the other had until recently supervised a long-term team.

Participants had a range of experience with attachment assessments. When asked to identify the number of cases at the beginning of the interview the FGC coordinator could
recall approximately twenty cases and another participant had been involved with more than
ten cases. Two other social workers recalled seven, and five to six while three social workers
initially recalled only one case. Of the supervisors, one had been directly involved in one and
overseen four or five others and the other had overseen three or four. As the interviews
progressed several of the participants recalled other cases that they had been directly involved
in as well as cases currently on their caseload where attachment assessments had been
completed prior to the case being allocated to them.

In the office where the participants were employed attachment assessments had been
undertaken by myself, another member of the CYF Specialist Services team or through
referral to specialists, including psychologists, child psychotherapists and social workers in
private practice and employed by the District Health Board. I had completed some, but not all
of the assessments that the participants had been involved with. My primary focus was the
impact of attachment related information on the decision-making process. There is some
evidence that the shared theoretical orientation provides a central core for all attachment
assessments and that the type of information shared in decision-making forums is very
similar. I had supported the other worker in the Specialist Services team to undertake
attachment assessments and worked closely with her. Although some differences are evident,
practitioner accounts of their attachment assessment work provide further support for this
view. For example, Salmond (2002) incorporates narrative theory in her approach and draws
attention to the way in which this can shape the way in which attachment-related information
is shared. The nature of that information is, however, consistent with that included in my
reports. Williamson (2002), in an article encouraging social workers to undertake attachment
assessments, provides further evidence of the similarity in terms of information sought during
the assessment process. He also encourages the use of play to facilitate communication with
children.

I used a semi-structured format and the primary purpose of the interviews was to
encourage social work practitioners to engage in critical reflection about the use of attachment
assessments and their impact on decision-making processes and long-term outcomes for
children. The material provided has been treated as practitioner narratives about a particular
aspect of practice. As such they are constructions, stories that make sense of their practice
experience (Burck, 2005; Verhesschen, 2003). There was no expectation that a consensus
would emerge; the aim was to explore the complexity of the phenomena at the heart of this
research, identifying common themes and contradictory elements (Rodriguez, 2002). As
Rodriguez (2002, para. 6) has noted there is no search for truth; what the researcher does is to assess the “compellingness” of different narratives. In so doing “[W]hat needs to concern us are the discursive, communicative, and performative practices that make some narratives more compelling than others, and how these practices are promoted” (Rodriguez, 2002, para. 6). Such an approach is consistent with my positioning of myself as a reflexive practitioner: contributing my own narrative to the research process. The thesis, itself, can then be constructed as a compelling narrative:

A narrative as a research report has the character of a plea in which an argument is developed (Verschaffel, 1990). The narrative offers a particular interpretation but must offer points of anchorage for criticism. Therefore, the train of thought must be transparent. (Verhesschen, 2003, p. 461)

The practitioner narratives are used to further develop my analysis of the relationship between practice and the theoretical perspectives put forward in the following chapters. They provide insight into the intersection between theoretical concepts and practice application, thus contributing to the exploration of practice validity. In line with the emphasis on praxis, the aim was to develop practice guidelines. Formulating these as compelling narratives makes explicit the arguments on which they have been developed enabling readers and users of research to decide if the results, or aspects of the results, fit their own context (Cohen, Mannion & Morrison, 2000). Narratives are also, by their nature, incomplete leaving the way open for new experiences, meanings and understandings to be incorporated (Rodriguez, 2002). In this way the trap of guidelines becoming formulaic constructions imposed on practice can be avoided.

**Ethical Issues**

I advised the University Ethics Committee and the RAC of the revised strategy and consent to proceed was granted. Although not raised by either body, confidentiality emerged as a significant issue in relation to the participants and in relation to information about families and children that emerged during the interviews. Confidentiality for participants was easier to resolve because they had given informed consent and the more difficult issues centred on the use of case material. Each participant was given an anonymous identifier. Due to the sample size and selection from one site only, I have not indicated the gender or role when using excerpts from participants’ transcripts because this may have compromised confidentiality.

In Chapter Eleven I discuss the perceived outcomes for children. Although this discussion is limited to participants’ knowledge and in some cases this is incomplete because they were
no longer working with cases discussed in the interview, this material is included in order to capture something of children’s experiences following the completion of an attachment assessment. To have not included this material would have perpetuated their invisibility. Information about children whose birth parents declined consent to participate in the research provided during the interviews with practitioners has, however, not been included. This has resulted in the loss of some significant material and has been the most challenging ethical issue for me. It is likely that these birth parents chose not to participate because of unresolved issues in relation to the decisions made following the attachment assessment and the social work practitioners’ comments suggested that this was the case. For this reason their reflections on the issues raised by these cases have been included but without any discussion of the particular circumstances. In this way I hope to honour their choice not to be involved while also accepting the professional responsibility to critically examine the impact of practice on children and families. Every effort has been made to exclude information that could lead to the identification of specific children and families. For this reason any references to specific children are gender neutral and the focus is on identifying patterns of experience.

Although mindful of the importance of informed consent and the protection of confidentiality I remain concerned that in order to protect children from possible exposure to conflict or pressure from adults, they were denied the opportunity to participate when birth parents either declined or failed to respond to invitations to participate in the research. In this way the research process mirrors the practices that lead to children not having direct access to participation in the decision-making processes that were the focus of this research. This remains for me an unresolved, and possibly unresolvable, ethical dilemma.

The second ethical issue relates to the dual role of practitioner and researcher. The focus of this research is a professional practice in which I have been involved. As outlined earlier I have positioned myself as a reflective practitioner/researcher engaging in collaborative research with practitioners. There are four primary responsibilities in this role – the critical analysis of theory from the perspective of practice validity, critical evaluation of my own practice, analysis of the material provided by the participants and evaluation of the perceived impact of practice on children, birth families and caregivers. Because I did not obtain the consent of birth parents or children to participate in this research I did not access any of the attachment assessment reports I had completed. I relied on my critical reflection on my experience completing these assessments and the critical reflection of the social work
practitioners I interviewed. I was mindful at all times that there were boundaries that needed to be maintained between the roles of practitioner and researcher, although I acknowledge that at times I struggled with this.

My positioning as an insider took on particular significance when the focus of the research changed to practitioners. As noted in the previous chapter the researcher role contained both insider and outsider elements and the possibility that participants' responses would be coloured by their positioning of me is an important consideration (Labaree, 2002). Given that I had provided a service by completing attachment assessments, participants may have been reluctant to be critical if they thought that this might affect the availability of such a service in the future. Part of my reasoning in engaging with participants with whom I had previous relationships was to overcome this difficulty. Most of the participants were very experienced practitioners who held strong views, which they had not hesitated to express in my previous dealings with them. Although the participants acknowledged my expertise, this had not prevented free and frank exchange and some assessments had generated considerable debate. This risk was further reduced because by the time the interviews were undertaken I had accepted another position and participants knew that I would not be able to accept referrals in the future. During the interviews I encouraged participants to join me in the process of critical reflection. Although I used a semi-structured format the discussion was wide-ranging and most responded in considerable depth. In many of the transcripts there are large sections where participants talked at length without prompting. They appeared to welcome the opportunity to reflect on their practice in relation to the use of attachment assessments in conflicted decision-making situations. My confidence in their ability to speak freely was borne out by the content of the interviews. As will be seen in the next chapter, participants were remarkably frank, challenging some of my assumptions, identifying limitations and expanding my view of the potential role of attachment assessments.

At all times I was mindful of the idea that ethical management of research is a process that continues throughout a project (Davidson & Tolich, 1999). The applications for ethical approval and access to participants were only the first step. Ethical issues related to informed consent, voluntary participation, confidentiality, protection from harm, and decisions about inclusion and exclusion of direct quotations. The power dynamics inherent in the act of interpretation were revisited continually throughout all the phases of the research. It was also important to be mindful of the inherent challenges of a constructionist framework when working with these ethical issues. There was no room for complacency or uncritical
acceptance of concepts such as "best interests". The original aim was to engage in research as a negotiated process resulting in a polyvocal reconstruction of participants' experiences of being involved in attachment assessments as part of a conflicted decision-making process. In the end I did not have the voices of children or their birth parents and foster parents but I did have the voices of social work practitioners who engage with them. The participants do not speak for the children and adults they work with, they engage in reflection on a particular practice and the impact of that practice on themselves and others.

**Data Analysis**

Having sought individual representations of conflicted decision-making processes it is important that the analysis of the data respects the complexities and contradictions. The interview data has therefore been analysed manually, working through the transcripts, identifying themes, and revisiting the material from different angles. Computer packages were not used because the emphasis on coding can suppress "the reflexive intellectual and experiential capital that one brings to the data" (Opie, 1999, p. 228). The reflexive nature of this process is critical and the analysis pays attention to the role of the researcher at each step of the process. Fontana and Frey (2000) warn that many studies using unstructured interviews are not reflexive enough about the interpretation process and they warn of the dangers of common platitudes such as that data speak for themselves and that the researcher is neutral, unbiased and invisible. Silverman (2000) notes the tendency towards an anecdotal approach to the use of data in relation to conclusions or explanations in qualitative research and suggests that there are grounds for disquiet when the representativeness or generality of selected fragments is not addressed. There is a tension between honouring the voices of the participants and allowing them to be heard and the analytic task of exploring the implications of what they have to say for theory, practice, and policy. This is the researcher's responsibility and tools to facilitate this include reflexivity and deconstruction. At all times I was mindful, however, of Janesick's (1994) reminder that staying close to the data is the most powerful way of telling the story that emerges from the data.

Rubin and Rubin (2005) describe the data unit in qualitative work as an exchange on a single subject. The first stage of the data analysis was to group sections of the transcripts into data units representing particular concepts, themes and events. The first of these related to the use of attachment assessments. Within this unit, sub-units including the purpose of attachment assessments, decision-making processes about the use of these assessments, access to reports, and the forums in which assessments are presented were identified. The second
data unit related to the impact of attachment assessments and the two sub-units were identified related to the impact on the different people involved and on the decision-making process itself. The third, related to the perceived value of attachment assessments and sub-units included increasing understanding, increased understanding of the child's perspective, taking a position and providing supporting evidence, and independence of attachment assessment reports.

I undertook this task by manually colour-coding sections of each transcript and using the computer to copy and paste blocks of text into a single document. Some blocks of text appeared in more than one data unit because material relating to more than one theme sometimes appeared in a single block. Within each data unit, material was coded manually before being grouped around the sub-units. Although somewhat laborious I found that working through the data in this way avoided the danger of overlooking aspects that did not fit the selected data units. Using a colour coding system and highlighting sections of transcript drew attention to material that did not fit and this was set aside for further examination. A fourth data unit emerged from further analysis of this material. I gave this unit the label “Issues”. Sub-units included barriers, disadvantages, improvements, ensuring processes are child-focused, the role of Judges, the question of whether social workers could do attachment assessments, and cultural tensions.

A similar process was undertaken in relation to perceived outcomes for children for whom attachment assessments had been completed. Initially I wanted to present this as a series of narratives based on the information provided during the interviews, followed by an analysis of the themes emerging from their stories. I realised, however, that I could not proceed with this strategy in the absence of consent from the children and their birth parents. Further analysis of the perceived outcomes produced six different types of outcome and these formed the data units providing the structure for my analysis. From this a number of issues were identified and discussed. The final stage of the analysis related to respondents’ perceptions of what factors contribute to good outcomes for children in care. Four major themes were identified: contact with birth family; quality of placement; child-related factors; and keeping children out of care. This was the most difficult stage of the research for me because my wish to highlight the impact of decision-making experiences on children in care came into conflict with ethical considerations as previously discussed.

Data analysis has been described as:
...the process of moving from raw interviews to evidence-based interpretations that form the foundations for published reports. Analysis entails classifying, comparing, weighing and combining material from the interviews to extract the meaning and implications, to reveal patterns or to stitch together descriptions of events into a coherent narrative. (Rubin & Rubin, 2005, p. 201)

The interviews were, however, only part of the narrative and the final stitching together had to incorporate the critical evaluation of theory, the identification of dominant historical discourse, current discourses shaping decision-making practice for children in care, and my own critical reflection. In addition I had to be mindful of the paradoxical nature of the qualitative researcher's task which is to be acutely tuned into the experiences and meaning systems of others while at the same time being aware of how my own biases and preconceptions might be influencing what I was trying to understand (Maykut & Morehouse, 1994).

Summary

Four objectives provided the structure for the original methodology:

• an examination of a specific aspect of practice, namely the use of attachment assessments in decision-making with a view to identifying elements of best practice;
• an exploration of the reported impact of attachment assessments on decision-making processes in conflicted situations;
• an exploration of the experience of participants in this process;
• an examination of the perceived outcomes for children who have an assessment completed.

Despite the changes to the methodology it has still been possible to address these four objectives albeit in a modified and less complete manner. An interrogation of the theory in the light of practice experience is undertaken. The modifications mean that the research is based on social work practitioner perspectives with parents, caregivers and children's experiences accessed indirectly, rather than directly. The evaluation of the impact is now also confined to social work practitioner perspectives, although these are expanded to include a wider range of practitioners than in the original design. The inclusion of a FGC coordinator, two supervisors, and two caregiver liaison social workers expands the number and range of situations under discussion. Perceived outcomes for children have been addressed in the interviews and are reported in Chapter Eleven.
I was deeply disappointed to have no choice but to modify the methodology. I considered the topic too important, however, to abandon the project. Instead of being able to triangulate the perspectives of the different participants in these decision-making processes the triangulation now takes place between the analysis of the literature (theory and research), the perspectives of social work practitioners, and the perspective of the researcher. My experience highlights the difficulties identified in the discussion of practice based research but remains consistent with the paradigm that provided the framework for the original proposal. I have, however, been forced to rely on reflection from a narrower range of perspectives. Within this it has still been possible to gain insight into decision-making processes as socially constructed experiences.

Limitations

The primary method of investigation is reflection on a particular aspect of social work practice. I engaged with social work professionals with whom I had previously worked from the standpoint of practitioner/researcher and was able to facilitate explorative and reflexive conversations that addressed the questions I asked in considerable depth. Critical reflection provides the foundation for this research and I do not claim to have provided an objective evaluation. It is for the reader to decide whether I have provided a sufficiently thorough analysis to justify the recommendations put forward in the final chapter.

This would have been a fuller account if, as originally intended, I had been able to construct a polyvocal account of the impact of attachment assessments on conflicted decision-making practice through the use of case studies. The greatest dilemma for me lies in the absence of the children’s voices from this account. It is with much sadness that I acknowledge that my greatest learning from this project was the discovery of how difficult it is to overcome the barriers to children’s participation – in research and in the decisions that impact on their lives. I feel a strong sense of obligation to advocate on their behalf; mindful always of the paradoxical position this places me in. To speak is to risk imposing my adult focused concerns; to not speak is to leave children at the mercy of processes that do not always serve them well. I can only hope that I have done justice to what the children I have worked with in my practice, have shared with me.

I turn now to the critical interrogation of the theoretical perspectives underpinning my attachment assessment framework. I begin with attachment theory before progressing to
resilience theory and an examination of the link between these two perspectives and the ways in which together, they can inform practice.
Chapter Eight
Attachment Theory

In Chapter Two different positions in relation to the care of children unable to live with their families were identified. Attachment theory has been used to justify the stance taken by both kin defenders/family preservationists and those advocating for the state as parent/child rescue perspective. This chapter begins with a detailed description of the key components of attachment theory. An historical overview is provided, patterns of attachment are described, internal working models are discussed and the link between the two is explored. The connection between attachment theory and brain development is described. Attachment is most frequently associated with infancy and early childhood and there is limited understanding of the enduring impact of these early experiences. Attachment in the developing child, adolescence and adulthood is therefore outlined with a discussion of intergenerational transmission. Criticisms of attachment theory from a range of perspectives including methodological, feminist and cultural, are examined. The chapter concludes with a brief outline of the implications for children in care, setting the scene for the discussion of the link between resilience and attachment theory in Chapter Nine.

A dilemma that arises in tracing the historical development of attachment theory relates to the terms used to refer to the key players in the attachment process. The early literature reflects the dominant mores of the era in which the theory originated and Bowlby (1969/1997; 1973/1998; 1980/1988) used the word “mother”, as did Ainsworth (1979; 1989). As the theory developed and there was more acknowledgment that the primary attachment figure is not necessarily the biological mother and that multiple attachments are possible, the language changed to include reference to parents, carers, primary caregiver and attachment figure. In this chapter I have used the language of the researcher when describing their findings. My preference, however, is for the term “attachment figure” because this avoids the assumption that this is the biological mother and more accurately reflects current understandings of the development of attachment. The disadvantage is that this is a theoretical concept, not used in everyday language and lacking the symbolic richness of terms such as mother, father and parent. My approach is appropriate in a theoretical discussion, but in later chapters when I am discussing the impact of attachment assessments on children and families I will revert to language that denotes relationships with actual people.
Historical Overview

An attachment may be defined as an affectional tie that one person or animal forms between himself and another specific one - a tie that binds them together in space and endures over time. (Ainsworth, Bell & Stayton, 1991, p. 31)


When Bowlby began this work institutional childcare was frequently used when children were unable to be cared for by family (Bowlby, 1973/1998). During World War II many children were evacuated and placed with strangers. Throughout the 1950s young children were routinely separated from their mothers for weeks at a time when a new baby was born and parental visiting for children in hospital was severely restricted (Bowlby, 1973/1998). These practices reflect an assumption that children do not experience loss and grief in the same way as adults. Bowlby (1973/1998; 1980/1998) challenged this, developing an enduring interest in the impact of separation on children's development. His theory expanded beyond psychoanalytic formulations to include ethology, systems, and information processing theory (Ainsworth & Bowlby, 1991). Hinde (2005) describes ethology as best understood in terms of three basic attitudes:

1. The description and classification of behaviour are essential preliminaries to its understanding.
2. Behaviour cannot be studied without some knowledge of the environment to which the species has become adapted through evolution.
3. Questions about the evolution and function of behaviour are as important as those about its development and causation. (Hinde, 2005, p. 1)

From the very beginning attachment theory sought to understand behaviour in the context of the environment and this more than any other aspect sets it apart from psychoanalytic theory.

The "Strange Situation" and Patterns of Attachment

Mary Ainsworth (1979; 1989) further contributed to the development of attachment theory by conducting naturalistic observations of mothers and infants and developing a laboratory procedure, "the Strange Situation", in which mother-infant pairs were observed during a brief
sequence of separation and reunion. Ainsworth distinguishes between attachment behaviour (that which can be observed) and the internal attachment process (Ainsworth, 1979). A wide range of behaviours is possible and what is important is the goal of maintaining proximity to the attachment figure (Cassidy, 1999). Attachment research departs from other infant research by emphasising the relationship between the infant and the attachment figure rather than the individual characteristics of either party (Ainsworth et al., 1991) and by highlighting the infant's active participation in the process. The attachment figure has a crucial role in managing anxiety during the infant's period of complete dependency. By developing "sensitive responsiveness", or the ability to tune into the infant and respond appropriately, s/he helps the infant to form a secure attachment. Once established secure attachment provides the child with a base from which to explore the world (Ainsworth, 1979).

The attachment behavioural system becomes organised in response to internal and external cues. Internal cues include illness, fatigue and pain – intrusive experiences that the infant does not have the capacity to ameliorate. External cues are environmental factors that the infant experiences as threatening. For the very young infant this could be a loud noise or other unfamiliar intrusion. These cues activate attachment behaviour, which ceases when the goal of contact with the attachment figure is attained. The attachment system develops alongside other behavioural systems, including the exploratory system, the fear system and the sociable system (Cassidy, 1999; Marvin & Britner, 1999). A dynamic balance has to be maintained between the attachment and the exploratory system. Contrary to the belief that infants will be spoilt if their demands are responded to, attachment research demonstrates that it is the attachment figure's ability to respond to the infant's signals in a sensitive and timely manner that allows the developing child to explore the world around them (Cassidy, 1999; Marvin & Britner, 1999).

From her study of mother-infant dyads Ainsworth (1979) identified three patterns of attachment: secure, ambivalent and avoidant. Securely attached infants use their mothers as a base for exploration when she is present, they become upset when mother departs, and seek contact with her when reunited. Ambivalently attached infants tend to show anxiety even when mother is present, become intensely distressed when separated and are difficult to comfort when reunited, sometimes resisting the mother's efforts. Avoidantly attached infants do not interact with mother when she is present, rarely cry when separated from her, and avoid mother when reunited. Securely attached babies are also described as the most co-operative and least angry (Ainsworth, 1979). Particular styles of caring have been identified
as characteristic of each of these categories. Mothers of secure infants are sensitive and responsive. Mothers of ambivalent infants are often unresponsive and may ignore signals from the infant generating high levels of uncertainty and anxiety. Mothers of avoidant infants tend to be rejecting so avoidance is likely to be a defensive manoeuvre on the child's part to lessen anxiety and anger (Ainsworth, 1979).

Additional categories have since been identified. Crittenden (1988) describes an avoidant/ambivalent pattern and Main, Kaplan and Cassidy (1985) use the term "disorganised/disoriented" to describe children in "at-risk" samples who were initially categorised as secure because their responses did not fit the other two categories. Disorganised/disoriented children may respond in chaotic and unexpected ways including "interrupted movements and expressions, freezing, stilling and dazing" (Cicchetti & Toth, 1995, p. 550). There is some disagreement about this fourth category. Crittenden's choice of avoidant/ambivalent reflects her belief that this group of children choose strategies from each of the two insecure categories depending on the circumstances. She emphasises the adaptive nature of this response, suggesting for example that freezing and stilling allow the child to assess the situation before taking action (Crittenden, 1999). The disorganised/disoriented classification reflects a belief that the infant lacks a coherent and organised coping strategy (Barnett & Vondra, 1999). This is most likely to occur in situations where the attachment figure is a source of threat. The child is caught in the paradoxical situation of the attachment behavioural system propelling them toward the person who is activating this system. There appears to be general agreement that this fourth category emerges in high-risk populations and is most likely to occur in abusive situations. Barnett and Vondra (1999), in a review of the literature on atypical patterns, suggest that the different patterns that have been identified are not mutually exclusive or independent. It seems likely that they represent a continuum of responses to extremely stressful situations, ranging from adaptation to complete breakdown, Crittenden’s “avoidant/ambivalent” being the most adaptive and Main et al.'s “disorganised” being the least adaptive.

Crittenden (1988) also describes a pattern of compulsive compliance in her research on "at-risk" relationships, suggesting that these children have controlling carers and dare not threaten the tenuous bonds that exist, thus providing the basis for their compliance. A parallel form of the disorganised pattern has been observed in children by the age of six. This pattern is characterised as controlling and includes a reversal of roles with the child exhibiting controlling caregiving and/or punitive controlling of the parent (Barnett & Vondra, 1999). In
these situations the child solves the dilemma of the attachment figure's failure to meet their needs by taking control of the situation. While this is adaptive in the home environment, such behaviour is likely to cause difficulties in other social situations.

**Internal Working Models**

Bowlby's concept of inner working models explains the long-term impact of early attachment experiences (Bowlby, 1969/1997, 1973/1998, 1980/1998). These models are constructed from the infant's experience of interaction and Sroufe (1988) argues that "such models concerning the availability of others and in turn, the self as worthy or unworthy of care, provide a basic context for subsequent transactions with the environment, most particularly social relationships" (p. 18). Internal working models form the basis for the organisation and understanding of affective experience (Bretherton, 1985; 1990; Crittenden, 1990; Main et al., 1985), helping to make sense of new experiences, and shaping subjective reality (Howe, 1995).

Main et al. (1985) provide a comprehensive definition of internal working models. They are mental representations that include affective and cognitive components that are integral to behavioural systems and play an active role in guiding behaviour. They are considered to form out of generalised event representations and once formed they exist outside of consciousness and have a propensity for stability. They are formed out of attachment relevant events and the different patterns reflect differences in infants' experiences of seeking proximity with their attachment figure. Early models emerge in the first months but by twelve months, behaviour in the Strange Situation reflects differences in internal working models. Such models operate even when the parent is absent and prolonged absence may lead to changes in the internal working model. They provide rules for the direction of behaviour, appraisal of experience, and the direction and organisation of attention and memory. These rules permit or limit access to certain forms of knowledge regarding the self and the attachment figure and are reflected in the organisation of thoughts and language. In childhood it is possible that internal working models can only be altered in response to changes in direct experience. Following the onset of the capacity for formal operational thinking, internal working models may be altered through the ability to think about and reflect on thought processes. Although internal working models have a strong propensity for stability, they are not templates.
Bowlby proposed that the translation of interpersonal transactions into internal working models begins during the last quarter of the first year and coincides with the infant's capacity to understand object permanence. With the onset of verbal communication these models become more elaborate. When events can be reinterpreted by the self and others, a new element is added, creating the possibility of incompatible internal working models (Bretherton, 1990). During the early months patterns of behaviour are built up as the result of repeated sequences of interaction with the attachment figure. These form part of the procedural memory system, and behaviour in the Strange Situation reflects this procedural knowledge (Crittenden, 1990). With the onset of verbal language semantic memory develops. This is thought to consist of undated world-relevant facts and contains generalisations about the nature of relationships. This would include information received from others and the child's own conclusions drawn from experience (Crittenden, 1990). The third memory system contains specific personal memories remembered sequentially as anecdotes and vignettes. Referred to as the episodic or autobiographical memory, this system is available for conscious review and open for revision (Crittenden, 1990). The propensity for stability of internal working models has been attributed to their origin in the procedural memory. Because the foundations are formed from direct experience it has been argued that cognitive processing may not be sufficient to revise internal working models (Holmes, 2001).

Siegel (2001) links these processes to brain development. He argues that during the first year generalisations are built up in an "implicit" memory system. The brain becomes primed to respond to certain cues. There is a direct relationship between stimulus and response. It is only with the maturation of the hippocampus after the first birthday that explicit encoding occurs. He argues that this accounts for childhood amnesia and that despite our lack of memory these early experiences continue to directly shape our "here and now" experience.

Although there is agreement that models are built up from experience and that they become more elaborate, there is some disagreement about the organisation of these models. Crittenden (1990) proposes that there may be three types of metastructure for organising internal representational models of relationships. There may be one model that is applied to all relationships with the unique characteristic of each relationship being distorted to fit the model. Alternatively, there may be multiple unrelated models, one for each relationship, making it difficult for the individual to develop a coherent sense of self. The third alternative is a generalised model with differentiated relationship-specific sub-models. This allows for consistency in the self while acknowledging the unique characteristics of each relationship.
Crittenden's conceptualisation allows for split off models that co-exist. Bretherton (1990) debates the co-existence of separate models and argues instead for a complex structure of "...more or less well organised webs of hierarchically structured information embedded in and connected to other schema hierarchies stored in long-term memory" (p. 248). This view appears to be supported by work linking on-going brain development with attachment experiences.

**Attachment and Brain Development**

Brain development is not complete at birth and only the brainstem is fully developed. During the first three years of life, the brain develops rapidly, establishing neural pathways that allow the more complex structures of the brain to come into being (Schore, 2001). This brain development is sequential and use-dependent. Different areas of the central nervous system are in the process of organisation at different times and disruptions of experience-dependent neurochemical signals during these periods may lead to major abnormalities or deficits in neurodevelopment (Perry, 1997a; 1997b). The role of the environment is crucial and Perry and Pollard (1998) identify the primary caregiver as the major provider of the environmental cues necessary to this development:

This development can proceed in an optimal fashion when the presentation of new stimuli is safe, nurturing, predictable, repetitive, gradual and attuned to the infant's or child's development stage. When new experience is chaotic, extreme, or mismatched to developmental stage, development is disrupted. (Perry & Pollard, 1998, p. 37)

Siegel (2001) argues that the key element in attaining complex brain development "is the combination of differentiation (component parts being distinct and well-developed in their own uniqueness) with integration (clustering into a functional whole)" (p. 85). He argues that human relationships involve these elements of differentiation and integration and by doing so nurture the development of these complex states in the brain. He states that:

Within secure attachments, such self-organisation may be seen as the gift that caregivers offer to their children: to enable the self to achieve differentiation and integration in acquiring flexible and adaptive means for self-regulation. (Siegel, 2001, pp. 85–86)

Schore (2001) emphasises the link between attachment and the development of self-regulation. He maintains that exposure to the attachment figure's regulatory capacities, facilitates the development of the infant's adaptive ability. Without the ability to approach, tolerate and incorporate new experiences the brain is unable to develop. The attachment
behavioural system provides the framework within which the child can explore and manage potentially stressful new experiences. Schore (2001) argues that when severe difficulties arise in the attachment relationship the brain becomes inefficient in regulating affective states and coping with stress and that this engenders maladaptive infant health. He develops the concept of sensitive responsiveness to incorporate resonance – the capacity to reflect on one another as minds in expressive bodies. Dyadic interaction acts as a psychobiological context for an open channel of social communication that promotes the outward expression of the internal affective state of the infant. To facilitate this process the primary caregiver must have the capacity to attune to the infant's affective state as reflected in overt behaviour. Stress arises with asynchrony between caregiver and infant and sustained stress compromises development. Schore (2001) locates these developing capacities in the orbital prefrontal region of the right brain, which he refers to as the senior executive of the socioemotional brain. The orbital cortex matures in the middle of the second year and our core self is nonverbal and unconscious. Schore (2001) thus adds support to the view that the propensity for stability of internal working models lies in the early origins of these developments. He does, however, add another dimension to these models in his argument that they encode strategies for affect regulation that enable the infant to cope with new challenges.

Fonagy (2003) adds yet another dimension arguing that attachment provides the context for the infant to develop a sensitivity to self-states that facilitates the development of the reflective function. This function is a vital component of effective interpersonal communication. Fonagy argues that it is only by experiencing the attachment figure's empathic expression of the infant's inferred affective state that s/he acquires an understanding of his/her internal state. In the first year the infant only has a primary awareness of emotional states. Through the process of psychobiological feedback functional connections are established which allow the infant to infer the emotional state of another and to link emotional states with actions. At the final level of awareness, the individual is able to reflect on internal states without the direct link to action. Fonagy (2003) maintains that this facilitates the development of the Interpersonal Interpretive Mechanism essential to the ability to function in close interpersonal relationships. He argues that it is attachment's role in facilitating this development rather than attachment per se that is important.

A complex picture emerges of attachment relationships providing the context for the development of internal working models that are far more than cognitive maps. They incorporate the capacity for self-regulation, the ability to identify and reflect on internal states
of self and others, mental representations of self and others, and strategies for managing relationship experiences based on those mental representations. Depending on the attachment experience these individual capacities vary and the degree to which they are integrated within the individual also varies.

**Internal Working Models and Patterns of Attachment**

Ainsworth's original three categories of attachment, and those added since, represent internal working models. The propensity for stability means that these models shape beliefs and behaviour as the child develops, producing very different outcomes.

**Secure**

The secure pattern provides the context for optimal development. The consistent sensitive responsiveness of the primary attachment figure facilitates the development of an internal working model in which the self is perceived as worthy, others are perceived to be reliable and available and the environment is experienced as challenging but manageable with support. The attachment figure provides a stable base that facilitates the exploration of the environment so crucial to early brain development. When faced with threat the infant is able to respond with both affect and cognition in order to elicit a supportive and timely response. Neural integration is promoted allowing flexible and complex networks to develop. The child achieves balance and the primary strategy when confronted with new situations is mastery. The secure child acquires an understanding of the mind and has the capacity to reflect on the internal state of self and others.

**Insecure**

The two insecure categories represent the infant's capacity to adapt to a less than optimal environment. Bowlby (1980/1998) uses the concept of defensive exclusion to explain the strategies adopted by the infant in these situations. Some information is suppressed in order to achieve the goal of maintaining proximity with an attachment figure who is not always available or is actively rejecting. The avoidant pattern develops in the context of an unresponsive and rejecting relationship with the attachment figure. The self is perceived as unworthy and others are seen to be unavailable and hurtful. The environment is experienced as threatening due to the lack of consistent support in stressful situations. The infant has to become self-reliant at a much earlier stage and learns to shut down attachment behaviour in order to protect the self from repeated experiences of rejection. Affective responses become deactivated and over-regulated while cognitive strategies are amplified. Children in the
avoidant category continue to develop cognitively and may use play as a means of diverting attention away from feelings. The affective component is, however, not integrated and may be defensively repressed. Consequently, the dominant approach is pragmatic problem solving. Relationships are not regarded as important although there may be underlying anger and resentment. The dominant strategy is control. The reflective function is impaired and the mental state of others is likely to be shunned.

The ambivalent/resistant pattern develops in response to inconsistent, unreliable and at times intrusive, responses from the attachment figure. There is an uncertainty about the worthiness of the self. Others are perceived to be unreliable, over-bearing and insensitive and the environment is experienced as unpredictable and chaotic. Cognitive responses become deactivated because they are experienced as ineffective due to the inconsistent response of the caregiver. Affective responses are amplified and under-regulated in an attempt to maintain proximity with the attachment figure. Exploration is inhibited increasing the likelihood that cognitive aspects of brain development may be impaired. Affective dominance means that self-regulation is not achieved. Helplessness and resentment come to characterise children in this category. The dominant strategy is manipulation. There is likely to be a heightened focus on the internal state of the self with impaired capacity to reflect on the internal state of the other.

Atypical

Children who develop atypical patterns have most often been exposed to neglect and abuse. They face the daunting task of maintaining proximity to an attachment figure who is the source of threat. The avoidant and ambivalent/resistant strategies are adaptive to the extent that they enable the child to maintain proximity to the attachment figure, thereby accessing support in dealing with stressful situations. Although there is some disagreement about the extent to which the atypical patterns are adaptive, there is agreement that some children do not develop consistent adaptive strategies. The attachment figures of children in this category are described as frightening or frightened (Main et al., 1985). In abusive situations the self is perceived to be unworthy and others are perceived as frightening and dangerous. When the attachment figure is frightened the self is perceived to be unworthy and others are seen to be helpless. In both situations the environment is experienced as dangerous and chaotic. Hyper arousal characterises these children impairing cognitive development. Affective responses are likely to dominate and there are deeply conflicting emotions. The lack of consistent response and patterned experience significantly impacts on development. The
infant is fearful and reactive. Exploration is inhibited and children in this category may not develop a capacity for symbolic play. Some children in this group may later develop compulsive compliance (Crittenden & Di Lalla, 1988), compulsive caregiving or controlling behaviour (Carlson, Cicchetti, Barnett & Braunwald, 1989).

The dominant strategy is survival. Their capacity to reflect on their own internal state is limited and they may lack the ability to identify feeling states. They are hypervigilant of attachment figure cues and the internal state of others. Their reflective capacity is, however, significantly impaired by this lack of balance. The disorganised/disoriented pattern is most likely to arise in these circumstances. Research indicates that significant problems in childhood and later life are most frequently linked with this pattern (Allen, Hauser & Bormen-Spurrell, 1996; Carlson, 1998; Lyons-Ruth, 1996; Rosenstein & Horowitz, 1996; van Ijzendoorn, 1997).

Attachment Patterns Over Time

Attachment and the Developing Child

Although sensitive responsiveness remains the key ingredient in forming secure attachment, parents and other adults interacting with children have to adjust as the child develops and grows. What is appropriate at age one is no longer appropriate at two or three. Up to age three the infant relies on proximity to the attachment figure to maintain the stable base that allows them to make increasingly extensive explorations. Changes in motor and cognitive skills extend the range of these explorations but several studies have found that toddlers tend to terminate exploratory activity if the attachment figure moves away or is not paying attention. By age three children are less distressed by brief separations and it is the experience of being left alone that is especially upsetting. At this age children seem to require less physical contact on reunion with the attachment figure before resuming exploratory behaviour (Marvin & Britner, 1999).

Changes also occur in the reaction to a friendly stranger. By age three and four children are able to ignore a stranger and continue with their activity without activation of attachment behaviour. In some children there is a simultaneous activation of wariness and sociable behaviour but this more complex pattern is not seen in children under three years (Greenberg & Marvin, 1982 cited in Marvin & Britner, 1999).
By thirty months children increasingly communicate about past and future events, emotional states, and connected narratives that link sequences of events together. Dunn (1994) found that during the second and third years children were increasingly able to recognise, understand, and converse about the feelings and behaviours of other family members. She also concludes that by three years of age children understand surprisingly complex rules for social interactions, interpret others' feelings and goals and use such rules to manipulate others. Children have become active partners in negotiating relationships and have a broader range of skills and behaviours with which to engage the attention of others. The internal working model established in infancy is continuing to develop and be modified by relationship experiences.

By age four, children have been found to be less distressed by brief separation if this has been discussed and a plan negotiated with them. This is consistent with Bowlby's (1969/1997, p. 267) idea that the final phase in the development of attachment is the "goal-corrected partnership". In order to participate in such a relationship Marvin (1977, cited in Marvin & Britner, 1999, p. 61) argues that five component skills are involved:

(1) the ability to recognize that the attachment figure possesses internal events (including thoughts, goals, plans, feelings etc.); (2) the ability to distinguish between the caregiver's point of view and the child's own, especially when they differ; (3) the ability to infer, from logic and/or experience, what factors control the caregiver's goals and plans; (4) the ability to assess the degree of coordination, or match, between their respective points of view; and (5) the ability to influence the caregiver's goals and plans in a goal-corrected manner.

They cite considerable research that indicates that by their fourth birthdays most children raised in low-risk settings have all five skills. Children at this age are no longer reliant on physical proximity and contact. The child's internal working model of attachment figure and self has developed to the stage where they can maintain a relationship based on shared goals, plans and feelings. Although in situations of distress, fear or illness they will continue to retreat to attachment figures, the child has come to realise that they have a continuing relationship with their attachment figures whether or not they are in close proximity.

**Attachment and Behaviour in the Older Child**

Matas, Arend and Sroufe (1978) demonstrate a link between attachment quality and competence at two years. Children classified as securely attached showed a significantly greater amount of symbolic play, were more enthusiastic, positive and persistent, and exhibited less non-task behaviour, ignored mother less and were less likely to show
noncompliance. Children classified as ambivalent were intolerant of separation, difficult to
comfort and demonstrated "poverty of exploration". Results were less clear for avoidant
children since they spent a lot of time with toys, engaged with the stranger, and did not
become upset. However, it was noted that they did not initiate contact or interaction
following periods of separation.

Alan Sroufe's (1988) research in the Minnesota preschool project brought together forty
children with known attachment histories in order to study their later development outside the
home. He assessed their sense of confidence and their relationships with peers and teachers
and identified significant differences in both the content and process of fantasy play. Securely
attached children neither victimised others, nor were victimised themselves. They exhibited
fewer conflict themes in their play but when these did emerge they were more likely to be
satisfactorily resolved. Overall securely attached children were considered more competent
with peers, more positive, more empathic and more likely to develop friendships. Avoidantly
attached children exhibited depressive symptoms, were more likely to victimise other
children, and their play showed an almost total absence of fantasy themes concerning people.
Ambivalently attached children also exhibited depressive symptoms and were more often
targets for victimisation.

Cassidy (1988) has demonstrated that there is a connection between the internal working
model of the attachment figure and the internal model of self in six-year-old children. Children
classified as secure had a warm and intimate relationship with their mothers on
reunion. They described themselves in positive terms but were able to acknowledge
imperfections. They were able to tolerate stress in a projective exercise portraying separation,
and acknowledged the importance of the mother as providing clear, direct and positive
support in these situations. Children classified as avoidant were dismissive of the importance
of the mother in the projective exercise and were insistent in portraying themselves as perfect
in two of three measures of self-esteem. Children classified as ambivalent/controlling
included hostile and violent behaviour in the projective exercise. On reunion, the normal
relationship hierarchy was disorganised and they included overt negative statements about
themselves when interviewed. Cassidy (1988) argues that this supports Ainsworth's
contention that attachment patterns reflect a coherent inner organisation and Main's
reconceptualisation of individual differences in attachment organisation as individual
differences in the mental representation of the self in relation to attachment. Cassidy,
however, notes that the underlying mechanisms supporting these connections require further
study. In particular the possibility that children may have conflicting models, the role of secondary attachments and the role of external variables need to be considered.

Erickson, Sroufe and Egeland (1985) studied the relationship between quality of attachment and behaviour in preschool in a high risk sample and concluded that the quality of attachment at twelve and eighteen months is a strong predictor of behaviour in the preschool at ages four-and-a-half to five. They observed that securely attached children functioned more effectively than their anxiously attached peers across a variety of preschool settings. The differences were most striking with highly dependent, anxious/avoidant children, who were noncompliant and poorly skilled in social interaction with peers.

Greenberg and Speltz (1988) review the literature exploring attachment stability and its consequences, stressing the importance of a multipathway developmental model to understand the linkages between infant attachment and later behaviour. Such a model, accommodating information about early security of attachment and the effects of later parent-child relationships, is necessary to predict later behavioural problems accurately. They conclude that: "In many cases, the behaviours commonly labelled as "conduct problems" can be viewed as strategies for gaining the attention or proximity of caregivers who are unresponsive to the child's other signals" (Greenberg & Speltz, 1988, p. 206).

Rubin and Lollis (1988) utilise data from the Waterloo Longitudinal Project, which studied children as they progressed from preschool, to kindergarten and elementary school. They focus on the origins and consequences of social withdrawal, linking it to attachment patterns. Like Greenberg and Speltz they propose a multipathway developmental model concluding that social withdrawal in childhood is rooted:

... in the interaction between infant endogeny, socio-ecological setting conditions, and the socialization practices of the parent(s). These factors may conspire to produce an anxious, insecure, and resistant primary relationship. It is this relationship that we believe plays the critical role in the development of fearful, withdrawn behaviour in early childhood. (Rubin & Lollis, 1988, p. 232)

Peers may not initially reject withdrawn children, but this becomes more likely as they get older. Rubin and Lollis found that by middle childhood the costs of social withdrawal diversify and withdrawn children experience social failure and an emerging sense of personal incompetence. By Grade 4 these children "...(a) perceive themselves as lacking social skills;
(b) report being desirous of avoiding peer interactions; (c) are perceived by teachers as highly anxious and fearful; and finally, (d) tend to report that they are feeling depressed..." (p. 240).

Renken, Egeland, Marvinney, Mangelsdorf and Sroufe (1989) draw on Bowlby's internal working model paradigm and data from the Minnesota Mother-Child Project to argue that a child's experience shapes their view of the world and the people in it. They found that a developmental history of insecure attachment and poor adjustment, inadequate or hostile parental care, and stressful or chaotic life circumstances were three predictors for elementary school aggression and passive withdrawal. Having experienced the world as a threatening, alien and punitive place in which other people are unavailable or sources of pain, the child enters the world of peer relationships with a different set of expectations from that of a well-nurtured child.

Researchers who focus on the impact of neglect and abuse on attachment pattern find that children who experience abuse may either show an extreme avoidant response (Main & Goldwyn, 1984) or may present in infancy with a disorganised/disoriented or avoidant/ambivalent pattern (Crittenden, 1988; Main et al., 1985). In some cases children with disorganised attachment patterns in infancy appear to have reversed roles with the parent by the age of six, resulting in the "parentification" of the maltreated child (Carlson, et al., 1989). In this situation the child seeks proximity to the attachment figure through caretaking activity directed at the adult. Such attachment patterns have features in common. Parents who neglect and/or abuse their children are unable to respond in a manner appropriate to the child's needs, misinterpreting the child's behaviour so that the child's signals become grossly misrepresented. Over time, these misrepresentations may negatively impact on the child because they incorporate them into their self-representation and internal working models (Schmidt & Eldridge, 1986).

Elevated levels of aggression have been found in children classified as avoidant and disorganised (Lyons-Ruth, 1996). An avoidant classification in a low-risk family was not predictive of later difficulty but in high-risk family settings, early avoidant behaviour was predominant among children who became aggressive. The picture is somewhat confused because some of the earlier research did not use the disorganised classification. In more recent studies disorganisation rather than avoidance is association with later highly aggressive behaviour (Lyons-Ruth, 1996).
Several researchers note the impact of gender differences in these behaviours. Cohn (1990) found that both peers and teachers preferred girls than boys. Boys classified as insecurely attached were seen as more aggressive and more disruptive, while girls were seen as more co-operative and more shy. Teacher reports indicated that boys were seen as experiencing more behaviour problems and as being less competent than girls. Carlson et al. (1989) studied maltreated infants who were cross matched with a control group who had not been maltreated and found that boys were more likely to be classified as having disorganised attachment in both groups. Girls who had not been maltreated did not appear to be at any greater risk of insecure attachment. Carlson et al. also noted that boys were more likely to be classified as having an insecure attachment if there was no male spouse, while girls were more likely to be thus classified if there was a male spouse.

**Attachment in Adolescence**

Until recently attachment theory has focused on the developing child and Western psychology has portrayed adolescence as a time characterised by the move to independence. Consequently, little attention has been paid to the significance of attachment patterns and their impact at this time of life. Allen and Land (1999) note that research on adolescent autonomy and relatedness is beginning to link these developmental processes to an individual’s attachment organisation both before and after adolescence. An attachment framework allows for an understanding of the dialectical relationship between a secure base and the capacity to explore. In line with earlier phases of development, security of attachment facilitates autonomy.

Young people move from dependence on parents to a position where they may be parenting in a relatively short time. They move from emotional attachments primarily focused on family to establishing new relationships that may be the basis of a new family (Allen & Land, 1999). Clearly, this transition will be more or less difficult depending on childhood experiences and the internal model the young person has. Adolescents with a history of secure attachment present as confident, out-going, and able to access support when necessary (Allen & Land, 1999). Kobak and Sceery (1988) found that first year college students assessed as secure had working models that allowed them to acknowledge distress and turn to others for support. Allen, Moore, Kuperminc and Bell (1998) found that in a sample of 131 moderately at-risk adolescents, security of attachment was linked to three indices of psychosocial functioning: peer relationships; internalising behaviour; and externalising behaviour. Secure adolescents who were more able to talk about attachment
experiences in ways that reflected balance, perspective and autonomy, openly acknowledging the importance of attachment, were more likely to be socially accepted by peers and less likely to exhibit either internalising or externalising behaviour. Lee and Bell (2003) studying the linkage between individual differences in attachment and autonomy and substance use and youth competencies, found that the group with highest scores for attachment and self-reliance had less marijuana use, less problems associated with substance use and exceeded those in other groups on social competency scores.

Those with a history of ambivalent/resistant attachment are likely to be engaged in intense and explosive relationships with attachment figures. They may desperately want relationships with peers and significant others but fear rejection and may drive others away (Allen & Land, 1999). Kobak and Scerrey (1988) describe their internal working models as being characterised by rules that direct their attention towards distress and attachment figures in a hypervigilant manner that inhibits the development of autonomy and self-confidence. Parents are perceived as loving but role reversing. Their accounts of attachment experiences lack coherence but they have very good recall. Allen et al. (1996) found that preoccupation with attachment experiences was reflected in angry or diffuse and unfocused discussion about these and this was linked to higher levels of internalising and deviant behaviours.

Avoidant adolescents present as sullen and withdrawn with intermittent outbursts of rage. Peer relationships tend to be superficial and aggressive behaviour may be triggered in close relationships because past experience has taught them that you cannot trust others, especially those close to you (Allen & Land, 1999). They regard the world as potentially dangerous and their motto is "do unto others before they do unto you". Kobak and Scerrey (1988) found that those classified as avoidant reported higher levels of rejection, and lower levels of being loved as a child. Parents were idealised and they had difficulty remembering specific details of their childhoods. They had internal working models that restricted the acknowledgement of distress and turning to others for support. Peers rated them as more hostile and Kobak and Scerrey interpret this as a product of frustrated attachment needs and an associated expectation of rejection by others. Hostility is displaced on to peers generating less satisfaction in relationships, greater distance and greater loneliness. Their self-report did not differ significantly from those classified as secure but peer reports indicated low ego resilience, higher levels of anxiety as well as higher levels of hostility. This lack of congruence suggests that negative affect is not acknowledged, thus fitting with Bowlby's notions of defensive exclusion and compulsive self-reliance.
By adolescence, those with disorganised attachment are frequently in serious difficulty. Significantly increased rates of psychopathology (Carlson, 1998; Rosenstein & Horowitz, 1996) and violent crime (van IJzendorn, 1997) have been found in longitudinal studies of infants classified as disorganised in infancy. Lee and Bell's (2003) research with 470 students aged 18–25 assessed them in relation to attachment security, self-reliance and emotional autonomy. Those with the lowest scores had the highest use of marijuana and parental and school-related problems associated with substance use. They also had lower social self-esteem, coping and social mastery scores. It is likely that this group includes those with an extreme avoidant pattern and those classified as disorganised.

Adolescence offers opportunities to rework internal working models. Increasing cognitive sophistication enables young people to participate in goal-corrected partnerships with attachment figures and others, for example weighing the pros and cons of breaking rules in terms of doing what they want versus maintaining parental trust and affection (Allen & Land, 1999). In less satisfactory situations young people can, for the first time, move away from destructive family relationships and begin to rework their early experiences, making their own choices about how they want to be in relationships. Schore (2001) notes that further changes occur in the brain during adolescence with the over-production and pruning of synapses creating an opportunity for the reworking of internal working models.

**Attachment in Adulthood**

Main et al. (1985) have demonstrated that four patterns of attachment can be identified in adults – secure/autonomous, preoccupied, dismissing, and unresolved/disorganised (Hesse, 1999). These correspond to secure, ambivalent, avoidant and disorganised categories identified in young children. This does not, however, imply a rigidly predetermined pathway. Adult patterns of attachment are assessed using the Adult Attachment Interview (AAI). This consists of eighteen questions designed to elicit information about childhood attachment. Like the Strange Situation this has provided researchers with a standardised assessment procedure. The Strange Situation allows the infant’s internal working model to be inferred from their behaviour in a sequence of events designed to activate the attachment behavioural system. In adulthood internal working models are inferred from narrative accounts of attachment experiences. The analysis is not based on the content but rather focuses on the narrative style.
Adults classified as secure/autonomous are able to provide coherent, emotionally open and vivid accounts of childhood attachments. Most, but not all have experienced security during childhood. Those who had not were able to reflect on and give a coherent account of their childhood. Questions are answered with sufficient but not excessive information and then return the conversational turn to the interviewer. Those categorised as dismissing tend to ward off interview questions by claiming that they do not know or cannot remember childhood events. They make sweeping generalisations, usually favourable accounts which they cannot support with specific examples or which they contradict in their examples, thus violating coherence. They also tend to discount and derogate the influence of attachment experiences in their development. Those classified as preoccupied have many conflicted and angry attachment memories interspersed with some positive ones. In recounting these, they may move in and out of past and present. They often lose track of interview questions and appear to avoid deeper reflection on childhood memories. Accounts fail to be collaborative as the speaker becomes focused on the memory that has been aroused rather than the interview process. They may also digress to remote topics, use vague language, and oscillate between different views of the parent several times in one sentence. Those classified as unresolved have repeated representational lapses that disrupt the narrative flow during discussion of traumatic events. They may lapse into prolonged silence or eulogistic speech (Bretherton & Mulholland, 1999; Hesse, 1999).

**Continuity of Attachment Patterns**

There is evidence of both continuity and discontinuity in patterns of attachment over time. Some have argued that the lack of continuity indicates that the relevance of attachment to later development has been overstated (Lewis, Feiring & Rosenthal, 2000). The small number of studies and the different time periods over which stability has been assessed further complicates the picture. Vondra, Hommerding and Shaw (1999) found that change was as common as stability in a low-income sample from twelve to eighteen months. Waters, Merrick, Treboux, Crowell and Albersheim (2000) looked at stability from 12 and 18 months through to 20 years in a middle class sample. They found 70% stability in attachment classification and change was associated with negative life events. Hamilton (2000) examined continuity from 12 months to adolescence in sample drawn from conventional and non-conventional families and found that 77% retained their infant classification. Negative life events accounted for some but not all of the changes in classification.
Weinfeld, Sroufe and Egeland (2000) studying a high-risk sample from infancy to 19 years found no significant continuity. They found that maltreatment played a role in maintaining an insecure classification but did not differentiate the group who remained secure from the group who moved from secure to insecure. They found that this group was more likely to have mothers with clinically significant depressive symptoms. Those who moved from insecure to secure classification had families that were functioning at a better level at age 13.

Ammaniti, van IJzendoorn, Seperanza and Tambelli (2000) found 74% stability from 10 to 14 years. Both the secure and the dismissing group had high levels of stability while the preoccupied and unresolved showed significantly lower rates of stability. Grossman, Grossman and Kindler (2005) summarising data from their longitudinal study, found support for the hypothesis that the internal working model of partnership in young adulthood has its roots in the interactive experiences with both parents throughout the years of immaturity. Sroufe, Egeland, Carlson and Collins (2005) reporting on the results of the Minnesota longitudinal study in young adulthood found that attachment has both direct and indirect effects on outcomes. In particular “infant attachment continues to contribute, especially with regard to capacities centering on emotional aspects of relating” (Sroufe et al., 2005, p. 62).

Although standardised measures were used to assess attachment, there is considerable variation in the sample sizes, socio-demographic characteristics, age range and the degree to which environmental change was measured. It is hardly surprising that the results are not uniform. Despite the different results there appears to be a growing consensus that the relationship between early attachment experiences and later development is complex (Thompson, 1999). Internal working models are constantly revised and updated in the light of new experiences. Although there is a propensity for stability, research clearly demonstrates that significant change can occur. One of the most significant findings has been the discovery that adults exposed to traumatic experiences in childhood can attain attachment security. In a 23-year longitudinal study Roisman, Padron, Sroufe and Egeland (2002) found that some young adults had achieved “earned-secure attachment”. They stress that this was not achieved through “sheer will” but was the outcome of supportive relationships. To a large extent the findings about continuity confirm Bowlby's emphasis on the all-important role of real world experiences and his assertion that internal working models are open to change (Waters et al., 2000). Belsky (2005) summarises his findings from the Pennsylvania Child and Family Development Project and the National Institute of Child Health and Infant Development (NICHD) Early Child Care Research Network:
In other words, just as Sroufe (1983, 1988) had long argued, the developmental benefits of early security were dependent upon the continued experience of receiving emotionally supportive care and the developmental costs of insecurity were dependent upon the continued experience of receiving emotionally unsupportive care. (Belsky, 2005, p. 85)

**Intergenerational Transmission of Attachment Patterns**

Processes by which attachment patterns may be transmitted across generations have been identified (Fraiberg, Adelson & Shapiro, 1980; Main & Goldwyn, 1984; Ricks, 1985) and a link between unresolved attachment issues in parents and the abuse of children established (Call, 1984; Fraiberg et al., 1980; Main & Goldwyn, 1984; Schmidt & Eldridge, 1986). Main et al. (1985) investigated the relationship between security of attachment during infancy and both the child's and the parent's mental representations of attachment five years later. They found strong stability in the child's apparent security on reunion with the mother over the five-year period and a weaker but significant stability with the father. The Adult Attachment Interview confirmed that the parent's representation of their history shaped the way in which the infant was conceptualised and treated. Main et al. suggest that because parents' internal working models shape their response to the infant, parents with insecure attachment histories may restrict or reorganise attachment-relevant information about their child's behaviour in terms of their own working models. The infant's internal working model then develops in response to these experiences and in this way inter-generational transmission occurs. Negative outcomes were not inevitable, and with access to coherent, organised information about their own attachment, parents who had themselves experienced rejection or trauma, including losing attachment figures, were able to experience security in adulthood and foster secure attachment in their children.

Crowell and Feldman (1991, 1998) compared infants referred to mental health clinics with non-clinic populations and found significant relationships between mother's AAI classification, child's behaviour and mother-child relationship. Their data supports Main et al.'s (1985) suggestion that mothers' internal working models selectively and qualitatively affect her responsiveness and sensitivity. In particular they noted that many of the insecure mothers appeared to actively reinterpret their child's behaviour and experience seeming to deny or misunderstand the child's reality (Crowell & Feldman, 1991). In these situations children avoided their mothers during reunion and this may have been an attempt to minimise the negative or unpleasant affects associated with this experience. They suggest that this could lead to the development of internal working models that fail to integrate their affective
and experiential memories with their verbal and cognitive memories thus leading to an internally incoherent and inconsistent model.

Fonagy, Steele, Steele, Higgitt and Target (1994) demonstrated that attachment classifications for mothers and fathers completed prior to birth reliably predicted security of attachment at 12 months for mothers and 18 months for fathers. They argue that their data provide clear support for the independent influence of each parent's internal working model. This adds another dimension to the continuity/discontinuity debate as most of the research has focused on security of attachment to mother. Fonagy et al. suggest that the existence of independent working models with each parent in the first 18 months may account for the resilience of some maltreated children. They also argue that the focus on sensitive responsiveness as demonstrated in the mother's behaviour toward the infant might be an oversimplification. More important, is the parent's capacity to envisage the infant as a mental entity, a human being with intentions, feelings and desires. This goes beyond demonstrating affection and concern and requires the parent to reflect on the mental state of another human being. The attachment figure's task is to provide a creative social mirror capturing aspects of the infant's activity and adding an organising perspective. Without this support, the infant has to rely on primitive defence mechanisms such as avoidance and resistance to protect their fragile and developing psychological self. Repeated aversive experiences may lead to severe dysfunction. Viewed in this way secure attachment is the outcome of successful containment of the child's intolerable affective states, and insecure attachment may be seen as the infant's identification with the attachment figure's defensive behaviour. Proximity to the attachment figure is maintained at the cost of compromising the development of the reflective function (Fonagy & Target, 1997).

Cowan, Cohen, Cowan and Pearson (1996) looked at parental AAI classifications, quality of marital relationship when child was aged three-and-a half and child outcomes as the children moved into elementary school two years later. They found direct and indirect pathways demonstrating a link between father's AAI classification and child's externalising behaviour and a link between mother's AAI classification and child's internalising behaviour. In addition to providing evidence of the inter-generational influence of attachment patterns, this research demonstrates the significance of each parent, and the mediating role of the marital relationship.
George and Solomon (1999) suggest that attachment theory's focus on the dyadic relationship has been overshadowed by the study of the developmental consequences of different patterns of attachment for individuals. They argue that parents have to adapt their internal working model of attachment relationships to move from the role of being protected to the role of protector. They describe a caregiving behavioural system to complement the attachment behavioural system of the infant. This system includes postulates about self along three dimensions: the perception of self as someone who is willing to respond; who possesses the ability to read and understand the child's signals; and is effective in responding to these. In addition, the internal working model of caregiving needs to include an evaluation of the child as an autonomous individual needing care. As the child grows, the focus must shift from a predominately protective mode to one emphasising the teaching of skills and encouragement of self-regulation. Drawing on these concepts they found that issues of competence play a very strong role in attachment security at six years. Their data demonstrates that security and competence are integrated in the mother's representation of caregiving thus leading her to actively promote competence as well as providing a secure base.

George and Solomon (1999) outline three representational models of caregiving. Mothers of secure children are flexible in their mental representation of caregiving. They feel positive and are realistic about potential threats to their child. They evaluate caregiving in relation to the situation, the unique characteristics of their child, their child-rearing goals and their own needs. There is no predominant form of defensive processing. In the avoidant model protection is provided from a distance and may be accompanied by mild rejection. These mothers evaluated themselves and their children as unwilling and unworthy individuals and emphasised negative aspects of their interactions. The most distinguishing characteristic of mothers in this group was the cognitive deactivation of their caregiving behavioural system by dismissing or devaluing their child's attachment needs. Mothers of ambivalent children were characterised by uncertainty. Their strategy for protection is to keep the child close, promoting dependency and appearing insensitive to the child's cues. These mothers appear to be cognitively disconnected, unable to integrate positive and negative, good and bad, desirable and undesirable, thus generating confusion for the child. Caregiving behaviour was heightened but somewhat ineffective.

George and Solomon (1999) emphasise that these are all examples of "good enough" care. They also suggest that security of attachment should not be equated with happiness on the
mother's part. All of the mothers in the secure group talked about the difficulty of maintaining a balance between their own needs and those of the child. The mothers of insecure children to varying degrees emphasised their own needs over those of their children but still managed to provide some degree of care and protection.

A fourth group is described as being characterised by the disabled caregiving system. In this group there appears to be an abdication of the caregiving role, and these mothers evaluated themselves as helpless, unable to protect their children (and often themselves) from threats and danger. There are strong themes of inadequacy, helplessness and losing control. These mothers lack effective and appropriate resources and are helpless to provide assurance for their frightened children. The caregiving behavioural system is markedly out of balance. Most descriptions of their children parallel their descriptions of themselves as out of control. Some perceived their children as completely different from themselves, precocious and in control. These mothers abdicate the care role, handing it over to the child. Some described themselves as psychologically merged with their child, claiming they knew what the child needed because of this, thus supplanting the child's needs with their own. Mothers in this group did not appear to have any defensive strategies, and combined with their sense of helplessness, they were often unable to regulate their affective responses.

George and Solomon (1999) link the disorganised attachment pattern that has been observed in children to this disabled caregiving behavioural system and maintain that a full understanding can only be gained from this perspective. They argue that the child is frightened by the mother's simultaneous abdication of care and impermeability to the child's cues or bids for care. The neuropsychobiological response to fear generates the behaviours seen in the disorganised pattern. In discussing clinical implications they echo Fonagy et al. (1994) by suggesting that perhaps too much emphasis has been placed on the sensitivity of the mother. Instead they suggest that a more appropriate focus may be the mother's ability to provide care and protection. Further evidence of intergenerational transmission is provided in the literature on abuse and maltreatment and this will be addressed in the next chapter.

**Criticisms of Attachment Theory**

Attachment theory has been criticised from a number of different perspectives, including temperament, feminist, singular or multiple attachments, methodological and cultural. Although there is some overlap, these criticisms have to a large extent, developed from different theoretical perspectives and each is discussed separately.
**Temperament Versus Attachment**

One entrenched debate about attachment relates to the role of temperament. Kagan (1982) and Chess and Thomas (1982), (cited in Belsky & Isabella, 1988) argue that infant temperament directly affects the development of the attachment relationship and that the behaviours on which attachment classifications are based are determined by temperament. It can thus be argued that rather than measuring security of attachment, the Strange Situation simply measures infant temperament. Developmentalists who favour temperament as the most significant characteristic emphasise that individual differences are biologically based (Howe, 1995; Karen, 1998) and that too much attention is focused on the infant-parent relationship.

Vaughan, Lefever, Seifer and Barglow (1989) designed research to test the relationship between attachment behaviour, attachment security and temperament and failed to find any support for the assertion that temperament determines the security of mother-infant attachments. They did find that an overlap between temperament and attachment security is possible and that experience in social relationships may impact on temperament and parental perceptions of the infant's temperament. Dunn (1993) notes that this issue remains unresolved and, in summarising relevant research, argues that although temperament is not the only influence it is likely to contribute in a modest way to behaviour in the Strange Situation. Dunn identifies parental stress, parental personality problems, lack of social support, and children's personality characteristics as additional, interactive factors likely to contribute to this behaviour.

Seifer and Schiller (1995) argue that the polarisation of research on temperament and attachment has obscured the overlap between the two fields. They note that even in the earliest months infants behave according to internal agendas and are not totally driven by external events. They argue that this is a fundamental premise of both temperament and attachment theory and that the two are more compatible than typically portrayed when viewed from the perspective of biobehavioural regulation. They also argue that infant temperament is an important variable in assessing parental sensitivity and that failure to take account of it minimises the infant's active role in the process and obscures the bidirectional nature of the relationship. Belsky (2005) notes that in the Pennsylvania Child and Family Development Project although early temperament was systematically related to how much distress infants evinced in the strange situation, it was not related to whether or not they were secure.
There seems to be little point in polarising the two positions. If temperament is biologically based this suggests a somewhat pessimistic outlook on the possibilities for change for those infants with a difficult temperament or those displaying insecure attachment behaviours. Although such a view avoids mother-blame, (a criticism put forward by the feminist perspective discussed later in this chapter) it comes dangerously close to blaming the child for negative outcomes. It is much more likely that both the infant and the parent(s) contribute to the developing patterns of interaction and attachment theory addresses this while theories focusing on temperament take the infant’s internal state as their primary point of reference. Belsky (2005) concludes:

When considered in their entirety, all the findings summarised above regarding temperament and attachment dispel the notions that temperament determines attachment security in some simple, straightforward fashion or that there is no relation whatsoever between temperament and insecurity. Rather, they clearly and collectively suggest that the relationship between the two constructs is complex. (Belsky, 2005, p. 80)

**Feminist Perspective**

Bowlby's emphasis on monotropism (the significance of the maternal relationship) has attracted particular criticism. His concept of "maternal deprivation", developed to describe the impact of separation on children, was used to pressure women to leave the workforce following World War II and to reinforce the gendered division of labour during the 1950s and 60s. Feminists argue that this concept, used to castigate working mothers and to explain childhood deprivation, also pathologised motherhood and Bowlby's other ideas were rejected for this reason (Ehrenreich & English, 1979). Rutter (1981a) argues in the 1972 edition of his seminal work on maternal deprivation that the concept is too broad to be meaningful and recommends that the term be abandoned. He also argues that the evidence does not support the concept of monotropy. In the later edition, he identifies five controversial issues – the notion of sensitive responsiveness, monotropy, the notion of attachment behaviours, the process of bonding and the relationship between early bonding and later social relationships.

Feminist criticism has been focused on the notion of sensitivity, monotropy and the concept of maternal deprivation. Walkerdine and Luce (1989) are particularly critical of the concept of the sensitive mother. They claim that Ainsworth's work paved the way for the emergence of the "fully fledged sensitive mother" and describe her as one who is prepared to undergo surrender to total love, to see things from the baby's point of view and to understand them. Any deviation from this is deemed pathological including mothers who put their own
pleasure first, want to go out, enjoy themselves or have other interests. Earlier criticisms of the concept of maternal deprivation by Rutter and others are acknowledged but Walkerdine and Luce claim that these did not challenge the whole framework within which these concepts were generated. They also claim that the acknowledgement of multiple attachments does nothing to engage in fundamental theoretical issues. They are particularly critical of the claim to a scientific theory built on controlled study in the laboratory.

This stinging criticism is based, however, on a narrow reading of the literature. Their rejection of the theory is based on criticism of Harlow's monkey research and the Strange Situation, which are only parts of research on attachment. They also claim that attachment theory is based on observable behaviour and an avoidance of any sense of mind. This completely overlooks the role of internal working models first put forward by Bowlby and significantly developed by Bretherton and Main et al. in a 1985 publication. Walkerdine and Luce (1989) make valid points about the pathologising of mothers and, in particular, are rightly critical of the possible subjective bias based on class and gender underpinning judgements of sensitivity. They do not succeed, however, in their aim of a substantive criticism of the theoretical basis of attachment.

Singer (1992) echoes many of the same points and suggests that Bowlby, influenced by his professional role, positions the mother as therapist and questions whether this is realistic on a 24 hour a day basis. In fact, Bowlby (1969/1997) argued that the need for therapy could be avoided by changing parenting practices. Singer, however, takes her argument further by identifying the absence of any analysis of power within attachment relationships. She suggests three steps in re-thinking this problem. There must be recognition that the combination of social isolation of mothers and children, strong emotional bonds, and discipline based on manipulation of the emotional bond, is a source of uncertainty for mothers. In an isolated family situation, misuse of power by mothers and fathers against their children can remain hidden for a long time. This is strengthened by our failure to talk about power and the potential for conflict, and the promotion of harmony as the norm. The third step is to stop maintaining the illusion of the family, and the mother in particular, as protection against the hostile outside world. Singer points out that the family does not necessarily provide this and the outside world may also be a source of emotional support.

George and Solomon's (1999) work on the caregiving behavioural system is a step in this direction and much of the recent research looks at the role of external support as a relevant
factor in facilitating secure attachment within the family unit. Singer (1992) appears to have overlooked the dual emphasis within attachment theory on attachment and exploration, and the acknowledgement that parental roles have to shift as the child develops (as outlined earlier in the discussion of attachment and the developing child). It is true that there is no explicit analysis of power in attachment theory. The relationship is, however, described as a goal-corrected partnership and there is implicit acknowledgement of the parent’s power within this because the child’s motivation derives from their wish to maintain their connection with the parent. The description of the circumstances in which disorganised attachment arises conveys an explicit acknowledgment of parental abuse of their power.

Diane Eyer (1996) reiterates many of Walkerdine and Luce’s criticisms focusing on attachment theory as a source of mother guilt. In describing the Strange Situation she expresses amazement that women don’t break out in a rash very time they hear the "psychobabble terms" "at risk", "attachment" and "bonding" (p. 71). Eyer’s focus on the impact on mothers, particularly the way in which attachment theory has been used to identify mothers as the source of children’s troubles appears to be based on a selective reading of the theory in which some of the findings are misrepresented. She claims that the terms bonding and attachment are used interchangeably. Although this may be true in parenting literature she refers to, attachment theory is based on a clear distinction between the two (Klaus & Kennell, 1982). She also claims that Ainsworth’s Baltimore work was based only on the Strange Situation laboratory procedure when there was extensive home observation prior to the introduction of the Strange Situation. Eyer argues that attachment is an inadequate framework for understanding the developmental significance of parent–child relationships because security is just one dimension of these relationships. This criticism appears to be based on a very narrow reading of the process of attachment. The other dimensions she lists – mutual warmth and expression, conflict, shared involvement, humour, communication and control (pp. 99–100) – can be seen as part of the mutual interaction between mother and infant from which attachment patterns evolve.

Burman (1994) is similarly concerned about the potential for mother blaming inherent in attachment theory and questions the "weird science" of Ainsworth’s Strange Situation and its implicit class, cultural and gender bias. She argues that attachment theory is premised on progression from attachment to detachment, thus repudiating femininity and privileging a masculine model of development. She argues that the basic unit of analysis is the individual and not the relationship. Although one of the artefacts of the extensive use of the Strange
Situation has been a focus on the different patterns exhibited by children, this is not inherent to attachment theory, which from the beginning has emphasised the two-way nature of the attachment relationship.

Bliwise (1999) summarises many of these arguments emphasising the context in which attachment theory has developed. She points out the irony that despite definition as a behavioural system, attachment has been studied as a characteristic of individuals. She highlights the failure to focus on the child as an active partner and a tendency to emphasise consistency and stability at the expense of furthering understanding of the impact of environmental change. Rather, than dismissing attachment theory she argues that there is potential for an alternative viewing of development, one that holds secure and mutually gratifying relations as central to human existence and views closeness and comfort as related to autonomy, portraying development across the lifespan as unfolding in the context of close relationships. She argues that a greater emphasis on the multiple, systemic and dynamic aspects of attachment theory and recognition of cultural and social structures as important will allow attachment theory to move away from a narrow focus that holds mothers responsible for the totality of their children's social and emotional lives. Grossman et al. (2005) concluding their overview of their extensive longitudinal research suggest that this has already been achieved:

Attachment theory indeed has profoundly changed developmental psychology, providing theoretical coherence within natural history that has never existed before. Attachment theory and research has successfully taken the individual out of his artificial isolated position within much of psychological experimental research. Attachment theory gave him back his social nature. (Grossman et al., 2005, p. 131)

**Singular Versus Multiple Attachments**

Many of these criticisms do not take full account of the original tenets and subsequent developments in attachment theory. Although Bowlby's theory developed in a particular social and economic context, it has not remained static. Bowlby's (1969/1997) acknowledgement that the attachment relationship is formed with the primary caregiver (who may not be the biological mother) and his references to paternal caregiving behaviour are often overlooked. As noted earlier it has been acknowledged that the attachment relationship is not confined to the biological mother from the very beginning (Ainsworth, 1979; Bowlby, 1969/1997). Quality rather than quantity of contact has been identified as important (Ainsworth 1979) and the potential for secure attachment relationships to be established
between working mothers and their children recognised. It is also acknowledged that multiple attachments are possible (Rutter & Rutter, 1993) and increasing interest expressed in the relationships children form with their fathers and siblings (Ainsworth, 1989; Dunn, 1993; Fonagy et al., 1994; Grossman et al., 2005; Rutter & Rutter, 1993; Steele & Steele, 2005).

Given this, how do we identify who qualifies as an attachment figure? Howes (1999) proposes three criteria for the identification of attachment figures other than the mother: "(1) provision of physical and emotional care; (2) continuity or consistency in a child's life; and (3) emotional investment in the child" (Howes, 1999, p. 673). Such criteria allow for a range of people, including fathers and grandparents, to be attachment figures in a child's life without automatically assuming that presence alone is enough.

Much of this discussion has taken place in the context of pre-school children in early childhood centres. Although this situation is somewhat different to foster care because children have a continuing relationship with their parents, research in this domain does offer some insight on the question of multiple attachments, an important consideration for children in care. In the early childhood care environment a difficulty arises with the issue of continuity and consistency because childcare providers may only be in the child's life for a relatively short period. Some research demonstrates that children begin to treat child care providers as a category of attachment figure, transferring their attachment security with their first child care providers to subsequent relationships with teachers (Howes, Hamilton & Phillipsen, 1998, cited in Howes, 1999). Continuity and consistency may also be a problem for children in foster care, especially if they experience multiple placements. They may also start at a disadvantage by entering care without having experienced secure attachment, therefore being unable to transfer this to subsequent relationships.

Howes (1999) identifies emotional investment as the most speculative of the criteria. This is difficult to assess and mothers have been found to be far less able to report on the emotional investment of alternative caregivers than they are to report on their children's caregiving arrangements. If multiple caregiving begins in early infancy, it is possible that not all parties will share an equal emotional investment in the child, especially if some of the caregivers are in paid positions. Emotional investment may also vary within families, especially if fathers delegate the caring role to the mothers of their children or spend limited periods in the home, due to long hours at work or other pressures. Emotional investment is particularly problematic in the foster care environment, especially in the early stages of a new placement.
when there is uncertainty about whether or not the child will return home or be moved to another placement. Foster parents may be advised not to get “too attached”, thus reducing the possibility for the child to experience security.

The possibility of multiple attachments gives rise to questions about the process by which these are formed. There has been considerable debate as to whether multiple attachments form simultaneously or are organised in a hierarchical manner. In the latter case, there is further debate about whether some figures are primary and others secondary or one figure is believed to continually take top place (monotropy). Sagi-Schwartz and Aviezer (2005) in their longitudinal study of relationships in the kibbutz context found that the early relationship with mother contributed most to later adaptive functioning. They also found, however, that the relationship with father contributed to aspects of adaptive functioning that the relationship with mother did not. Main (1999) reports that together with the question of how quickly the infant can change a primary attachment, these issues remain unresolved. It seems likely that when children are exposed to sequential alternative attachment figures, the subsequent relationships are influenced on the child's part by the internal working model developed in the primary relationship. However, because attachment is a measure of the relationship not an individual characteristic, it seems possible that a child may have different patterns of attachment with each significant adult, depending on the nature of that relationship (Aldgate, 2006; Siegel, 1999).

Siegel (2001) identifies the importance of basing alternative care arrangements on the needs of young children and in particular the need to form secure attachment. He identifies five aspects of interpersonal relations that are likely to foster emotional well-being and secure attachment – collaboration, reflective dialogue, repair, coherent narratives and emotional communication. Howes (1999) suggests that if a child is simultaneously forming attachments with multiple caregivers, it may take much greater caregiver sensitivity to establish a secure relationship.

The challenges are likely to be even greater for children placed in care. Dozier, Manni and Lindheim (2005) found that infants younger than one year placed in foster care tended to show stable attachment behaviours very quickly, within two weeks for many and within one week for some. The difference for those children over one year was striking and most did not demonstrate stable attachment behaviours for an extended period following placement. They found that foster parent responsiveness was not as important as commitment, and focused
their intervention on helping foster parents be more 'mindful' of the children's experience and adapt their behaviour accordingly. Larkin (2006) argues that insufficient attention has been paid to the foster parents need to bond with children in their care if they are to remain committed to them and she suggests that care planning needs to take account of this.

Dunn (1993) questions the emphasis in attachment theory on the parent-child relationship arguing that young children are involved in complex, rich and varied relationships with siblings and friends, which deserve attention. Her research makes a significant contribution to increasing our understanding of the diversity of young children's experience. Rather than invalidating the importance of attachment, her work extends the boundaries and encourages a more complex picture to emerge.

**Methodology**

Ainsworth's Strange Situation was instrumental in the resurgence of interest in attachment theory and her methodology is now widely utilised. On the one hand, the laboratory procedure meets the requirements that empirical research be measurable and able to be replicated. The Strange Situation therefore allowed mother-infant relationships to be studied in a manner that is considered objective and scientific, thus gaining credibility in a world that demanded that these criteria be met. On the other hand as Lamb, Thompson, Gardner, Charnov and Estes (1984) conclude in their critical evaluation of the Strange Situation, the sample from which Ainsworth developed her classification system was small, and the theory's biological basis questionable. Lamb et al. find Ainsworth's view, that secure attachment is a successful evolutionary adaptation, and her judgement that other patterns are maladaptive, to be problematic. They suggest a need to explore alternative classification systems and that we need more knowledge about why the differences exist. Lamb, Thompson, Gardner, and Charnov (1985) argue that the strong claims regarding antecedents, interpretation, temporal stability and predictive validity of the Strange Situation are only supported by the empirical and theoretical literature. They suggest that a key issue is the conflating of strange situation behaviour with attachment security. They identify measurement issues and the importance of exploring whether what is measured is current attachment or evidence of the historical development of the relationship.

Although criticisms based on specific aspects of the methodology remain valid, attachment researchers are addressing many of these by modifying their procedures and in some cases developing alternatives to the Strange Situation. It is now widely recognised that the child's
response is an adaptation to their environment and that although this adaptation may create difficulties in other relationships, the behaviour represents a child's best efforts to cope with their situation (Crittenden, 1988). Such an understanding is inherent in the concept of internal working models and reflects the dynamic nature of attachment processes. Seifer and Schiller (1995) point out that secure base behaviour in the Strange Situation has been emphasised at the expense of exploration. They also raise issues about what is being measured and argue for more precision in assessment. In particular, they identify problems with the measurement of sensitivity. They argue that it is not a unitary concept and that the various components have not been adequately defined. They suggest that current scales over-emphasise loving/warmth/supportiveness dimensions and that more attention should be given to technical aspects such as the ability to accurately read signals, flexible adaptation so that responses are well attuned to current time and place. They argue that although positive affect and behaviour motivated by warmth and affection enhance interactive skill these may be present in the absence of these technical skills. Cross-cultural research has also highlighted problematic issues in relation to the notion of sensitive responsiveness and “appropriate” parental behaviour within the attachment relationship.

Cultural Perspectives

Attachment theory originated at a time when emphasis was placed on finding universal theories to explain personality development. Little recognition of cultural variation existed and Western paradigms were deemed universal, which might have called the whole theory into question. Cross-cultural research has since highlighted important reasons for individual differences and identified limitations to claims for universality (Grossman, Grossman, Spangler, Seuss & Unzer, 1985; Main, 1990; van IJzendoorn, 1990). Meta analysis of 32 samples of research using the Strange Situation from eight countries revealed greater intra country variation than inter country and the authors conclude that greater caution should be exercised in assuming that an individual sample is representative of a particular culture or subculture (van IJzendoorn & Kroonenberg, 1988). Those studying cross-cultural application (Main, 1990; Posada et al., 1995) have noted the limitations of the Strange Situation. In particular Main notes that procedural difficulties may account for some discrepant results. For example, in Japan it was found that the length of separation was too stressful because infants are rarely separated from their mothers and she argues that the time should be shortened before concluding that the procedure is invalid.
In a review of cross-cultural studies, van IJzendoorn and Sagi (1999) remind us that Ainsworth's work began in Uganda where she observed mothers and infants and began to develop her now famous classification system. In this environment despite the presence of multiple caregivers, children developed secure attachment with their mothers. A review of more recent non-Western research in Africa, Botswana, China, Japan and Israel (13 studies in all) explored the cross-cultural application of four key hypotheses of attachment theory – the claim to universality, that the secure classification is normative, that secure attachment is dependent on sensitivity and that secure attachment is linked to child competence (van IJzendoorn & Sagi, 1999). Across these studies, there is strong support for the universality of attachment theory and Ainsworth's three patterns have been found in all cultures studied so far. This finding was particularly strong given that several of the studies involved infants raised in the context of multiple caregivers. The secure attachment classification also appears to be normative across all cultures. There is modest support for the sensitivity hypothesis. Not all of the studies looked at competence and there was insufficient evidence to draw any firm conclusions. In situations of multiple care, however, it appears that competence is domain specific. For example, among the Gusii (an African tribe) there is a rather strict division of labour whereby the mother provides physical and health care and older siblings are responsible for social and play interactions. Security of attachment with mother impacted upon health status whereas attachment with older siblings impacted on cognitive development (van IJzendoorn & Sagi, 1999). In kibbutz-raised children in Israel, security of attachment with the carer (metaplot) was the strongest predictor of the child's social competence, not security of attachment with parents (van IJzendoorn & Sagi, 1999).

Posada et al. (1995) focus on the use of the mother as a secure base across cultures. This study involved collaborative research across seven countries – China, Colombia, Germany, Israel, Japan, Norway, and the United States. Mothers were asked to identify their 'ideal' child in terms of secure base behaviour, experts were asked to define the secure-base phenomenon and mothers were asked to describe their own child. There was a high concordance between expert descriptions and mother's ideal child. There was a lack of match, however, between mother's ideal descriptions and child's behaviour. This study also found that while mothers and experts agreed on the desirability of children using their mothers as a secure base there were differences in behavioural expression. The authors conclude that their findings support Bowlby and Ainsworth's conjecture that secure-base behaviour is a characteristic of our species but note this is expressed in diverse ways.
Hinde and Hinde (1990) note the importance of considering the relationships between biological, cultural and individual desiderata when considering the cross-cultural application of attachment theory. They suggest that the biological aspect relates to survival, the cultural aspect has implications for reproduction in terms of goodness of fit and mate selection while the individual aspect is represented by two views – the normative and the adaptivist. Normative tends to equate secure attachment with the most desirable outcome while adaptivist allows variation to ensure goodness of fit. They question whether psychological wellbeing in the normative sense necessarily implies cultural goodness of fit. Main (1990) echoes this in her discussion of conditional strategies. She argues that the infant only has one choice in expressing their attachment needs, while parents have a number of options. Primary strategies are those that directly involve the attachment behavioural system, for example proximity-seeking in stressful situations. Secondary strategies evolve as the result of experience and may involve the over-riding of primary strategies, for example avoidance of the attachment figure in stressful circumstances. Thus, we are able to arrive at the same biological ends in differing ways depending on circumstances.

Research by Harwood, Miller and Irizarry (1995) illustrates the extent to which patterns of attachment vary depending on cultural values. In their study of Anglo-American and Puerto Rican mothers, both groups valued attachment but had different expectations of how this would be expressed. Anglo-American mothers valued independence as an adult outcome for their children and viewed their behaviour in this light. For example, when presented with a vignette of a child left in the waiting room while the mother went to see the doctor they expected the child to be able to cope and tended to interpret evidence of distress as undesirable. Puerto Rican mothers wanted their children to maintain significant links to their family in adulthood and did not want their children's behaviour to bring shame to the family. In their response to the same vignette they were more likely to interpret distress as a sign of the child's strong connection to them. Harwood et al. (1995) argue that rather than invalidating the concept of attachment their research indicates that attachment may be a useful vantage point from which to study cultural meaning systems.

In a more recent study Carlson and Harwood (2003) challenge some of the cultural assumptions underpinning attachment theory, in particular the notion of maternal sensitivity. They suggest that maternal sensitivity has been imbued with certain values in the Anglo-American context, including following the child's lead, and allowing them to make choices. In some studies high maternal control and low emotional availability have been linked and
identified as generating an avoidant pattern. They argue that such views have become accepted as universal truths, ignoring Ainsworth's caution about understanding cultural and historical contexts. In their study they demonstrate that Puerto Rican mothers tend to be more directive with their children but that this is not necessarily associated with insecure attachment. There was also a higher percentage of ambivalent attachment, which they argue may reflect a higher tolerance for clingy behaviour. They suggest that these preferences and the perception of threat may be culturally constructed and that the role of culture is central to the caregiver's mental representation and interpretation of relationship experiences. Grossman et al. (2005) support this contending that “viewed properly, attachment is the very foundation for a child’s ability to understand and participate in the extended social and cultural world without undue emotional conflict” (Grossman et al., 2005, pp. 92–93).

Rashid (1996, p. 75) stresses the importance of British social work practitioners recognising “the need for cultural relativism and cultural humility in thinking about attachment and parenting”. He argues that without this undue hardship may be placed on parents, especially mothers, and this can be avoided if parenting and mothering are recognised as socially and culturally constructed.

Such arguments are particularly pertinent in the Aotearoa New Zealand context where despite our small population there are significant cultural differences. For example, I have argued that in a Māori context whakawhanaungatanga (forming and maintaining extended family connection) may be a more appropriate concept than attachment (Atwool, 2006). This is not to say that they are one and the same. While both emphasise the importance of relationships, each embodies important aspects of the cultural context in which they originated. Whānau is not the same as the Pākehā concept of nuclear family and is likely to comprise a collection of households (Metge & Ruru, 2007). When fully functional whānaungatanga binds members through aroha (love) and manakitanga (care for others) in a network of reciprocal relationships (Mead, 2003; Metge & Ruru, 2007; Rangihau, 1981). The applicability of the notion of preferential attachment within a Māori context where more than one person may be involved in caring for a child and where the child belongs to whānau, hapu and iwi has been questioned, and children’s relationships with their grandparents are of particular importance (Metge & Ruru, 2007). The attachment research outlined in this chapter indicates that children may only be able to experience connection to wider social structures through their primary attachments to the people most involved in their care. This is not necessarily the biological mother. It is important to remember that during the early months
when the infant is most vulnerable, the primary significance of attachment is the provision of a safe base and protection. It is difficult to see how this can be achieved other than through connection to a small number of key people. In determining, security of attachment, however, it may not be appropriate to focus on the biological mother and consideration must be given to the network of relationships around any given child.

When decisions are being made about out-of-home placement the cultural distinction between whānaungatanga and attachment becomes highly significant. The former emphasises the importance of continuing connection to whānau, hapū and iwi, while the latter emphasises the importance of secure attachment to an attachment figure. As discussed in Chapter Two, failure to take account of this distinction has resulted in the perception that Māori children are misplaced in the care system (Human Rights Commission, 1992; Ministerial Advisory Committee, 1988). The notion of attachment to a single figure irrespective of cultural considerations is rejected as an appropriate resolution for Māori children who are not safe within their immediate whānau (Metge & Ruru, 2007).

Caution about values implicit in terms such as sensitivity is also necessary and the more appropriate emphasis may be the secure-base phenomenon, and whether or not the child has an attachment figure or figures that provide this. It is also important that sensitive responsiveness is not conflated with sensitivity. As outlined earlier by Siefer and Schiller (1995) more attention should be given to technical aspects such as the ability to accurately read signals, flexible adaptation so that responses are well attuned to current time and place. Such a view allows cultural context to be taken into account, avoiding the pitfall of assuming that “sensitivity” is an acultural and universal concept.

Key Theoretical Concepts

Attachment theory has survived a period in history characterised by a rapidly expanding knowledge base. Although debate about some aspects remains there does appear to be agreement about the significance of a child’s relationship to caregivers and about the consequences for the child of disruption to these relationships (Rutter & Rutter, 1993; Schaffer, 1990). Because empirical research encourages in-depth study of specific variables at a given point in time it is predisposed to competing explanations for complex processes, such as child development, the origins of behavioural difficulties, and the difference between resilient and vulnerable children. Although such an approach may lead to the accumulation of knowledge about aspects of children’s lives there is an increased danger that the complex
Research clearly demonstrates the long-term consequences of early attachment experiences. Three features of attachment give cause for optimism. First, the brain remains "plastic" or open to change throughout the life span and especially during childhood (Perry, 1997a; Siegel, 2001). Using the language of attachment theory, internal working models can be modified through subsequent experience. Second, children strive to form attachments in the face of rejection, abuse and other adverse experiences becoming more "clingy" when needs are not met (Rutter & Rutter, 1993), and only withdrawing completely in the most extreme situations (Crittenden 1988). Thirdly, by two and three years of age children are able to understand social rules beyond the family and their close relationships are coloured by their understanding (Dunn, 1993). These features indicate that considerable potential exists for different experiences of relationships to influence the internal working models that children are in the process of developing. Even in the face of negative experiences in one part of their life, children are open to establishing other relationships, which may serve as a buffer and modify existing internal working models. For such potential to be realised it is essential that intervention take account of the quality of children's relationships with their primary attachment figure(s).

**Theory and Practice**

Attachment theory has been applied to practice in a number of ways. Its use in decision-making is not, however, universally accepted. I begin this discussion with an outline of reasons against its use, before proceeding to arguments in favour of practice and decision-making models based on attachment theory.

Reder and Duncan (2001) express caution about the use of attachment theory in abuse cases. They suggest that the overall relationship is more important, especially a sense of security and trust, which they maintain is not the same as attachment. Like some of the feminist critiques discussed previously these criticisms appear to be based on a narrow interpretation of the attachment literature. It is difficult to see how a child could experience security and trust outside of a relationship in which the parent provides the secure base. They also point to the erroneous identification of ambivalent attachment as evidence of a strong
attachment relationship. Misinterpretation or misunderstanding of fundamental theoretical concepts on the part of social workers is not a solid basis on which to dismiss the use of a particular theory.

Donald and Jureidini (2004) agree with Reder and Duncan (2001) that it is unwise to speak of parenting purely in terms of attachment theory. They do, however, argue that the first priority in assessing parenting is the adequacy of the emotional relationship between the parent and the child. They propose a model of assessment based on three questions. First, how well could these parent(s) perform the tasks required of them given optimal circumstances? This includes the ability to create and sustain an intimate relationship with the child, awareness of potential or actual affects of adverse relationship stressors on the child, and the parent(s) ability to avoid dangerous impulsiveness and take responsibility for their behaviour. Second, how difficult is this child to parent? Third, what is the level, nature and context of the socioenvironmental and structural support in which parenting is occurring? Although the third question indicates the need for any attachment assessment to take account of the broader context an understanding of attachment theory has much to contribute in relation to the first two questions. Any assessment of parenting capacity has to consider the quality of the relationship, and attachment is crucial because lack of empathly is a critical factor in some forms of insecure attachment, and secure attachment provides a protective factor when parents are under stress. As discussed earlier the research on attachment and temperament also indicates that it is the quality of the relationship rather than the characteristics of the child that determine outcome for children with difficult temperaments (Belsky, 2005).

Despite Reder and Duncan’s (2001) and Donald and Jureidini’s (2004) reservations about the use of attachment theory, a compelling case can be made for improved understanding of the significance of attachment in assessing whether or not children should be returned to parents who have been abusive (Brandon, 1996; Howe, Brandon, Hinings & Schofield, 1999). Attachment is not the only consideration but it is arguably one of the most important. In abuse situations it is likely that the child has been in out-of-home care for a period of time and the impact of this separation from attachment figures is also an important consideration. Brandon (1996) maintains that there are strong arguments for a better understanding of developing relationships during the early stages of care and protection work. She argues that there is still too much emphasis on abuse incidents and too little attention to the underlying
processes. She suggests that attention to the quality of attachment relationships can facilitate decision-making that safeguards the child and promotes his or her welfare.

In Chapter Three Howe and Steele (2004) base their case for restricting contact in some situations on an explicit use of attachment theory and this can be seen as an example of the way in which theory can shape practice and play a role in managing the subjective elements of these decision-making processes. Some research has begun to explore the link between children's adjustment and the quality of attachment relationships and some practice models have been developed based on attachment theory. These ways of linking theory and practice are outlined before discussing the current situation in Aotearoa New Zealand.

Howe et al. (1999) have developed an assessment and practice model for use in cases involving child maltreatment and family support based on attachment theory. They emphasise the importance of theoretical understandings in helping practitioners persist with the most difficult cases. They argue that attachment theory enables social workers to reflect on the dynamics of their relationships with clients and learn to understand the meaning of their reluctance to engage and their lack of cooperation. In this way greater tolerance, compassion and effectiveness result. They conclude that "developmental attachment theory is also fundamentally a theory of relationships, and relationships are quintessentially the medium through which social work takes place" (Howe et al., 1999, p. 295).

In Chapter Five I outlined comprehensive assessment models that incorporate attention to the quality of attachment relationships (Clyman et al., 2002; Malik et al., 2002; Stevenson & Hamilton-Giachritsis, 2006) and models focused on the role attachment theory can play in decision-making (Ansay & Perkins, 2001; Benoit et al., 1997; Chambers & Foley, 2002; Crowell & Feldman, 1988; 1991; Haight et al., 2003; Pilowsky & Kates, 1996; Stokes & Strothman, 1996; Zeanah et al., 1997). Whelan (2003) suggests that attachment theory offers a useful model for determining whether or not siblings should be placed together. He acknowledges the evidence supporting keeping siblings together (Heger, 1998; Smith, 1996; Staff & Fein, 1992) but argues that there are circumstances when keeping children together could reduce the stability of the placement or work against the best interests of the children. This is particularly important if there has been abuse within the sibling group. Whelan argues that in such circumstances attention to children's attachment styles assists workers in decision-making about placement.
Marcus (1991) investigated the link between psychological adjustment to the disruption of being placed in care and quality of attachment relationships. He found that the quality of children's emotional ties to others appears to play a significant role in their psychological adjustment and school achievement. Apart from a modest influence derived from the quality of attachment with the natural mother most of the data supported the critical importance of the quality of attachment to foster parents, not natural parents:

In the case of foster care, where there is a break in the continuity of care, it may be that remnants of old attachments remain but children begin reforming bonds with present caregivers, who then become more important. The current data support an interpretation of a modest continuity of attachment to natural mothers that does not disappear but becomes overshadowed by newer relationships. (Marcus, 1991, p. 386)

Marcus (1991) asserts that continuity of care with foster parents who develop secure attachments becomes an important consideration in case management and although placement with siblings or biological relatives may be important in some cases, the importance of secure attachment should not be ignored.

These findings are supported by research focusing on the quality of relationships between foster parents and infants entering care. Dozier, Stovall, Albus & Bates (2001) found in a study of 50 foster mother-infant dyads that following disruption during the first 18 months of life, babies were able to reorganise their behaviour around the availability of the new caregiver. More importantly, age at time of placement was not as important as the foster parent's state of mind. Foster mothers with secure attachments were able to facilitate secure attachments with the infants placed in their care, despite their earlier exposure to disruption and adverse relationship experiences. Intervention models to assist foster parents in providing positive and secure relationships to facilitate positive development in the children placed in their care have been developed (Dozier, Dozier & Manny, 2003; Dozier, Higley, Albus & Nutter, 2002).

Much of this work has been focused on very young children and a more complex picture emerges when older children enter the care system. Milan and Pinderhughes (2000) studied the influence of maltreated children's maternal and self-representations on subsequent relationships with foster mothers and behavioural adjustment in foster care. They found that on entry to care children's self and maternal representations were significantly related to each other and to the severity of maltreatment. These representations significantly predicted
children's subsequent views of their foster mothers and their behaviour in the foster home. Without intervention such children may become the casualties of the foster care system. Penzerro and Lein (1995) provide evidence of this in their description of four young men in residential care diagnosed with conduct disorder. All had histories of multiple placements and they argue that their behaviour needs to be understood as a manifestation of their attachment history. Given this evidence it is not surprising that a number of therapeutic models based on attachment theory have been developed for children in the care system.

Fahlberg (1988) developed a workbook focusing on attachment and separation to assist people working with children in care. Steward and O'Day (2000) have developed an agency practice guide for permanency planning based on attachment theory. Cairns (2002) links attachment, trauma and resilience to describe important elements of therapeutic care for children. Archer and Burnell (2003) describe the use of attachment theory and an understanding of trauma to develop ways of working to facilitate permanent placements. They draw on the work of Hughes (1997; 1998) who describes the way in which facilitating developmental attachment assists in the management of behavioural difficulties in fostered and adopted children. Golding (2003) describes an inter-agency Primary Care and Support Project designed to support foster parents. An attachment framework was found to be useful in guiding the development of successful interventions, which included consultation, individual and group interventions with foster carers and direct interventions with children.

Explicit use of theory in relation to placement practice is rare in Aotearoa New Zealand but two researchers have undertaken projects exploring the relevance of attachment concepts to foster care in this country. Chinnery (1999) used three detailed case studies to explore attachment formation in maltreated pre-adolescent children placed in long-term foster care. She demonstrates that developmental gains were achieved once the children, who had experienced a great deal of prior disruption, attained security. She notes the importance of caregiver attunement and makes a strong case for the relevance of attachment-based models of assessment for caregivers and children to ensure goodness-of-fit. The social workers in Chinnery’s research, however, acknowledged that placement practice tended to be ad hoc and poor quality. Social workers were unlikely to have a direct working relationship with children in care. They were reactively involved at the time of placement but not confident of their ability to assess caregivers or children to ensure matching and while recognising the importance of stability were more likely to get involved when the placement was breaking down.
Chinnery also found that social workers were unlikely to make long-term decisions at an early stage, increasing the risk of multiple placements before a permanent placement was sought. These findings led Chinnery to conclude that the paramountcy of children’s best interest was an ideologically derived flight of fancy. Her recommendations included attachment training for social workers and caregivers, the development of an “attachment theoretic assessment device” and a recommitment to permanency planning. Although based on a small number of cases, Chinnery’s research encompassed more than one site and a number of social workers had been involved in each case.

Doree (2003) focused on foster parents, examining the organisation of attachment in relationships between foster carers and children. She found that children were able to rework internal models of attachment within relationships with secure foster parents. Doree notes that one of the motivations for becoming a foster parent is adverse early experiences and strongly recommends screening foster parents using an attachment assessment such as the Adult Attachment Interview. She also emphasises the need for caregiver training in attachment.

Although based on relatively small samples these studies indicate that attachment theory is not well understood in the Aotearoa New Zealand context and that practice is not theoretically driven. Foley (2007) found further evidence of this in interviews with eight social workers who identified attachment theory as an important element in their practice frameworks. Despite this they had difficulty articulating how they applied attachment theory in their practice. Chinnery’s (1999) research also indicates a limited understanding of permanency planning and the place of theory in that. Brown (2000) emphasised the importance of attachment in his review of CYF. He noted the importance of assessment when children first come in to care including “the existence of the child’s attachment (parents, siblings, other family friends and neighbours)” and “the child’s needs in terms of safety, attachment health and education” (Brown, 2000, p. 74). He also supported permanent placement based on significant psychological attachment, as provided for in s13(h) of the CYP&F Act, 1989, for children assessed as being unlikely to be able to return home. Although there have been significant developments, including renewed emphasis on permanence and the introduction of a practice framework (refer Chapter Two), since these studies were undertaken, there has been little progress in terms of improving social worker’s knowledge of attachment theory, without which it is difficult to implement these policies.
Summary

The discussion in preceding chapters highlights, the diverse range of views about how to achieve the best outcomes for children who come into care. Different people have drawn on attachment theory to justify different positions, some favouring the clean-break policy and permanence through adoption by a new family, others focusing on the need to allow children to mourn before forming new attachments and others suggesting that disruption of attachment is so detrimental that removal of children should always be the last option and where necessary children should be placed within kin networks. This highlights the danger that theory may simply be used to justify pre-existing views of what is in children’s best interests (Kelly, 2000b).

Kelly (2000b) argues that attachment theory has become the key theoretical perspective informing child-care decision-making. He suggests that although this may have helped sharpen the focus, debates have continued on how best to secure children’s attachment relationships, both in the development of agency policies on child placement and in individual cases. For example, he notes that there is nothing inconsistent with attachment theory in the child developing a strong attachment with foster carers while at the same time maintaining a relationship with birth parents. Although attachment theory clearly provides a framework for thinking about children’s needs, it does not provide prescriptive guidelines. Perhaps for this reason attention has also been focused on resilience theory, which has an emphasis on specific factors that make a difference for children facing adversity. I turn now to a discussion of resilience theory, the link with attachment theory and practice models that draw on both.
Children who are, or have been, in care are a group well known for their vulnerability. Even those who come into care for short periods are likely to have been exposed to significant risk (Browne, 1998; Clyman et al., 2002; Horowitz, Owen & Simms, 2000; Malik et al., 2002; McAuley, 1996; Palmer, 1996; Rutter, 2000). Intervention is most often the result of abuse and/or neglect and may have been combined with parental substance abuse problems, mental health issues, family violence and poverty. Whatever the circumstances, the disruption to existing relationships is frightening and stressful for children. As outlined in the preceding chapter, children’s attachment behavioural systems are activated in such circumstances.

A considerable body of literature focuses on risk and the impact on children’s development. Research in this field has identified that not all children exposed to risk have negative outcomes and over the past thirty years the focus has shifted to those factors that make a difference for children in adverse circumstances. In this chapter, I review the research on risk, focusing on the dimensions most pertinent to children in care. I then discuss the literature on resilience, using the three waves of research on resilience identified by O’Dougherty Wright and Masten (2006) to provide the structure for my review of developments in this field. During my discussion of both risk and resilience I explore links with attachment theory and I conclude by noting the implications for children in foster care and the link between theory and practice.

Research on Risk

The term risk is used in a number of ways. Broadly the risk to children is the risk of developing a disorder (Sroufe, Cooper, De Hart & Marshall, 1992). A risk factor is any characteristic, condition or circumstance that increases the risk of disorder. A risk factor may be biological, socio-economic or developmental (Sroufe et al., 1992). Fraser (2004, citing Coie et al., 1993) broadens this definition to include any influence that increases the probability of harm (the onset), contributes to a more serious state, or maintains a problem condition.
**Poverty**

The majority of children coming into care are likely to have grown up in disadvantaged circumstances (McAuley, 1996; Palmer, 1996; Rutter, 2000). The earliest research on resilience by Werner and Smith (1982) demonstrated that poverty only proved to be a risk factor when compounded by other adversity. Bradshaw (2001) notes, however, that clear evidence exists of poor outcomes associated with poverty including mortality, most morbidity, fatal accidents, neglect and physical abuse, teenage pregnancy, poor housing conditions, homelessness, educational attainment, smoking, suicide and mental illness. Garmezy (1993) reviewing early research identified a range of cumulative risk factors associated with chronic adversity including low socio-economic status (including dependency on welfare), marital discord, overcrowding, paternal criminality, maternal psychiatric illness, and inadequate parenting. Outcomes for children are likely to be determined by a combination of interacting variables but it is now well established that poverty has a significant impact on children:

Notwithstanding the potential for genetic-environment confounding in studies conducted within biologically related families, collectively, investigations using a variety of methods provide strong evidence that income poverty and related experiences influence children's cognitive, academic and socioemotional function through environmental processes that go well beyond genetically transmitted attributes. (McLoyd, 1998, p. 189)

McLoyd notes that the impact on cognitive and verbal skills is most profound in the early years and that persistent poverty has substantially more impact than transitory experiences. This in turn impacts on academic achievement. Quilgars (2001, p. 132) argues in relation to educational attainment that “longitudinal research following children through their schooling career provides relatively robust data which suggests that children living in low-income families start off at a disadvantage compared with other children and that this disadvantage not only endures but increases over their schooling career”. Bright children fare better but may not be as committed to excelling at school (Luthar, 1999).

Although the findings in relation to socioemotional impact are less powerful, both internalising and externalising symptoms become more prevalent the longer children have been living with poverty. Internalising behaviours increase the likelihood of anxiety disorders and other mental health difficulties such as depression by adolescence, while externalising behaviours predispose children to antisocial and offending behaviour (McLoyd, 1998). Luthar (1999) notes that young children are particularly vulnerable to the exigencies of
chronic family poverty because of their more limited defences and coping resources. She notes that they frequently show higher levels of emotional distress than their older counterparts but by adolescence the toll of poverty may be manifested in increasing alienation.

Multiple co-existing risks substantially increase the vulnerability of children living in poverty (Luthar, 1999). For instance, poverty and the associated stress may increase parents' tendency to discipline their children more punitively and less consistently and to ignore their dependency needs (McLoyd, 1998). Poverty has also been associated with neglect and physical abuse (Luthar, 1999; Quilgars, 2001). Maltreated children living in poverty reflect maladjustment in several domains including affective and cognitive processes and disturbances in the quality of attachment with caregivers.

The environment also has an impact because poverty is often associated with higher risk neighbourhoods. It has been speculated that aggression may be more prevalent in disadvantaged neighbourhoods because parents may be less prone to curb this behaviour due to the perceived need for children to be able to defend themselves (Duncan et al., 1994 cited in McLoyd, 1998). Luthar (1991) notes that trauma results from children's exposure to community violence and although peer support can be a protective factor, peer popularity among disadvantaged youth shows links with not only prosocial profile but also aggressive, disruptive behaviours and poor academic performance. Garbarino (1995) describes socially toxic environments in which the risk factors include absent fathers, poverty and other economic pressures, racism, addiction, educational failure, poor physical health, family violence, and adult emotional problems that impair parenting. He argues that children who show the effects of this social toxicity first and most dramatically are the ones who have accumulated the most risk factors and that each of these factors multiplies the effect of the others that may be present, and so risk accumulates.

The outcomes for children raised in poverty are not universally negative and along with the focus on risk factors there has also been attention to protective factors:

It appears that competence develops in the midst of adversity when, despite the situation at hand, fundamental systems that generally foster competence in development are operating to protect the child or counteract threats to development. (Masten & Coatsworth, 1998, p. 212)
Particular attention has been paid to the impact of poverty on the quality of relationships within the family. Research exploring the security of attachment between mothers and infants living in poverty reports higher rates of insecure attachment than in middle-class samples. Diener, Nievar and Wright (2003) compared two groups of mother-infant dyads, one group were recipients of an intervention and the other group were on the waiting list. There was no difference between the two groups, both being perceived to be at increased risk of adverse outcomes due to their circumstances. It was found that cumulative risks increased the likelihood of insecure attachment, and maternal depression was found to be a significant risk factor.

The intervention was targeted at increasing mothers' access to basic resources. Cumulative resources increased the likelihood of secure attachment such that “those dyads with greater resources in the domains of maternal, child, and contextual characteristics looked comparable in terms of mean level of attachment security to middle-class, well-educated dyads” (Diener et al., 2003, p. 172). The intervention did not include a parenting component and the researchers suggest that their results highlight the importance of access to mental health services for depressed mothers, and that the inclusion of a parenting component in such interventions is likely to further enhance the quality of interaction. Protective factors will be discussed in more depth later in the chapter.

Much of the research on the impact of poverty on children has been concerned with the impact on children's development, with a view to future outcomes. Ridge (2002) conducted large-scale quantitative research combined with a smaller qualitative study in which she interviewed 40 children aged 10 to 17 about the impact of poverty. One of the key issues for children was lack of access to pocket money. Combined with no access to private transport, this lack limited their ability to participate in social activities and reduced their autonomy. It also increased the likelihood that they would work and some of the children were contributing to the household income. Clothing was important because having adequate clothing helped children and young people to fit in and be accepted. Many had experienced bullying and having the 'right' clothes allayed fears of bullying and also contributed to the development of self-esteem and confidence.

One of the major areas of difficulty was in relation to school and impaired ability to participate, especially in school trips, which were highly valued because many of the families could not afford holidays. There were also difficulties paying for school bags, stationery and
books. Ridge demonstrates that these children were at risk of exclusion from within the school system. Although they remained part of the system they were stigmatised by systemic barriers to participation. School was an important social world for these children and friendship was a highly valued and precious resource:

Friends were seen variously as protective, reliable, an alternate source of support from family and as confidants and problem solvers. However, difficulties in making and sustaining social relationships were apparent, and could have severe repercussions for the children’s capacity to maintain adequate social inclusion, and to develop their human and social capital. (Ridge, 2002, p. 133)

This source of support was particularly important because many of the children tried to protect their parents from the realities of the social and emotional cost of childhood poverty on their lives. Many of the children gave up asking for things they knew their parents could not afford and those that did ask had no expectation that there would be a positive response. The children worried about their parents, especially their health and their ability to pay bills.

Ridge (2002, p. 141) emphasises that the children were not passive victims and that they developed strategies to manage their lives:

This study indicates that if we are to truly understand the complex dynamics of poverty on children’s lives, and their capacity for self-realisation, we need to develop a much greater understanding of children’s agency and the meanings and understandings they give to their lives in the context of a restricted social, material and structural environment.

We must be mindful of children’s active construction of meaning when intervening in children’s lives, especially given the emphasis placed on friendship, the desire to protect families and the evidence that marginalisation and social exclusion is a reality for children raised in poverty. Children coming into care are likely to come from high-risk environments and to have been exposed to multiple risk factors. They will already have constructed an understanding of these lived experiences and developed coping mechanisms. Children’s abilities to do so are exemplified by the strategies developed in response to their early attachment experiences as discussed in the previous chapter.

Another significant risk factor, which as already noted, is associated with poverty, is maltreatment. It is to this factor that I now turn.
Maltreatment

Cicchetti and Toth (1995) combine an ecological model and an organisational model of development to construct a framework to review the consequences of child maltreatment. In the organisational model development is viewed as "a progression of qualitative reorganizations within and among biological, social, emotional, cognitive representational and linguistic systems proceeding through differentiation and subsequent hierarchical integration" (Werner, 1948 cited in Cicchetti & Toth, 1995, p. 546). Development is conceived as comprising a number of age- and stage-relevant tasks organised in hierarchical fashion with successful resolution of past issues increasing the probability of subsequent successful adaptation. Within this framework maltreatment is seen to impact on five areas of development:

- **Affect regulation**
  Maltreated infants have been observed to be developmentally and affectively retarded, depressed, ambivalent and affectively labile, and angry (Gaensbauer, 1980 cited in Cicchetti & Toth, 1995). The differences are attributed to a combination of the child's biological predisposition and the nature of the relationship with the caregiver. Dysregulated behaviours, increased aggression, and hypervigilance, have also been identified as consequences of maltreatment.

- **Development of attachment**
  High rates of insecure attachment in maltreated children have been noted in a number of studies (Carlson et al., 1989; Crittenden, 1985, 1988; Egeland & Sroufe, 1981; Morton & Browne, 1998; Schneider-Rosen, Braunwald, Carlson & Cicchetti, 1985). The disorganised pattern discussed in the previous chapter, has been particularly associated with maltreatment. As I have noted, because internal working models of attachment shape perceptions of self and others, the impact of various forms of maltreatment is particularly pertinent for children coming into care. This is discussed in more depth in the following section.

- **The development of the self system**
  Maltreated children use proportionately fewer internal-state words (Beeghly & Cicchetti, 1994). The ability to talk about feelings, emotions and other internal states is an important developmental achievement linked to the ability to differentiate between self and other, and the capacity for empathy. Maltreated children have also been found to
engage in less symbolic play (Alessandri, 1991 cited in Cicchetti & Toth, 1995), an important avenue for exploration and achievement of mastery. Research has also demonstrated lower self-esteem, (Egeland, Sroufe & Erickson, 1983), impaired perceived competence (Vondra et al., 1999; Kim & Cicchetti, 2003), and more symptoms of depression (Allen & Tarnowski, 1989; Kaufman, 1991; Kazdin, Moser, Colbus & Bell, 1985; Toth, Manly & Cicchetti, 1992).

• Peer relationships
Elevated levels of aggression are characteristic of maltreated children and physically abused children in particular tend to carry this into their interaction with peers (George & Main, 1979). Of particular concern is the finding that this may be demonstrated in response to both friendly overtures (Howes & Eldridge, 1985 cited in Cicchetti and Toth, 1995) and to signs of distress in other children (Howes & Espinosa, 1985 cited in Cicchetti & Toth, 1995; Main et al., 1985). Higher levels of withdrawal have also been noted and this appears to be associated with neglect (George & Main, 1979).

• Adaptation to school
Cicchetti and Toth (1995) note that it is not surprising that children who have been maltreated are at extremely high risk for failure in schools. Research on the impact of different types of maltreatment casts some light upon this. Egeland et al., (1983) assessed 40 children on a variety of tasks from 18 months to the age of 4/5 years. They divided the children into four categories of maltreatment – physical abuse, hostile verbal abuse, psychological unavailability, and neglect. The children were given a problem-solving task and four teaching tasks to be completed with their mother at 42 months, observed in a day care setting and rated by teachers at age 4/5 years. All four groups functioned poorly over the period of assessment but there were some differences between them.

The physically abused children were the most distractible, the least persistent and the least enthusiastic. They were the most non-compliant with mothers and teachers. They demonstrated low ego control and a great deal of negative emotion. They also lacked self-esteem, agency and creativity in the problem-solving task. They displayed many of the behaviours associated with socio-emotional disorders. The verbally abused children demonstrated the most anger and were the most avoidant of their mothers. They were also non-compliant, low in ego control, and lacked persistence and enthusiasm. The children with a psychologically unavailable parent were also avoidant, angry and non-compliant.
They lacked creativity, persistence and enthusiasm and were highly dependent on teachers. The neglected children appeared to have difficulty pulling themselves together to deal with tasks. They were distractible, impulsive and demonstrated low ego control. They were the least flexible and creative of all the groups. They were avoidant in the teaching tasks and appeared to lack the self-esteem and agency necessary to cope effectively with the environment. They had the lowest ratings in both self-esteem and agency and had the highest level of negative affect and lowest level of positive affect of all the groups. They were more dependent and had the lowest ego control.

These findings demonstrate substantial impact on the perception of self, others and the environment by the age of school entry. Particularly noteworthy is Cicchetti and Toth's (1995) argument that neglect has a significant debilitating effect on children's agency and ability to cope despite its being considered the most benign form of maltreatment. Crittenden (1985) reports similar findings, observing that neglected children had the lowest developmental quotient scores. All researchers note that categorisation of abuse is difficult because children may experience more than one form. It is very likely that this is the case for children who come into care.

- Psychopathology
Maltreated children have been found to be at higher risk for depressive symptoms, conduct disorder, attention-deficit hyperactivity disorder, oppositional disorder and posttraumatic stress disorder during childhood (Cicchetti & Toth, 1995). These difficulties continue into adolescence and adulthood with higher levels of depressive disorder, violence, antisocial personality disorder, substance abuse, suicidal and self-injurious behaviour, somatisation, anxiety and dissociation (Cicchetti & Toth, 1995).

The long-term impact of maltreatment has been clearly documented in the literature, leading to a search for the variables that mediate this impact. Farran (2002) emphasises the importance of intervention in risk situations, pointing to the adverse impact of environmental stressors such as maternal depression, abuse and trauma, poverty and racism on brain development. Perry (1997a, 1997b) has written extensively on the impact of trauma on the brain. He argues that children are malleable, not resilient and points to the pervasive impact of early trauma on emotional, physical and cognitive development, attachment, and behaviour (Perry, 1997a, 1997b). Farran and Perry base their analysis on three factors. The brain is not fully developed at birth and development continues in sequential order through the early
years. This development is 'use-dependent' and relies on repeated, patterned experiences. The bulk of this development takes place in the first three years and there are critical periods within this time. Perry (1997a) points to the central role of attachment in providing the framework for optimal development and the "malorganisation of attachment" as playing a major role in the escalation of violence in the United States. When discussing clinical implications Cicchetti and Toth (1995) also note the centrality of difficulties in attachment organisation in parents and children in maltreating families.

**Maltreatment and Attachment**

Adverse outcomes are often discussed as specific deficits in the child but one of the greatest risks lies in the impact on the child's ability to form relationships. Attachment theory, and in particular the concept of internal working models has much to contribute to an understanding of the impact of maltreatment. Crittenden (1992) conceptualises children's responses as strategies for coping with adverse environments. She studied five groups of low-income mother-infant dyads, identifying patterns of coherence between parenting style and children's response. Adequate mothers were characterised by a reciprocal exchange of sufficient resources. They were responsive to their children who experienced the self as worthy and competent. Neglectful mothers were characterised by an absence of internal and external resources. Their children were consistently withdrawn, experienced the self as ineffective leading to despair. Abusive mothers' parenting styles were characterised by coercion and control. They were aggressive when in control and submissive when not, leading to variable behaviour. Their children were submissive when with powerful adults and aggressive when not. The self was experienced as unworthy and/or incompetent and this was accompanied by feelings of anger. The combination of abuse and neglect created the least consistent environment, with the parent alternating between hostile and unresponsive behaviour. The self was experienced as unworthy, ineffective and vulnerable leading to a mix of anger and fear. Mothers in the marginal group were generally responsive but with lapses or inconsistencies. Their children generally had positive expectations of others but lacked a sense of self-efficacy, which generated feelings of frustration.

The adequately reared children mostly had secure attachments and were the most cooperative and least likely to be compulsively compliant. They were able to engage in peaceful play with siblings. Abused and neglected children had avoidant or avoidant/ambivalent patterns of attachment. They were the most compliant and while younger children were more challenging, compliance increased as they grew older. In free
play they tended to fight more with other children. The abused and neglected children showed less consistency and self-control than the abused children. Neglected children had avoidant or avoidant/ambivalent attachments. They were the most passive with their mothers and were isolated during free play. They appeared to lack competence and presented as helpless. The marginally maltreated children had anxious attachments. They were generally co-operative with their mothers but unable to play peacefully with siblings. They enjoyed mother's company in low stress situations but became disturbed by any sign of unavailability. Crittenden argues that children's coping strategies are a function of the type of maltreatment and are consistent with the notion of internal working models. She suggests that these are adaptive in the short-term but may not be in the long-term as they may not be readily open to revision.

Researchers such as Carlson et al. (1989), Carlson (1998), Main (1996) and Zeanah and Zeanah (1989) note the prevalence of disorganised patterns of attachment in maltreated children and an associated increased risk of pathology. They agree that the disorganised pattern results in a pattern of dysregulation that compromises development, increases vulnerability, and predisposes to the development of psychopathology. All stress the relational nature of these difficulties and the link with inter-generational transmission. The process of coming into care and the disruptions the experience causes exacerbates such dangers.

Disruption

I have argued in relation to attachment, that Bowlby's work offers important insights for working with children in care. Kobak (1999) maintains that despite recent attachment research neglecting Bowlby's (1973/1998; 1980/1998) emphasis on separation, this provides important insights into the emotional dynamics of disruption in attachment relationships. With the help of James Robertson he documented children's response to disruption identifying a three-stage process: protest, despair and detachment. This detachment sometimes continues after reunification with the attachment figure (Bowlby, 1973/1998). This response is characteristic of young children who rely on the attachment figure's physical proximity to experience a sense of security in a threatening situation. Separation is perceived as a threat, especially when the child is in an unfamiliar environment. The initial reaction is distress, and anger results from the frustration that the child encounters in trying to re-establish contact. As these attempts fail the child reappraises the situation and anger gives way to sadness. Despair accompanies the recognition that the attachment figure is not going to reappear. Because
despair is an intolerably painful state the child begins to defensively exclude information about the absent parent and this leads to detachment. This is not necessarily a wearing away of the attachment bond; rather it is a defensive suppression of failed attachment responses. Reunion can, following a period of reassurance and continued interest, reactivate the attachment system.

As children’s cognitive capacities mature, they are able to communicate with parents about events, providing opportunities to prepare for separations and develop strategies to cope with them. For example, Winnicott’s (1971) idea of the transitional object can be seen as a strategy to assist with managing separation from an attachment figure. The goal shifts from physical proximity to a belief in the availability of the attachment figure in times of need. There are three aspects to availability:

- belief that the lines of communication are open,
- physical accessibility exists and
- the attachment figure will respond if asked (Kobak, 1999).

What is experienced as threatening is not separation, but threats to the availability of the attachment figure, and the threat is greatest when all three aspects are simultaneously challenged. Internal working models have a continuing role in the assessment of availability and disruptions of the attachment relationship are experienced as threatening only when they are seen to jeopardise availability. Threats to availability may include parents threatening to send children away, sustained parent-child conflict, family violence, marital separation and divorce, parental threats of suicide, depression and serious illness. When children come into care threat becomes a reality because the attachment figure is no longer available.

A child’s internal working model influences their reaction to separation experiences. Children with secure attachment have confidence in the on-going availability of the attachment figure and are likely to actively seek comfort. Children with an avoidant pattern will be less able to access support and will try to manage by defensively excluding their emotional responses. Adults attempting to care for the child may experience this as rejection. Children with an ambivalent pattern are likely to respond with angry, resistant or passive behaviour, again reducing the chance that their anxiety will be alleviated. Children with a disorganised pattern will be the most vulnerable because they lack a coherent strategy. Their behaviour may be most perplexing to adults and further reduce the availability of support.
Kobak (1999) stresses that the core emotional reactions to attachment disruptions are consistent across the life span and serve important functions. Fear activates the attachment behavioural system, anger motivates us to overcome obstacles, and sadness leads to withdrawal which can be seen as a time to accept unwelcome changes and if necessary revise internal working models. Emotional reactions are to be expected, and only when they become distorted or attenuated are they a cause for concern.

Eagle (1994) notes a decrease in empirical research on the separation experience of children in care, and a shift in research focus to the adverse circumstances leading up to children coming in to care, and to evidence that negative outcomes are not inevitable. Such trends may be caused, she argues, by evidence that the impact of separation may not be as devastating as Bowlby suggested. Eagle (1994) concedes the difficulties involved in isolating the impacts of prior experience from the effects of those experiences on the placement experience. She argues, however, that the child's subjective experience of separation may be an important intervening variable mediating the relationship between later adjustment, the antecedent, and the subsequent circumstances. Eagle challenges practice based on an assumption that children removed from their families mourn the loss of parent(s) in the same way as children whose parents die. She argues instead that evidence exists in both the adoption and fostering literature testifying to the enduring nature of biological ties. In the face of these ties, Eagle argues that necessary conditions for mourning do not exist because the parents are still alive. Failure to acknowledge this leaves the child unsupported and misunderstood.

Such an outcome may also result from the prevalence of the "rescue myth" in care rhetoric. Kates et al. (1991) argue for example, that this situation leads to an underestimation of the trauma of separation for the child. Rather than accept the child's lived experience, workers who subscribe to belief in the rescue myth convince themselves that the child will accept that they are "better off" following separation from their birth families. Kates et al. argue that on the contrary from a therapeutic perspective there are three prominent issues for children. They may split the maternal image, often idealising the absent mother and rejecting the foster parent. Children's sense of belonging is shattered and they may be unable or reluctant to form new attachments. Kates et al. stress that emotional reactions are to be expected and that these may be transitory reactions that will be resolved when the child is more settled, rather than evidence of significant disturbance resulting from prior circumstances. For these reasons children in care are perceived as needing support to mobilise internal resources to help them
integrate the conflicting images of self and family. They may need assistance to rework earlier developmental stages and to build a stable sense of self. Providing this support, recognises and validates the child's lived experience in ways that the rescue myth and its inherent adherence to family rhetoric cannot.

McAuley's (1996) interviews with children support these perspectives. Far from feeling rescued, the children she interviewed experienced placement as disruptive, not only of family relationships, but also friendships and schooling. They remained preoccupied with birth family (parents and siblings) over time and this was not dependent on contact. Some of the children felt that they did not have permission from birth parents to be in foster care and this generated complex feelings. Most of the children compartmentalised their lives and chose to keep details of their lives prior to coming into care private. Although they shared current concerns with foster parents they did not talk about the past.

Risk Factors for Children in Care

Children coming into care have heightened vulnerability for two related reasons – their experiences prior to coming into care and the experience of separation from their birth family. Many children will experience more than one placement and research evidence suggests that vulnerability increases exponentially with the number of placements (Jackson, 2002; Kelly, 2000a). The relationship between these two variables is not well understood and the impact of separation has largely been overlooked. What then do we know about what helps children cope with these challenges?

Resilience

From the 1970s research on resilience has expanded dramatically. O'Dougherty Wright and Masten (2006) identify three waves of research. In the first wave the focus was on the individual and much of the literature was descriptive. By the end of this phase there was considerable debate about definitions of key concepts and the interaction of risk and protective factors. In the second wave the focus shifted to dynamic processes and the importance of context. During the third wave the emphasis has been on developing models of intervention. Each of these phases is discussed before concluding with an outline of the implications for children in care.
The First Wave

The focus during the first wave was primarily on what made a difference for individual children in adversity. Longitudinal research such as that conducted by Werner in Hawaii demonstrated that children born in “at risk” circumstances did not all fare badly (Werner & Smith, 1982). Other research by Garmezy and Rutter (1983) exploring biological, developmental and environmental risk factors produced similar findings. These discoveries heralded a shift from identifying those factors that place children “at risk”, to exploration of those factors which serve to protect children who could be considered at risk.

In a review of the literature on stress and coping, Compas (1987) identified three broad factors, which have been identified as characterising invulnerable children across a range of studies:

(a) dispositional and constitutional characteristics of the child, including temperament, high self esteem, internal locus of control, and autonomy;
(b) the presence of a supportive family environment, including parental warmth, cohesiveness, closeness and order and organisation;
(c) a supportive individual or agency in the environment that provides the child with a support system to aid in coping and positive models for identification. (Compas, 1987, pp. 398–399)

Brown and Rhodes (1991) report similar findings when writing about why some children succeed despite the odds. They identify the interrelationship of three factors as crucial in answering this question: family experience, personal characteristics and environmental circumstances.

Garmezy (1994, p. 14) provides an expanded list of protective factors, which have become the focus for subsequent research:

(1) stable care;
(2) problem-solving abilities;
(3) attractiveness to peers and adults;
(4) manifest competence and perceived efficacy;
(5) identification with competent role models;
(6) planfulness and aspiration.

He goes on to say that these extend to genetic-constitutional variables, personality dispositions, supportive milieu within the family and beyond, and the availability of societal supports.
To summarise these findings three key factors are identified as determining the difference between those children and young people who prove to be resilient in the face of adversity and those who do not. These are individual characteristics, especially competence and self-esteem; supportive family; and availability of support in the wider environment, especially the availability of positive role models.

Early studies referred to resilient children as invulnerable. Garmezy (1993, p. 129) rejects this term because "it promises far more than most children can produce under the repetitive onslaught of cumulative stressors". He argues that the central element is the power of recovery. Sanford also argues against the use of the terms 'invulnerable' and 'resilient' to refer to children who have survived trauma:

To call them 'invulnerable' denies the healthy and natural vulnerability of a child. To call them 'resilient' brings to mind images of rubber bands being stretched to their limits, then bouncing back to their original shape. But what if the original shape was painful? And the stretching more painful still? (Sanford, 1991, p. 16)

Ungar (2005) points to the danger of the discourse of resilience being co-opted by proponents of a neoconservative agenda who argue that if one person can survive and thrive, then the responsibility for success should be on all individuals in risk populations to do likewise. In this way structural constraints on children's lives are denied and opportunities to address these at a societal level are lost.

By the end of the first wave other criticisms were emerging. Luthar, Cicchetti and Becker (2000) provide a critical evaluation of the construct of resilience, identifying a number of shortcomings in the research including variations in the definition and use of terminology, discrepancies in the conceptualisation of resilience and lack of consensus around the central terms such as protective or vulnerability factors. They stress the multidimensional nature of resilience, arguing that it refers to a dynamic process encompassing positive adaptation within the context of significant adversity. They advocate a stronger theoretical base, increased scientific rigour and increased attention to the processes underlying the interaction of protective and vulnerability factors.

These debates contributed to the definition of key concepts including adversity, risk factors, resilience, competence and protective factors. Adversity constitutes environmental conditions that interfere with or threaten the accomplishment of age-related appropriate developmental tasks, and include structural elements such as poverty and community violence.
and familial conditions such as abuse, violence, and parental mental health (Boyden & Mann, 2005; Fraser, Kirby & Smokowski, 2004; O’Dougherty Wright & Masten, 2006). Masten and Coatsworth (1998) stress that resilience only exists in the context of significant challenges, which come in two forms, chronic exposure to threat such as poverty, and severe adversity such as trauma.

Lacking evidence for causal pathways linking specific risk factors with specific outcomes, the focus shifted to the notion of accumulated risk (Fraser, 2004; O’Dougherty Wright & Masten, 2006), in which attention is paid to increased risk due to the presence of multiple risk factors. Poverty illustrates this notion of accumulated risk remarkably well because as outlined earlier it is associated with other stressors. Hence it is the cumulative risk that produces adverse outcomes rather than the experience of poverty in isolation.

A further distinction is made in the resilience literature between proximal and distal risk. Proximal risk factors are those experienced directly by the child, for example witnessing family violence or associating with delinquent peers while distal factors arise from the ecological context, for example community violence or inaccessible health care (O’Dougherty Wright & Masten, 2006). Proximal risk factors have the greatest impact and those within the family are difficult for children to escape from. The impact of these risk factors is also compounded by the reduction in access to protective factors. Distal risk factors are mediated through proximal processes and there is a greater chance that protective factors can offset their impact.

Aotearoa New Zealand longitudinal research has addressed risk factors. Fergusson, Horwood and Lynskey (1994) note that although there was a strong correlation between serious behaviour problems at the age of fifteen years and the most disadvantaged home environments, only one quarter of the children raised in the most disadvantaged 5% of the sample developed early onset multiple problem behaviours and the majority appeared to have escaped this fate. They do, however, caution that the impression that these children escape the consequences of their upbringing is largely illusory as only 13% were problem free in adolescence, the remaining 87% having at least one serious behavioural or mental health problem.

Resilience can be defined as successful adaptation despite adversity and three types of resilience have been identified. “Overcoming the odds,” describes children who achieve
positive outcomes despite high-risk status, for example a premature infant. “Sustained competence under stress” derives from the stress and coping literature and emphasises children’s efforts to restore or maintain internal or external equilibrium in circumstances of chronic environmental and interpersonal stress. The third conception “recovery from trauma” is evident in children who function well after an intensely stressful event such as sexual abuse (Fraser et al., 2004 citing Masten, Best & Garmezy, 1990).

Masten (2001, p. 234) argues that resilience phenomena commonly arise from ordinary human processes and that “[t]he great threats to human development are those that jeopardize the systems underlying these adaptive processes, including brain development and cognition, caregiver-child relationships, regulation of emotion and behaviour, and the motivation for learning and engaging in the environment”. As I have already outlined the attachment relationship is central to these adaptive processes, and such a view emphasises the links between child, family and environment, challenging the portrayal of resilience as an individual attribute.

These definitions raise questions about what is meant by competence. Masten and Coatsworth (1998) emphasise effective adaptation to the environment, which can be measured in two different ways, either broadly as success with major developmental tasks, or more narrowly in terms of specific domains of achievement. Competence in specific domains does not necessarily infer resilience and the use of domain specific measures of competence to do so have been challenged (Wyman et al., 1999). In a recent shift in emphasis toward success with major developmental tasks, competence can only be understood in the context of the different developmental tasks confronting children as they grow. Garbarino (1995) stresses that resilience and coping are all about meeting challenges and mastering them:

If children can muster their internal and external resources, if we give them half a chance, they will respond. Human beings are motivated and capable of restoring themselves to equilibrium when thrown off balance. In more formal terms, children are ‘self-righting systems’. (Garbarino, 1995, p. 162)

Protective factors are internal and external resources that promote positive developmental outcomes and help children prevail over adversity (Boyden & Mann, 2005; Fraser, 2004; O’Dougherty Wright & Masten, 2006). These include individual attributes, family factors and environmental supports. Debate continues about the definition of this concept, with some arguing that it can only be a protective factor if it is specific to improving outcomes in the face of risk (Fergusson & Horwood, 2003; Fraser et al., 2004). Because the factors identified
as protective are beneficial to all children, not just those in adverse circumstances, other terms such as compensatory or promotive have been proposed. There has also been debate about whether the term refers to internal or external factors but it is now accepted as encompassing both (Fraser et al., 2004). The term “protective factor” has, however, emerged from these debates as the most widely accepted term and is the one that I will use.

One significant trend in the literature has been to focus on the interactions between internal and external protective factors. Gore and Eckenrode (1994) note the tendency for early research to focus on individual psychological factors and social resources, such as support, as separate phenomena. They suggest, instead, that a more appropriate focus is the interrelationship between them, drawing attention to the possibility that these factors combine to produce protective effects. They argue that it is time to move away from menus of variables and study more complex profiles of functioning.

Other criticisms relate to the Eurocentric bias and failure to take account of cultural variability (Ungar, 2005) and lack of attention to children’s subjective experience as an important mediating factor. The response to these challenges has come in the second wave.

**The Second Wave**

The major development in the second wave has been the embedding of resilience in developmental and ecological systems with a focus on processes (O'Dougherty Wright & Masten, 2006). Attention is paid to the bidirectional relationship between the individual and the environment rather than to individual attributes. Commenting on the need for a frame of reference that incorporates both individual and contextual conditions, Fraser (2004) argues that ecological theory provides this. As discussed in Chapter Five he draws on Bronfenbrenner (1979, 1986) to argue that children’s development is strongly influenced by the social contexts in which they grow up. Fraser maintains that because a multisystems ecological perspective acknowledges reciprocated causation, it permits risk and protective factors to operate without the attendant baggage of being thought of as causes.

Yates, Egeland and Sroufe (2003) emphasise the importance of a theoretically grounded approach to resilience. They note that whereas much of the early research focused on middle childhood and adolescence, a developmental approach is needed because the foundations for resilience are located in early childhood. Even in the earlier research there is evidence of some attention to this, in particular in relation to the role of attachment.
Rutter and Rutter (1993) and Rutter (1994), addressing the issue of underlying mechanisms, emphasise the importance of secure and harmonious love relationships and success in accomplishing tasks as central to the establishment of a positive self-concept. They consider a positive self-concept to be one of four important mechanisms. The other three are reduction of risk impact, reduction of negative chain reactions, and an opening up of opportunities. It is difficult to see how these processes can be mediated by anyone other than parents or parent substitutes. Very young children have limited opportunities to reduce risk and as we have seen the adaptive strategies used in extreme circumstances carry high risk for long-term negative impacts. Risk can only be reduced by adults acting to protect children, and reducing negative chain reactions requires active support to assist children coping with any risks they are exposed to. Although children are active in managing their lived realities they rely on adults with access to resources to create opportunities for them. Some children do manage to reach out to adults outside their immediate home environment but it requires a positive response for such opportunities to be realised. Very young children do not have this opportunity and their ability to reach out in this way may already be compromised by the time they are old enough to do so.

Masten and Coatsworth (1998) argue that "infant competence is embedded in the caregiving system" (p. 208), and identify attachment as one of the fundamental developmental tasks of the early period. They identify self-regulation as the other critical task in this period and as outlined previously this is closely linked to the quality of the attachment relationship. Wyman et al. (1999) support this view, identifying the two key developmental tasks at this time as biological equilibrium and secure attachment both of which occur within the dyadic caregiver-child relationship.

Masten and Coatsworth (1998) identify critical developmental tasks during the school years as social competence with peers, socially appropriate conduct, academic achievement, and involvement in activities and work. Internal working models of attachment influence all of these aspects of development. In their conclusion they identify three crucial protective factors: caring and effective parent-child relationships; good cognitive development; and self-regulation of attention, emotion and behaviour. They point out that children grow up in multiple contexts, each of which is a potential source of protective and risk factors. Resilience is the outcome of interaction between these two sets of factors. Masten (2001, p. 234) concludes:
Despite all the flaws in the early studies of resilience pointed out by early and later reviewers, recent studies continue to corroborate the importance of a relatively small set of global factors associated with resilience. These include connections to competent and caring adults in the family and community, cognitive and self-regulation skills, positive views of self, and motivation to be effective in the environment.

The quality of attachment is instrumental in the three central areas associated with resilience – individual characteristics, supportive family and positive connections with adults or agencies in the environment (also referred to as external support). Individual characteristics are unlikely to develop in a child who lacks relationship with at least one other adult in which they feel worthy and loveable. Easy temperament has only been found to be a protective factor where support is also present (Emery & Forehand, 1994). Competence and problem-solving abilities are linked to self-esteem and early learning at home lays the foundation for later development. I have demonstrated that a link exists between secure attachment and competence (see for example Allen & Land, 1999; Cohn, 1990; Erickson et al., 1985; George & Solomon, 1999; Lee & Bell, 2003; Matas et al., 1978; Rubin & Lollis, 1988; Sroufe, 1988). Autonomy is another individual characteristic associated with resilience. Rutter makes a distinction between attachment and dependency and points to the paradoxical situation that exists:

Infants with secure attachments at twelve and eighteen months are less likely than other infants to show high dependence at four to five years of age. Secure attachments tend to foster autonomy rather than dependency. (Rutter, 1993, p. 114)

Wyman et al. (1999) argue, however, that child competencies should not simply be equated with resilience, maintaining instead that competencies are features of behaviour or functions that a child draws upon to promote resilience. In their taxonomy, resilience is defined as mastery of key developmental tasks in adverse conditions, and the earliest of these tasks are achieved within dyadic relationships.

Perhaps those researching behavioural genetics put forward the strongest evidence in favour of individual characteristics determining developmental outcomes. Fonagy (2003) argues, however, that the gene-environment interaction is the key to developmental psychopathology (which can be viewed as the opposite of resilience). He suggests that the difficulty establishing firm connections between specific environmental impacts and developmental outcomes is because environmental triggers are not objective events. Their impact is mediated through the subjective experience of the child, and Fonagy (2003)
observes that attachment increases understanding of this phenomenon by drawing attention to the appraisal mechanisms used to categorise and organise experience. As noted in the preceding chapter he reformulates internal working models as interpersonal interpretative mechanisms mediating the impact of early experience, and shaping the development of personality and competence.

The second important aspect of resilience is identified as the availability of family support, arguably unlikely to exist without some degree of secure attachment. Wyman et al. (1999) studied two groups of children, one aged 7–9 years and the other 9–12 years and found that variables reflecting competence and quality of parenting were the most sensitive predictors of resilient status. They concluded that:

The salience of emotionally responsive parenting attitudes in predicting children's competent development under adversity suggests that a responsive caregiver attuned to the child's needs helps the child to master early stage-salient developmental tasks, and on that base to build more differentiated, complex capacities needed to master significant environmental challenges. (Wyman et al., 1999, p. 656)

The important aspects of these relationships include more nurturant involvement, greater discipline consistency, the use of more authoritative discipline practices, and more positive expectations of their children's futures. Tiet et al. (1998) found that resilient youth (age range 9–17 years) lived in higher functioning families and received more guidance and supervision by their parents and other adults in the family. Masten and Coatsworth (1998) also note that effective parents in extremely dangerous environments are likely to be stricter but remain warm and caring. Given the adverse environments common to all of the children in these studies, the quality of their relationships would have to be strong and reciprocal in order to prevail against peer and community influences. Secure attachment is associated, as we have seen, with higher levels of co-operation and is likely to play a central role in facilitating these relationships.

External support is the third factor and can, again, be linked to attachment. Tiet et al. (1998) found that additional adults in the family served as a resource only when not cancelled out by the effects of lower socioeconomic status, lower youth IQ, less parental monitoring, lower educational aspirations of the youth, worse physical health, and not living with two biological parents. This led them to conclude that "additional adults in the family probably complement the parents in providing emotional support, guidance, informational resources, mentoring, or role-modelling to the youth" (p. 1198). Masten and Coatsworth (1998) note
that when children do not have strong parental guidance competence is often linked to a surrogate caregiving figure who serves a mentoring role. They argue that when children lack effective adult connection the risk of maladaptation is high, and that ensuring every child has this fundamental protective system is a policy imperative.

Although the role of out-of-home relationships and activities has received less research attention it is likely that the child's experience of attachment plays a role in this area. Children who have experienced secure attachment are more likely to have a positive perception of themselves and of others. Such a perception is important in forming relationships with adults and peers (Yates et al., 2003). Although there are children and young people who have been able to access positive relationships outside the home which have helped them overcome disadvantage, it is likely that children with positive relationships and expectations have an advantage in accessing such relationships (Garbarino, Dubrow, Kostelny & Pardo, 1992).

Yates et al. (2003, p. 249) encapsulate this perspective in their description of their organisational model of development:

Adaptive outcomes at given stages of development derive from transactional exchanges between the child and her or his current environment as well as the development history that the child brings to these exchanges (Bowlby, 1973; Sroufe & Egeland, 1991). In this view resilience is itself a developmental concept that characterizes the dynamic transactional processes that enable the organization and integration of experiences in functionally adaptive ways. As development progresses, the salient components of the child's environment evolve from an exclusive focus on the parent-child caregiving relationship to include other contexts such as peer, school and community milieus. (Carlson & Sroufe, 1995; Wyman, Sandler, Wolchik & Nelson. 2000)

Such a view allows for stability and change in resilient adaptation. Longitudinal studies demonstrate that such adaptations, and their outcomes, continue into adulthood. It is also important to note that not all children recover, and there is now stronger support for the developmental continuity of poor adaptation when multiple areas of competence have been compromised. The down-stream effects of early adversity may not be immediately apparent, for example child sexual abuse may have an ongoing impact as children mature and come to a different understanding of their experience (O’Dougherty Wright & Masten, 2006).

The shift to an ecologically embedded approach highlights the role of two other previously neglected dimensions – the role of children’s subjective interpretations of their experiences
and the role of culture. Implicit in theories of child development are normative views that reflect cultural beliefs and values (Ungar, 2005). An ecological approach demands that we take this into account in our considerations of context. Over and above this, as discussed in Chapter Four, childhood is socially constructed, as are the concepts central to resilience. Deconstructing these norms adds depth to our understanding of what makes a difference for children. One of the ways of achieving this is to include children's perspectives.

Although understanding how the social context is mediated by children's perception and interpretation is inherently difficult to research, it is a critical area to pursue (Deater-Deckard, Ivy & Smith, 2006; O'Dougherty Wright & Masten, 2006). Most of what we know about childhood experience is filtered through adult perceptions and interpretations. Studies of resilience draw, for instance, on researchers' preconceived ideas about what constitutes adversity and risk for children. This is problematic given emerging evidence that children do not share these understandings (Boyden & Mann, 2005). Children's perspectives on poverty discussed earlier have a very different flavour to the ways in which adults portray the same issue. Adults tend to be future-focused with regard to children rather than interested in their lived experience in the moment. For children, however, there is no escape from this and they are constantly engaged in the process of perceiving and making sense of their world. By writing about them from our adult perspective we may be missing important information about how they do this and we certainly contribute to a perspective that denies or minimises their role as social actors. Quite simply the reason that it has not been possible to identify causal pathways between specific risk factors and specific outcomes is because children are active in managing these processes. The impact of trauma, for example, is mediated through the child's subjective interpretation of their experience (Atwood, 2000). Coming to an understanding of the ways in which children manage their experiences of adversity is essential to a full understanding of resilience.

The role of belief systems is one of the areas that have been neglected as a result of the focus on universal theoretical perspectives. Garbarino (1995) discusses the role of ideology as a powerful motivator of organised and prosocial behaviour. Values, beliefs and ideology can be a source of strength and an environmental constraint, contributing to children's struggle to make sense of their experiences. This aspect of resilience has received little attention in mainstream research and the studies Garbarino cites relate to non-Western contexts where ideological differences are the source of conflict, exposing children to war and
violence. This research oversight is linked to the failure to take account of culture as a context within which processes of development and resilience take place.

As O’Dougherty Wright and Masten (2006) note, cultural traditions, religion, rituals and ceremonies, and community support undoubtedly provide a wide variety of protection functions. Our knowledge of these is, however, limited:

Although some of the factors and processes that have been identified as fostering resilience focus on individual functioning (such as good cognitive skills, socioemotional sensitivity, ability to self-regulate) the shape and function of these processes can be culturally influenced or can interact with cultural demands and expectations in ways that are poorly understood. (O’Dougherty Wright & Masten, 2006, p. 30)

McCubbin and McCubbin (2005) use the death of a loved one to illustrate the different ways in which cultural beliefs shape recovery. They note the importance of culturally based family schemas in guiding and legitimizing family behaviours and patterns of functioning and in developing meaning. They describe culture as the sum total of knowledge passed from generation to generation, the direct function of which is to guide people but there is also an evocative function of creating rules for how to feel by defining what a situation means.

As a result of an international collaboration Ungar (2003) identified two shortcomings in the quantitative research on resilience – arbitrariness in the selection of outcomes and a lack of contextual specificity in the design of studies. Together, these shortcomings make it difficult to generalise findings across socio-cultural contexts. The researchers involved in Ungar’s project hypothesise that resilience is a multidimensional construct, the definition of which is negotiated between individuals and their communities. Their goal as an international team of investigators is to bring together a culturally and methodologically diverse team in order to overcome the arbitrariness of outcomes by producing contextually sensitive research.

As part of this work researchers from ten communities in seven different countries met to achieve consensus on key constructs. As the invisibility of culture became apparent, team members commented that perhaps this was because culture is not separate from individuals and families, making it challenging to develop culturally specific questions. Thirty-two attributes were identified as relevant to the study of resilience in four categories: culture; community; relationships and individual. Seven items were included in the cultural category: affiliation with a religious organisation; youth and their family are tolerant of each others’
different ideologies and beliefs; cultural dislocation and change in values are handled well; self-betterment (not economic betterment but betterment of the person and community); having a life philosophy; cultural/spiritual identification; and being culturally grounded, knowing where you came from and being part of a cultural tradition, which is expressed through daily activities. Ungar’s (2005) *Handbook for Working with Children and Youth* reports on the research undertaken by this collaborative team and contains many examples of culturally-specific research and interventions demonstrating the relevance and significance of culture as an aspect of individuals’ and families’ ecological maps.

Rutter (2007), in an introduction to a special section on resilience in *Child Abuse and Neglect*, identifies three considerations that need to shape studies of resilience and in many ways these summarise the developments of the second wave or research on resilience. First, resilience may depend on experiences following exposure to adversity. Second, resilience cannot be equated with individual psychological traits and third, mediating mechanisms play a crucial role shifting the emphasis from variables to processes. He identifies five main points that stand out from research on resilience and the challenges that remain: the possible role of gene-environment transactions; the role of physiological pathways in causal processes; the importance of taking account of mediating pathways including dynamic mental processes; the possibility that resilience derives from exposure to risk rather than avoidance; and that protection from environmental hazards may derive from circumstances that are either neutral or risky in the absence of the environmental hazard. He uses adoption, as an example of the latter point, suggesting that it carries some risks stemming from the fact that it is atypical and arguing that there is no particular advantage to being adopted for a child from a low risk background. On the other hand he suggests that there may be considerable benefit from adoption for a child exposed to parental abuse or neglect. This analogy can also be applied to foster care, where the risks factors are even higher given that foster placements may be less stable than adoption placements.

*The Third Wave*

O’Dougherty Wright and Masten (2006) note that with the growth of knowledge on resilience has come interventions designed to foster this. Initially these were theory driven but increasingly experimental approaches to test resilience theory are being undertaken. Fraser and Galinsky (2004) note the importance of developing evidence based practice models for social work. They outline an approach designed to reduce risk and promote protection in which the key elements are risk assessment, a strengths perspective, and
empowerment. They stress the importance of a collaborative approach involving the child and his/her family in defining the problem, selecting and tailoring strategies and assessing outcomes.

Sesma, Mannes and Scales (2006) describe a youth development model based on 40 developmental assets divided into eight categories including external resources (support, empowerment, boundaries and expectations, and constructive use of time) and internal resources (positive values, social competencies, and positive identity). They chose thriving as their indicator of competence in order to capture the absence of pathology as well as more explicit indications of healthy and even optimal development. The indicators included school success, helping others, valuing diversity, exhibiting leadership, overcoming adversity, maintaining physical health and delaying gratification. Their model is also strengths based but what is different is an emphasis on multiple agents across multiple sectors. They argue that facilitating positive development is an everyday commonplace occurrence and not solely the preserve of professionals and practitioners. Programs are important but cannot be the sole strategy and they advance the notion of a “developmentally attentive community” (p. 291). To achieve this it is important to mobilise young people, activate various sectors of the community around young people, and engage adults in formal and informal roles.

These are just two examples of approaches developed but they illustrate key elements of approaches that have evolved from the research on resilience:

Analyses of current preventive programs that work for children underscore the importance of theory-driven approaches and of programs that embrace a developmental, ecological systems approach. Salient features of successful prevention programs include many of the factors that have been described in this chapter. These include the need for timely, comprehensive programs across multiple settings, programs that are of sufficient length and depth to address the magnitude of the problem and culturally relevant interventions. Such comprehensive prevention approaches acknowledge the multiplicity of risks and the cumulative trauma that many children face and emphasize the importance of promoting competence and building protection across multiple domains in order to achieve a positive outcome. (O’Dougherty Wright & Masten, 2006, p. 32)

Theory and Practice

Research on resilience clearly demonstrates that outcomes depend upon the interaction of risk and protective factors and that the higher the number of cumulative risks the more likely adverse outcomes become. As outlined in this chapter it is possible for children to end up on
negative developmental pathways and, depending on age and length of exposure to adversity, children in care are particularly vulnerable. They come from high-risk environments exposing them to multiple threats and their access to protective factors is likely to have been constrained by their circumstances prior to coming into care (Aldgate, 2006). Their heightened vulnerability has two related sources: their experiences prior to coming into care, and the experience of separation from birth family. Many children will experience more than one placement and there is evidence that vulnerability increases exponentially with the number of placements. Children in care really do have “to overcome the odds” but social workers responsible for them may rely on the concept of resilience to reassure themselves of children’s ability to overcome disadvantage without fully understanding what supports are needed in extreme adversity.

Resilience arises from everyday experiences, and so just as programmes are not sufficient to ensure positive youth development, neither is placement in foster care, nor permanence sufficient to reverse the effects of early exposure to adversity. Gilligan (1997) questions the wisdom of using permanence as a guiding paradigm given that it is so frequently not attained. He also argues that it focuses on only one aspect of the child’s life and downplays the role of the child as an actor in his/her own life. Given the overwhelming evidence of negative outcomes for children in care, Gilligan argues for a focus on what makes a difference for those children who achieve positive outcomes. He suggests that instead of simply focusing on achieving permanence, greater attention be given to fostering resilience.

Gilligan (1997) identifies the three building blocks of resilience as being a secure base, self-esteem, and a sense of self-efficacy. In his discussion of the secure base he points out that you can “take the child out of the family but you cannot take the family out of the child” (p. 16). He argues for the continuing involvement of family and promotion of the idea that the child is “cared about even if not cared for” (p. 16). In adolescence he suggests that this notion may be fostered through a network of social support based on social, recreational and professional relationships, especially important for young people leaving care without a secure base.

Secure harmonious relationships and success in accomplishing tasks are identified as the two key factors in the attainment of self-esteem. Neither relationships nor task accomplishment are confined to the immediate living environment, and positive experiences at school and in the wider community are equally important. Gilligan also identifies the
importance of actively fostering interests and talents through involvement in sport, music, hobbies or cultural pursuits. Self-efficacy develops from the successful performance of relevant tasks and observing others achieving this. Key elements are the ability to problem-solve, the development of coping skills and strategies, and the promotion of pro-social qualities in the young person. Young people in care need to be provided with opportunities to learn and practice these skills in supportive environments. Social networks are an effective means of ensuring that a range of opportunities is presented.

Daniel, Wassell and Gilligan (1999) developed a pilot project exploring the feasibility of putting resilience concepts into action when planning for children and young people in care. Six domains were identified as important: secure base; education; friendships; talents and interests; positive values; and social competencies. The aims of the project were not met in full, but social workers who participated noted that taking part in the workshops changed the way in which they looked at some of their cases. The greatest obstacle to implementation was the time to engage in direct work with children and young people. Daniel et al. report that many of the participants regarded the approach as “common sense” and they argue that:

Resilience theory has potential as a coherent framework to encompass much of what workers and carers instinctively aim to achieve anyway and could therefore validate practice by offering a sound theoretical basis for purposeful interventions. (Daniel et al., 1999, p. 14)

Schofield (2001) provides further evidence of the relevance of such an approach. In a study of forty adults aged 18 to 30 who grew up in care she found that good outcomes were achieved for some of the participants in her study, despite more than one placement. She argues that while this is not consistent with the traditional emphasis on the significance of secure attachment from infancy, it is consistent with Bowlby's premise that if the caregiver provides a secure base this will assist the child's capacity to explore, regulate feelings, and move into subsequent relationships. She found that participants in her study had been able to take different things from each placement and that with the wisdom of hindsight they could understand why some placements had not survived. Continuing post-placement contact with foster parents into adulthood was another significant factor.

Schofield (2001) discusses the conceptual overlap between resilience and attachment, linking self-esteem and self-efficacy to internal working models. She highlights the active role attributed to the child in both theories, and the importance of viewing behaviour as adaptive strategies developed in response to experience and their cognitive appraisal of this.
Like Gilligan, she argues that placements need to build internal sources of resilience through offering a secure base and she stresses that the key is the quality of relationships, maintaining that the impact on adult outcomes of each caregiving environment may not always be dictated by length of time, legal status or age at which secure placement is found.

If children are to overcome early trauma and disadvantage they require the opportunity to rework the internal working models that have developed from these experiences. Although therapy can assist, day-to-day experiences in the context of home and school are likely to have much greater influence. It is not just a matter of finding a satisfactory placement; attention needs to be focused on maximising opportunities to enhance resilience through reworking internal working models. Such a view fits with Ungar's (2001) argument that specific behaviours associated with delinquency and disorder act as deviant pathways to health for high-risk marginalised youth. He demonstrates that out-of-home placement is not always a negative experience and that for some young people it creates discontinuities in old identity stories allowing new ones to emerge. This is consistent with the idea of reworking internal working models. Gilligan, Schofield and Ungar point to the importance of resilience, and the fostering of this through supportive relationships rather than a single-minded focus on finding a permanent placement.

Risk and protective factors are not only internal, they also emanate from the outside world (Schofield & Beek, 2005). For this reason the ecological perspective (Aldgate, 2006; Gilgun, 1996; Jack, 2001) is invaluable, ensuring that children and their families are always viewed in their social context:

But each protective factor will only be protective in relation to specific risks. Sensitive care-giving, for example may be protective in relation to the foster child’s need to resolve a sense of loss, but not in the face of risks posed by school environments where foster children of minority ethnic origin experience racial harassment or in the face of risks posed by a departmental policy that moves foster children into ‘independence’ at the age 16. In such situations, sensitive carers can help children to cope, but systems outside the family need to become more actively responsive to the psychosocial needs of individual children. (Schofield & Beek, 2005, p. 1284)

Aldgate (2006) identifies five changes needed in current practice with children in care if their development is to count for more. The first is the development of a “multidisciplined workforce” whose members understand the impact of attachment on children’s development. The second is a new approach that pays attention to all aspects of children’s development.
The third is improvement in the skill of social workers in relation to their work with children and families and specifically, the ability to plan and review in a purposeful way. In particular, she identifies the importance of direct work with children, and planning for new attachments. The fourth change is the strengthening of the roles and tasks of corporate parenting to ensure that every child is in the best possible environment in which to develop positively. In particular she stresses the importance of enduring positive relationships with adults who can help build resilience. The final change is the need for a sea-change in the attitudes of social workers and other adults working with children to embrace a more optimistic view of their potential. She concludes:

Looked-after children need the good parenting that is the right of ordinary children so that they can grow up in stable loving relationships with adults committed to championing their present and future. This kind of ecology will give them the opportunity to achieve their developmental potential. In other words, they have the right to be extraordinary children in ordinary circumstances. (Aldgate, 2006, p. 35)

Stott (2006) highlights the importance of a multi-agency perspective and outlines an ‘onion model’ of the potential systems around a child, including family of origin, current family, community, professionals, agency, society, and the legal system. She suggests that there is much potential for confusion and misunderstanding about roles, which can obstruct individuals in working together for the best interests of the child. She draws on Emmanuel’s (2002) application of attachment theory to the systemic level to draw a parallel between the strategies used by infants with disorganised attachment and the ‘drift’ and paralysis in social service systems when faced with contradictory demands from birth parents and looked-after children. She concludes that “the least we can do for these children is to offer them a space for reflective thought rather than to continue the reaction without thinking that has become so familiar from their past” (Stott, 2006, p. 65).

Shared theoretical perspectives can facilitate the co-operation between different professional groups and agencies needed to achieve appropriate placements and networks of support for children in care. Attachment, resilience and ecological perspectives provide a framework within which appropriate plans can be developed for each unique situation. It is the development of such tailor-made plans that creates the greatest possibility of successful long-term placement outcomes. Lahti (1982), evaluating one of the first permanent placement projects, noted that legal status was not as important as the perception of permanence. A sense of permanence could be imparted to the child in foster care as well as in adoption and
equally it may be absent in adoption or situations where children returned home after a period in care.

Children and young people in the care system must have access to protective factors. Aldgate (2006) talks about the importance of countering the impact of loss and separation with contact and connectedness and of countering the impact of separation with stability. Viewed in this way protective factors will be external at the beginning of placement but over time it is important that children and young people in care are given the opportunity to recognise and develop internal resources. The key to accessing external resources that facilitate the development of internal resources is relationships and connectedness. Knowledge of attachment theory facilitates practitioner awareness of the need to provide opportunities for such access. It is also invaluable in understanding children’s ways of relating, and their sometimes incomprehensible behaviour. Resilience is not an individual characteristic that children coming into care either have or do not have. Rather, it is an outcome of interactive processes, and intervention in the form of foster care can either increase vulnerability or resilience depending on the opportunities available to the child:

Resilience is simultaneously a quality of the individual and the individual’s environment. To the extent that the child accesses communal health resources and finds opportunities to express individual resources, so too will resilience be experienced. (Ungar, 2005, p. xxiv)

**Implications for Children in Care in Aotearoa New Zealand**

One of the factors that have been overlooked as a potential source of relevance in the Aotearoa New Zealand context is culture. As outlined in Chapter Two, Māori children are over-represented in the care system. In the contemporary world traditional structures continue to be significant. As described in Chapters Two and Eight, Māori children do not belong exclusively with their parents; they belong to whānau (extended family), hapū (sub-tribe) and iwi (tribe). Their identity is inextricably linked to whakapapa (genealogy) and this, in turn, links them to specific places, symbolised by mountains and rivers. Whether living in this locality or not, this is their tuurangawaewae or primary place of belonging (Mead, 2003; Metge & Ruru, 2007). Māori children and young people are confronted by multiple negative images of what it is to be Māori and many are in care as the result of violence. Positive cultural experience is essential to the construction of resilience.
Likewise Pasifika (Pacific Island) children in care need to be able to negotiate a pathway that enables them to remain connected to their culture and to claim this as a source of strength. Many find themselves in conflict with their parents’ beliefs and become alienated as they embrace aspects of the dominant culture that surrounds them (Anae, 2001; Mila, 2001). Although there are non-traditional positive role models including musicians, artists, authors and sports stars, many of these seem far removed from the reality of the lives of Pasifika children and young people in care. An important part of their self-image and survival comes from identification with peers and too often, this reinforces negative elements.

Both Māori and Pasifika young people demonstrate high rates of disengagement from education (Harkness, Murray, Parkin & Dalgety, 2005; Ministry of Education, 2007; OECD, 2008; Wang, Harkness & Parkin, 2007) and this is frequently exacerbated by placement in care. Positive cultural identity may be the most important factor in resilience for these young people, because without it the only pathway open to them is identification with negative elements such as gangs, teen pregnancy, offending and substance abuse.

Culture is closely linked to external support, providing a particular avenue of support for children from minority groups (Metge & Ruru, 2007; Mulitalo-Lauta & Menon, 2006). It is, however, a double-edged sword in contemporary Aotearoa New Zealand. Given that being Māori is a risk factor for abuse (Doolan & Connolly, 2007), an understanding of whānaungatanga (family connection) that extends beyond the immediate family is essential (Metge & Ruru, 2007). Culture is not an optional extra for Māori and Pasifika children and young people; it is visible, shaping internal and external processes (Mead, 2003; Metge & Ruru, 2007; Mila-Schaef, 2006; Rangihau, 1982). As outlined previously, whānaungatanga and the Pasifika equivalent (aigataga) may be a more appropriate concept than attachment. Children are only able to experience attachment to wider social structures through their primary attachments to the people most involved in their care. Culture is only an asset when children are connected and grounded. It becomes even more important when the culture to which they belong is treated as "other" by the dominant culture (Walker, 1997).

The construction of cultural identity is not a simple process and some have challenged what they consider to be an essentialist approach, which oversimplifies the complex issues inherent in identity (Connolly et al., 2006; Keddell, 2007). In emphasising the importance of cultural connection I am mindful of the complex issues impacting on the construction of identity for Māori and Pasifika children who come into care. Social workers
have enormous power when making decisions about children in care and those decisions can become part of shaping a child's identity (Keddell, 2007). The active role of children and young people in constructing their identity must be acknowledged, and consideration given to their perceptions of identity. Given, however, that they are particularly vulnerable to external influences, it is imperative that they are not cut off from possible avenues of support. Full membership of whānau, hapū and iwi is not determined by whakapapa alone and must be backed up by active participation (Mead, 2003; Metge & Ruru, 2007). Even if their parents have chosen not to actively participate, children may wish to make other choices.

Pasifika perspectives on identity emphasise the collective nature of this, and the western concept of individual identity is rejected (Autagavaia, 2001; Mila-Scahef, 2006; Mulitalo-Lauta, 2001). The adoption literature provides ample evidence of the sense of dislocation and conflict experienced by those raised outside their culture (Bradley, 1997; Hoksbergen, 1997; Pitama, 1997; Walker, 1997). The importance of cultural connection in achieving positive outcomes for children and young people has been repeatedly emphasised (Autagavaia, 2001; Human Rights Commission, 1992; Metge & Ruru; Ministerial Advisory Committee, 1988; Rangihau, 1981; Walker, 1997). Rather than getting caught up in the complexities of the construction of identity in a post-modern world the emphasis needs to be on the importance of connection. Such an approach is consistent with Treaty of Waitangi obligations in relation to Māori and UNCROC for all cultural groups.

**Summary**

As noted in the previous chapter, attachment theory has been used to justify diverse approaches to decision-making about children who come into contact with the care and protection system. Linking attachment and resilience theories allows a different understanding to emerge, an understanding that places the child at the centre, encouraging decision-making processes based on his/her unique circumstances and needs, rather than dictated by an ideological position. As outlined in Chapter Five, the combination of attachment, resilience and ecological theory has come to be the theoretical framework underpinning my use of attachment assessments to provide child-focused information in situations of conflicted decision-making. I turn now to social work practitioners’ experience of the use of attachment assessments in conflicted decision-making situations. In Chapter Ten the questionnaire responses and practitioner views of the impact of assessments on the decision-making process are analysed and the perceived long-term outcomes for children following attachment assessment informed decision-making are discussed in Chapter Eleven.
In this chapter I document social work practitioner narratives about the use of attachment assessments in conflicted decision-making situations drawing on the questionnaires and the interviews. Although small in number, the responses to the questionnaires demonstrate the diversity of practice in relation to the use of attachment assessments and these are discussed first. The interviews produced a number of data units outlined in Chapter Seven and these provide the structure for the remainder of the chapter. In the next chapter I discuss social work practitioner narratives about the perceived outcomes for children who have had an attachment assessment completed and their views on what factors contribute to positive outcomes for children in care.

The Questionnaires

In order to gain a national perspective, I designed a questionnaire for completion by CYF supervisors (refer Appendix F). As described in Chapter Six CYF did not allow me to make direct contact with potential participants; instead National Office contacted Managers requesting them to nominate supervisors willing to participate in the study. Expressions of interest were received from ten supervisors and questionnaires were sent by e-mail. Of these, two were returned promptly and a reminder produced two more. All respondents came from different sites, two worked in large city offices, one worked in a town office and one worked in a rural site. Supervisors from the site where the interviews took place did not complete the questionnaire. Although the numbers are small the responses received indicate significant variation in practice and key points are briefly summarised.

Three respondents indicated that additional information in the form of an attachment or other assessment was routinely sought in disputed situations and one said that they were used "sometimes". As Table 10.1 demonstrates each of the participants responded to the question about the type of additional information sought in a different way and this variation indicates diverse interpretations of the question:
It is likely that this variation of interpretation also influences practice decisions about whether an assessment is requested and the type of assessment sought. As outlined previously, assessments may take different forms and the responses summarised in Table 10.2 indicate that they are used to provide in-depth information pertinent to each particular situation:

<table>
<thead>
<tr>
<th>Table 10.2: Additional Information Request Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court unable to make decision/disputes in Family Court</td>
</tr>
<tr>
<td>Evidence in relation to concerns is marginal</td>
</tr>
<tr>
<td>When deciding to remove children from parents</td>
</tr>
<tr>
<td>Parent is attached to child but concerns over parental ability to care</td>
</tr>
<tr>
<td>Returning children to parents</td>
</tr>
<tr>
<td>Permanency placements involving separation of siblings</td>
</tr>
<tr>
<td>Parental disagreement about best interests of child</td>
</tr>
<tr>
<td>One part actively opposes the majority decision</td>
</tr>
<tr>
<td>Educational assessments</td>
</tr>
<tr>
<td>Mental health issues</td>
</tr>
</tbody>
</table>

Barriers to obtaining assessments were identified by all respondents (refer Table 10.3) and these reflect different levels of access to resources depending on location:
Table 10.3: Obstacles to Obtaining Assessments

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>2</td>
</tr>
<tr>
<td>Large waiting list at Specialist Services</td>
<td>1</td>
</tr>
<tr>
<td>Lack of qualified people to complete assessments</td>
<td>1</td>
</tr>
<tr>
<td>Geographic isolation</td>
<td>1</td>
</tr>
<tr>
<td>Consent of person for whom assessment is requested</td>
<td>1</td>
</tr>
</tbody>
</table>

Respondents indicated that assessments are requested from a range of professionals:

Table 10.4: Professional Groups From Whom Assessments are Requested

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/adolescent psychiatrist</td>
<td>4</td>
</tr>
<tr>
<td>Clinical psychologist</td>
<td>4</td>
</tr>
<tr>
<td>Educational psychologist</td>
<td>3</td>
</tr>
<tr>
<td>Child/adolescent psychotherapist</td>
<td>3</td>
</tr>
<tr>
<td>Child Adolescent and Family Mental Health Service</td>
<td>2</td>
</tr>
<tr>
<td>Social worker/counsellor in private practice</td>
<td>1</td>
</tr>
<tr>
<td>Social worker/counsellor employed in community-based agency</td>
<td>1</td>
</tr>
</tbody>
</table>

Some had access to Specialist Service Units (located within CYF) but these are only available in some areas, larger urban locations where there are also likely to be a range of other professionals available to undertake the work. Smaller locations are likely to have limited access to specialists and to face additional difficulties if travel is required.

As the summary in Table 10.5 demonstrates responses to a question about who has the most influence on placement decisions again provided evidence of variation:

Table 10.5: Who Has Most Influence On Placement Decisions

<table>
<thead>
<tr>
<th>Influence on Placement Decisions</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Youth and Family Social Worker</td>
<td>3</td>
</tr>
<tr>
<td>Counsel for Child</td>
<td>2</td>
</tr>
<tr>
<td>Child or Young Person</td>
<td>1</td>
</tr>
<tr>
<td>Specialist Report Writer</td>
<td>2</td>
</tr>
<tr>
<td>Family Court Judge</td>
<td>1</td>
</tr>
</tbody>
</table>

One respondent chose only one person, the social worker; while another chose three people – the social worker, counsel for child and the specialist report writer. Another chose these three but also added the child or young person and the Family Court Judge. The fourth respondent gave the following explanation for not choosing any one option:
I believe that it is dependent on the age and maturity of the child or young person. The birth parent and caregivers have the least influence in the final decision making process. The birth parent has the most influence at the start of the dispute. Their actions at this time are judged by the professionals. The professionals then make their final decision.

This explanation indicates some agreement with the respondents who chose the social worker, counsel for child and specialist report writer, but also suggests that the age and maturity of the child may be a factor in determining how much influence they might have. These variations are consistent with the argument put forward earlier that each party brings their own subjective understanding and that the perception of who has most influence is clearly going to impact on the decision-making process.

When asked about consultation with children (see Table 10.6) three respondents indicated that the child or young person should be consulted with one stipulating that this should always happen. The fourth respondent indicated that this should happen for children over the age of 10. Respondents identified the social worker and counsel for child as the people most likely to consult with the child:

<table>
<thead>
<tr>
<th>Table 10.6: Who Consults With Children and Young People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Youth and Family Social Worker</td>
</tr>
<tr>
<td>Counsel for Child</td>
</tr>
<tr>
<td>Counsellor</td>
</tr>
<tr>
<td>Specialist Report Writer</td>
</tr>
<tr>
<td>All parties</td>
</tr>
</tbody>
</table>

Two respondents indicated that this could happen in different ways:

If the young person is confident enough they can share this view in a meeting or if not the Social Worker will convey the information either verbally at a meeting or in the Court report. A caregiver may also convey the child or young person’s view however it is important that the view is not biased.

All parties normally speak to the child. They all believe that they are stating what the child wants. If the child is too young to speak for themselves then the adults all state what they want to happen to or for the child.

The facilitator of any disputes meeting must ensure that all parties have the opportunity and feel safe to speak freely. If this does not occur then the child’s view is not heard.
Although the first excerpt mentions the possibility of a young person speaking on their own behalf this is qualified by reference to their confidence and it is interesting to note the choice of young person rather than child suggesting that this is most likely to be limited to older children. Both these views place considerable emphasis on adults speaking for children and as discussed in earlier chapters this raises questions about the extent to which children have a voice.

Respondents were also asked to indicate what weight was placed on the child’s view using a scale ranging from 1 (very little) to 5 (a great deal). Two selected 4 (quite a lot), one chose 2 (some), adding that this depends on the age of the child, and one chose 2 if the child was under ten years, 4 if over 10, and 5 if over the age of 12. The picture that emerges is again one of considerable variation in practice. Although it is heartening to see that children are consulted, it is concerning that one respondent set the age at 10 years. It is also important to note that consultation does not guarantee that the child’s voice is heard within decision-making forums because an adult is likely to report their views.

Because I was interested in understanding how the dual emphasis on children’s right to protection and children’s right to be with family was managed, respondents were asked to identify which principles of the Act are most important when agreement cannot be reached about where a child should live (refer Table 10.7). One respondent chose Section 4, which sets out the objects of the Act, three chose Section 5, which sets out the principles, three chose section 6, which states that the welfare and interests of the child or young person are paramount, and one chose Section 13, which sets out the care and protection principles (refer Appendix A). One also identified a number of other sections and these are summarised in the table below:

<table>
<thead>
<tr>
<th>Table 10.7 Additional Sections of the Act:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 18 Referral of child offenders to Youth Justice FGCs</strong>,</td>
</tr>
<tr>
<td><strong>Sections 67 and 68 Grounds for declaration that a child or young person is in need of care and protection.</strong></td>
</tr>
<tr>
<td><strong>Sections 159 and 228 Appointment of a barrister or solicitor to represent a child or young person.</strong></td>
</tr>
</tbody>
</table>
One participant responded "B & C" and it is possible that this refers to clauses (b) and (c) of either section 5 or section 13 of the Act, both of which emphasise the importance of family in protecting children and as the preferred place for children to live. Although there is a level of agreement about sections 5 and 6 it is apparent that there is variation in the way in which the legislative framework is applied to practice.

Respondents were asked to indicate on a scale from 1 (very little) to 5 (a great deal) the extent to which UNCROC influenced decisions about where children should live (refer Table 10.8). Each respondent chose a different option ranging from 5 (a great deal) and 4 (quite a lot) to 2 (some) and 1 (very little). If they considered UNCROC relevant, participants were asked to identify which articles are important. Only two responded giving rankings of 5 and 2. Despite the low ranking given by one, the list of relevant Articles was extensive and these are summarised below:
Table 10.8: UNCROC Articles Relevant to Decision-making

<table>
<thead>
<tr>
<th>Article</th>
<th>Description</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Article 2 Protection from discrimination</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Article 3 Best interests</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Article 5 State parties shall respect responsibilities, rights &amp; duties of parents to provide for child</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Article 6 Inherent right to life</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Article 7 Registration of birth</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Article 8 Child’s right to preserve his/her identity, including nationality, name and family relations</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Article 9 Child’s right not to be separated from family, to participate in any proceedings, make views known</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 10 Right to reunification and where parents reside in different States to maintain contact</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 12 Right to express views</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Article 16 Right to privacy</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Article 19 Right to protection</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Article 20 Right to special protection and assistance provided by State when unable to live with family</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Article 21 Rights in relation to adoption</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Article 22 Rights of refugees</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Article 23 Right of mentally or physically disabled children to enjoy a full and decent life</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 24 Right to highest standard of health</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 25 Right of children placed for purposes of care, protection or treatment of physical or mental health to periodic review of that treatment</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 27 Right to an adequate standard of living</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Articles 28 &amp; 29 Education rights</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Article 30 Right to maintain contact with culture and religion</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 31 Right to rest and leisure</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 32 Protection from economic exploitation</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Article 33 Protection from illicit use of drugs</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Article 34 Protection from sexual exploitation and abuse</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 35 Protection from abduction and sale and traffic in children</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 36 Protection from all forms of exploitation</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Article 37 Protection from torture and deprivation of liberty</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>Article 39 Promotion of recovery following trauma</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Article 40 Rights of children accused of infringing the law</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>Article 41 Nothing in UNCROC affects provisions more conducive to realisation of child’s rights</td>
<td>1</td>
</tr>
</tbody>
</table>

One respondent noted “they are actually inclusive as the majority discuss the care and or protection of children and also their right to be heard and to be raised in their family of origin if at all possible”. Significantly, aspects of the legislation and UNCROC identified as important by the respondents include the dual emphasis on the right to protection and the right to be with family. Child abuse and neglect present social workers with an inescapable dilemma when making decisions and the choice of sections 5 and 6 by three of the four participants suggests that the paramountcy principle provides the counterbalance to the emphasis on family, providing the rationalisation for placement outside of family when this is considered necessary.

When respondents were asked to rate current procedures on a scale from 1 (very unsatisfactory) to 5 (highly satisfactory) one chose 4 (satisfactory) and three chose 2 (unsatisfactory). As can be seen in Table 10.9 all identified changes they would like to see:
These changes address a number of practice issues that go wider than the decision-making process. The emphasis on time frames indicates another way in which children may be overlooked in decision-making processes. Frustration was also evident in one respondent’s comment about social work assessments:

Social workers are trained professionals who have a number of tools at their fingertips and this should be just as acceptable to Courts and lawyers as psychological assessments.

This comment suggests that specialist assessments are used in some cases because social work assessments are not valued. This issue also emerged in the social work practitioner narratives and is further discussed later in this chapter. Although the CoC Act, 2004 has now replaced the Guardianship Act, this comment continues to have relevance as a reminder of the importance of win/win resolutions for children and the risk that their needs will be lost sight of when there is conflict. The need for training about the impact of emotional abuse is also another reminder about children’s invisibility in these situations.

Despite the small sample size, these responses indicate considerable variation in relation to the use of assessments in conflicted decision-making situations. They also indicate that the use of assessments is not uncommon in these situations and that some assessments have a specific focus on attachment. This observation is strengthened by the inclusion of two smaller sites where access to specialists is likely to be limited. I now discuss the more detailed information about the ways in which attachment assessments are perceived to influence decision-making in practice obtained during the interviews with social work practitioners.
Social Work Practitioner Narratives

The interviews were designed to provide an opportunity to explore the use of attachment assessments in more depth. As outlined in Chapter Seven the ten participants included a range of experienced social work practitioners, who had all been involved in conflicted decision-making situations where attachment assessments had been used. In the next section their narratives about the use of attachment assessments are discussed before exploring their perceptions of the impact of these assessments on the decision-making process. A discussion of the value of attachment assessments from the practitioners’ perspective and perceived barriers to obtaining assessments follows. I then explore practitioners’ perception of the ways in which assessments could be improved, before concluding with a discussion of other issues that arose.

The Use of Attachment Assessments

Six of the discussion topics in the interview related to the ways in which attachment assessments are used. In this section I discuss the practitioners’ views about the circumstances in which attachment assessments are requested (purpose), who makes the decision to request one, who has access to the report, and the forums in which reports are presented.

Purpose

Usually when it’s ... contentious ... about who should parent the child and whether the child should be moved on in a particular placement. (Respondent Z)

Six of the ten social work practitioners identified conflict about where a child should live as the primary reason that an attachment assessment is requested. Three stated that this was most likely to happen when a case reached the Family Court. In some cases the Court requests reports and in others reports are sought prior to a case going to Court. Within this broad category of conflict a number of different levels of conflict were identified. Sometimes unresolved custodial disputes between parents are referred to Child, Youth and Family:

Those are referred to us for some resolution when they think that the children are ... caught up in the emotional furore ... between the parents, so I think often that’s when we had asked for some information about one parent saying the child doesn’t want to go to the other parent and vice versa and trying to get some clarity around that, like who is the child bonded to, who does this child feel they’re connected to ...

(Respondent X)

More commonly the conflict related to care and protection concerns resulting in children’s removal from their birth family necessitating decisions about whether or not it was feasible to
return the child home. Participants noted that conflict was most likely to arise either in the early stages or further down the track when permanency decisions were being made:

Generally it’s ... when there is ... a Court proceedings, there is disagreement ... Either the Court orders being made after a declaration or disagreement about bringing the caregivers into orders where they are attached. Parents not accepting ... the permanency placement I think. (Respondent R)

During the early phase of intervention one participant noted that the conflict is sometimes about which is the “best place” when several people within the wider family network are expressing an interest in caring for a child:

It’s more about parents, or families, rather than in care. So they might be in the care of another parent, or another family member, rather than caregivers. And that’s increasingly where our work leads now. So it’s less of being placed with caregivers, more being placed longer term with family. (Respondent Q)

In relation to permanency, one respondent stated that attachment assessments were useful to identify where the child was most strongly attached. Another identified the primary reason for seeking an attachment assessment as being to confirm issues of belonging in relation to the permanency decision:

Well like one of the ones I was thinking of was looking at making a decision at the time about possible return home or consolidate the placement where that person was and trying to get an idea of whether attachment was to the caregiver as opposed to the birth parent. (Respondent V)

In another case the social worker inherited the case and was concerned that the permanency decision had been made very quickly so requested an attachment assessment to clarify that this was in fact in the child’s best interests:

I wasn’t confident in my own mind that it was the right time to have made that decision and that there was enough information at that point to make that decision and was concerned that a child may have been caught up in the system to be placed away from their parent if that wasn’t what was going to be in their best interest. (Respondent E)

This respondent was also seeking information from the assessment to help determine what role the birth parent could have if the permanency decision was supported:

... the mother was a very, very important person in this child’s life and I felt at that point that if the child couldn’t return to the birth mother, what kind of role could that
birth mother have, and what would be appropriate for them to have and how I could best manage that. (Respondent E)

One respondent noted the importance of combining attachment assessments with an assessment of parenting capacity in order to assess whether a child is going to be safe. Another respondent echoed this concern:

... our job is firstly to work out whether they can go back to mum, whether she can change some of her behaviours because some of the behaviours she has, particularly towards the older child, are abusive, but it’s also about ... [whether] there is some inadequacy on her part in terms of the intellect and functioning. ... So it’s more about returning children home and making sure that that’s a safe environment for them to be in ... based on an assessment of whether there is enough connection between the mother and the child. (Respondent X)

Another reason for seeking an attachment assessment related to work being done to strengthen relationships. This could occur when a child was moving to a new placement or returning home and the assessment was seen as increasing the chances of building positive relationships:

... to a new caregiver so you want that attachment to be positive, and there may or may not be some difficulties ... so you are looking at it from a positive point of view you want it to be positive or something’s not quite right and you want to address those issues. Or with children ... [who] are going to stay with ... their own parents but the relationship is very difficult. (Respondent Y)

I also think the other area where it could be of benefit are situations where ... we think there’s a possibility for the children to remain at home with their parents but ... there may be some attachment issues, it’s about being able to identify those issues and then putting in place supports etc to assist in overcoming those issues. (Respondent F)

Two respondents indicated that attachment assessments were sometimes requested in situations where there were concerns about children’s behaviour and this was thought to relate to attachment issues:

I think it was because of her/his behaviour ... and s/he wasn’t able to, s/he didn’t seem to be able to attach to anybody you know, s/he was sort of a loose link. (Respondent Y)

It’s often been asked for if the child is showing behavioural signs that they’re wanting checked out ... is this to do with an attachment issue [or] is it to do with something else? Especially children ... from five on, who’ve had a significant period of their life with someone, really detrimental environment and let’s look at what is the significance of that. (Respondent J)
Another reason for requesting attachment assessments was in relation to concerns about the suitability of a particular caregiver placement. One respondent recalled a case where an assessment was done to determine whether or not return home was possible and it was decided that the child should remain in care. At a later point there were concerns about the placement and a further assessment was done resulting in the child being moved to a new placement.

Conflict over care placement was a common, but by no means exclusive, reason for requesting an attachment assessment. Respondents emphasised the practice of attachment assessments being used in the context of permanency decisions and Family Court referral. The interview data show, however, that attachment assessments may also be used to establish the nature of a child’s relationships, or to help understand behaviour. A proactive approach is also indicated with attachment assessments being used to determine if attachment to birth parents may be strengthened, thus avoiding long-term placement in care and the need for assessment at later points. In the light of the reservations about the use of attachment theory expressed by Reder and Duncan (2001) and Donald and Jureidini (2004) in Chapter Eight it is interesting to note that some of the participants specifically talked about the use of attachment assessments in relation to parenting capacity. The effectiveness of such interventions will depend, however, upon the point at which the decision is made to seek an attachment assessment and this brings us to the question of who makes this decision.

**Who is involved in the decision to request an attachment assessment?**

Seven respondents identified the social worker and the supervisor as the key people involved in the decision to request an attachment assessment:

Now the decision making points are I believe, the social worker will identify, or some other professional will talk to the social worker, but if we’re the case managers, even for [community based agency] to last week suggest that there needs to be some attachment work done between this young woman and the older child, it’s still for me ... because I’m the ... managing agency to ... make that referral and see if I can get someone to do that assessment and get it underway and probably fund it at the end of the day if there’s no other means of getting that funded you see. (Respondent X)

Four respondents mentioned the possibility that the decision might arise from a case discussion or FGC:

What often would happen I think is there would be a case discussion about where is this leading. ... It’s a professional discussion around a case and it normally involves practitioners from Child, Youth and Family, or other agencies. (Respondent Q)
It comes out of a case conference and I guess in order to make sure that we make a good decision that it’s an informed one. (Respondent K)

Three respondents mentioned the involvement of family:

And family will have been involved in the periphery of some of those discussions because it’s important that you need to know what their aspirations are and what their expectations might be. (Respondent Q)

That one’s been about collective decision making. So everybody involved was consulted with both parents, wider family, myself and my supervisor. So that situation’s been a bit different. (Respondent K)

These responses indicate that the decision to request an attachment assessment is very much a professional one:

... I think it seldom comes from the clients themselves, like the parents or whoever like caregivers or grandparents or whoever it is that you are focusing on in terms of the attachment. ... often it needs a professional person to observe the interactions and identify their feelings about that and then raise those issues with either the family and or other professionals. (Respondent X)

Significantly, this emphasis on professionals remains a feature in the face of legislative emphasis on the importance of family involvement in decision-making. Given the impact attachment assessments may have on families, their peripherality at this stage in the process seems contradictory. It also suggests that families may agree to an assessment because they feel they have little choice, or believe it is their only hope of influencing the decision. Such dynamics may impact on their response to the recommendations, intensifying adverse reactions if the recommendations are not in accord with their views. I shall return to this issue later in my discussion but turn now to the issue of who has access to the report.

**Who has access to the report?**

This seemingly straightforward question exposed considerable variation in practice and responses indicated some challenging issues. All respondents stated that social workers and their supervisors had access to the report and that it was usual for the child’s lawyer to see the report. Beyond that there was little uniformity and for several respondents it was a case-by-case decision:

That’s a case of a football really ... it comes to the social worker and supervisor within CYF and then from there generally a copy goes to the Counsel of the child. ... sometimes the debate is around whether it goes to Counsel for the parents ... and there’s usually a debate as to whether it goes to the caregivers if a caregiver’s
involved. ... sometimes it is released and sometimes it’s a matter of bringing them in to the office and going through the pertinent points to them. (Respondent R)

... the rules of fairness and equity need to apply as in if people are having an assessment they have the right to know what at the end of the day is being said about them or comes out of that. On the other hand you also have to be respectful of peoples’ privacy and dignity ... as long as that’s consistent with like the wellbeing of the kids of course ... And you have to not want to bandy all that information about them about don’t you. So each case on its merits I think. (Respondent X)

Four respondents identified birth parents’ lawyers as likely to have access and responsibility for sharing the contents with birth parents. Respondents indicated some ambivalence about parental access to the reports and agreed that it was not appropriate for parents to have copies of the report to keep because of potential breaches of children’s right to privacy through later inappropriate use:

... I have heard dreadful things about kids having diagnostic assessments ... and other things and have got their hands on copies of the reports and ... they end up on the coffee table you know, that’s not OK. (Respondent X)

It was considered to be more likely that outcomes would be shared with birth parents:

The clients themselves probably haven’t had access to the report but certainly we’ve shared the outcome. From memory I don’t think any one has actually asked specifically to look at the report. Raises a question about whether they should be entitled to it. See it if they request it or not. I assume they would’ve had. (Respondent V)

There was also evidence that this did not always happen and that sometimes birth parents were not aware of the issues raised and recommendations made in an attachment assessment report:

... I would have hoped that the parents will have seen it before hand. That’s not always the case and sometimes I’ve even halted family group conferences to give key family and their legal representatives time to absorb that information, especially ... if it could be upsetting. I mean it’s not the place that people should hear about that information, but quite often it is because it’s been hastily brought together because that’s the deadline. So sometimes people haven’t had access to it. And I don’t think that’s fair on family, especially if it has upsetting content. (Respondent Q)

One respondent indicated that sometimes it was considered not to be in the child’s or the family’s best interests to share the information:
I know there have been times when we have not wanted family, and parents, guardians, to see the report. Because ... it would not be in their best interests to know what was written. And I don’t know if that’s wrong and I don’t know if that’s fair. But that is often why it has on occasion been a point of discussion and a point of tension within the department. (Respondent K)

This appears to contradict the legislative emphasis on family participation in decision-making and is more consistent with the “state as parent” or child rescue discourse. Some of the respondents identified ways in which they had coped with this dilemma in ways that ensured family empowerment through access to information even when this was challenging:

... I’m prepared to sit there and talk through the issues with the families, even if it’s, the report’s not to their liking or they’re not gonna agree with it. ... I always like to have a ... clear playing field so to speak. So everyone knows. Because within a department I guess a lot of the time things are, or we do become deceitful and underhanded ... It doesn’t fit within the way that I like to work, especially with families. (Respondent K)

For the one that we have completed it was a matter of the mother involved, coming in with her support people, and actually sitting down and reading through the report. It wasn’t a matter of copies being kind of posted out to people. And that was based on the importance of the information, but also confidentiality, and other names etc are mentioned in the report. So we took it as being our information, but making sure that it was accessible to those that it needed to be accessible to. (Respondent F)

Foster parents appear to have been overlooked in these processes and, as respondent R noted, there is often debate about whether or not they should have access. One respondent took issue with this:

... I’m going to talk from a caregivers’ point of view because it’s really upset them. Most of the time there’s a report done, they don’t see it. And they believe that if they had to be involved in something, they’ve got a right to see, what was written at least what’s being said about them. They don’t. They know that they don’t have to know what was said about the child and the other party but definitely about themselves and often they’ve never seen them. Someone actually said if I’d known that I wouldn’t have taken part. (Respondent J)

From the perspective of a specialist report writer I was surprised by these responses, having assumed that all of the parties who participated in the completion of the assessment would receive feedback and have access to those parts that related directly to them. Such information could have been shared without breaching confidentiality. In the assessment situation children are advised that there will be a report and who will read this. Confidentiality is negotiated within this context thus allowing appropriate access to assessment information. When families and caregivers attend FGCs not knowing what
recommendations have been made, they are placed at a considerable disadvantage in terms of participation in the decision-making process. It is possible that in the face of conflict, social workers focus on the child, disengaging from the family. The failure to involve foster parents, however, is more likely to be a reflection of the way in which their role is regarded, suggesting that they are perceived to be providing a service for the agency rather than being key people in the child’s life. It is also possible that communication with foster parents is less likely if there is disagreement about what is in the child’s best interests.

Remarkably, none of the respondents mentioned children when answering this question. Their omission clearly indicates an assumption that adults know best, which is paradoxical given that children are the focus. Perhaps the sensitivity of the material leads social workers and other professionals to assume that the report writer is the most appropriate person to discuss the contents of the report and the recommendations with the child. In my own practice I did discuss the recommendations with the child as part of the assessment process but I was also very clear that I was not the person making the decisions. Current practice as outlined by the respondents may mean that children remain ignorant of what may be going to happen as a result of an assessment and in my experience children see the social worker (or the Judge if the matter was being decided in the Family Court) as being the person with the power to decide what happens. In the cases that I was involved in, children did not attend the decision-making meetings raising questions about how they were advised of the outcomes and what information they were given about the reasons for decisions.

Where were attachment assessment reports presented?

In respondents' experience, attachment assessment reports were presented in three main forums: Family Court, FGCs and planning meetings. Some respondents experienced all three forums while others had mostly been involved in only one. Some also mentioned that information was shared in less formal family meetings. Several respondents noted that recommendations and key findings rather than the whole report were most often shared in these settings. I now turn to the findings in relation to the impact of attachment assessment reports.

The Impact of Attachment Assessment Reports

Participants were asked about the impact of attachment assessment reports on the different people involved; on the decision-making process itself; in relation to increasing understanding of the child’s perspective and the contribution to conflict resolution; and the extent to which
decisions were consistent with recommendations made. I begin with an outline of the responses in relation to the impact on different groups of people involved in decision-making processes before focusing on the process itself.

The impact of the reports on the different people involved varied considerably:

Well I've seen the whole gamut. From you know glee on some people’s part and sort of that satisfied and told you so sort of thing. ... I have seen distress as well. And never, never anything that has been more than what you would expect. ... I've never really seen doors slamming and violence or anything like that. (Respondent Q)

In this section I outline the impact on birth parents, foster parents, children and professionals involved in decision-making.

**Birth parents**

Given the level of conflict I was often surprised at birth parents’ willingness to co-operate with the completion of attachment assessments. They usually agreed to participate in observations and I can think of only one situation where this was refused. Birth parents impressed as having considerable investment in the outcome and were co-operative in terms of making time for interviews and were prepared to travel to attend these. They wanted to make a good impression but despite this they were surprisingly honest in their responses to questions and willing to acknowledge past difficulties. Although many were unhappy with recommendations that their children remain in care, hostile responses were rare. This experience had led me to have a reasonably optimistic view of the possibility of recruiting birth parents. Although I knew that some families would not be eligible to participate in the research due to continuing disagreement about placement I did not anticipate high levels of refusal from those birth parents that could be approached. In many cases, however, this was not outright refusal but failure to respond to the written invitation that was sent to them. It is possible that the requirement for their consent to be negotiated by CYF staff created some confusion about the independence of the research process. Respondents’ views challenged my earlier assumptions about the possibilities for recruiting birth parents and I came to realise that their co-operation at the time of the attachment assessment was motivated by the hope that children would be returned to their care, or contact substantially increased, and when this did not happen they felt very disillusioned. I found that I had underestimated how difficult they found the assessment process and the intensity of their disappointment about the outcomes.
Most respondents indicated that the parents found the process very difficult because the recommendations were often not what they had hoped for:

I suspect it must be incredibly difficult for them and when the final outcome comes I think it must be absolutely gutting, because I know in some situations I know that some parents have 100% belief that the report’s going to be in their favour and I can’t imagine what that must be like, I mean to find that it’s not, and it makes it really difficult to do any on-going work with them because they are so hung-up on that. (Respondent Z)

...the mother was quite upset really in terms of the outcome of it. But I guess it’s the fact that her child has a stronger attachment to someone else than her. (Respondent V)

But it wasn’t easy. Because at the end of the day, she had hoped that maybe baby could come home ... And it didn’t. (Respondent E)

Other respondents suggested that the process itself was difficult for parents:

... at least for some people it opens up what the issues are that they didn’t even know about, but for some of our clients I think, who are so entrenched in their own kind of self need and self fear that I’m not sure it’s actually useful for them, because they still can’t focus on what their children need. ‘Cause like what is attachment about, it’s about what children need from you ... (Respondent X)

They’re very real and they bring up very real issues, and sometimes issues that the family has not wanted to talk about. So a lot of the time the attachment assessment points out a lot of ... not faults but things that have happened for the children when in the care of their parents and that hurts. And that’s something that the parents, I guess, take issue with. And on occasion it’s the parents ... who have been frustrated and angry. And, you know, grandparents as well. (Respondent K)

For many of the families considerable time had passed since the completion of the report and it is possible that they did not want to revisit the past and risk evoking painful feelings.

Once decisions are made contact between social worker and birth family may be quite limited, sometimes confined to organising visits and six monthly reviews for children aged under seven years, and annual reviews for children over seven. It is possible that many birth parents feel marginalised and view their children as lost in the system. In such situations it is likely that they regard the attachment assessment process as instrumental in this outcome and such a view would certainly limit willingness to participate in research.
Foster parents

At the time assessments were completed foster parents, like birth parents, were generally willing to participate, in some cases going to a lot of effort to ensure that they were available to attend interviews and transporting children. This was no easy matter given that most of them had their own children and/or other foster children. Foster parents were also willing to be observed with the children in their own homes and in a playroom setting. Some co-operated even though they acknowledged that they did not find this aspect of the assessment comfortable and most preferred the observations in the natural setting of their own homes. Given this level of co-operation it is not surprising that all but one of the foster parents approached agreed to participate in the research.

During the assessment process foster parents were very forthcoming with information about the children and many were able to provide details that were not readily accessible from social workers or the child’s file. Often foster parents were able to provide the most comprehensive account of the child’s life including the time prior to coming into their care. Foster parents were also willing to talk about their own and their family’s experiences with the child including difficulties they had encountered. Many foster parents shared information about their own history relevant to having become foster parents or their reactions to a particular child. They were also forthright in their views on the child’s birth family.

Overall, foster parents, like birth parents, seemed to have considerable investment in the outcome of attachment assessments although sometimes this was tinged with anxiety. Understandably they wanted to portray themselves in a positive manner but this did not stop many of them from discussing aspects of the situation they found difficult. All impressed as very interested in understanding more about the child and sought to make sense of children’s behaviour in the light of their previous history.

Willingness to participate in the research suggests an absence of major obstacles in terms of unresolved feelings about their experience. The respondents’ views, however, suggest that the impact of attachment assessment reports on foster parents was not that different from those of birth parents, being dependent on whether or not the outcome was favourable from their perspective:

Their response is fine, if it comes out in their favour really ... Can be more difficult if it’s more in the parents’ favour. But I don’t know that we’ve had many of those ...

(Respondent Z)
... usually positive but I had one ... although it came in their favour it was at the
expense of some criticism of them (inaudible) as to their attitude and handling of, ah,
situations regarding access and things ... so ... there was still some airing to be done
after the Court process and the report. (Respondent R)

This raises the possibility that those foster parents who agreed to participate in the research
were those who participated in assessments where the recommendations concurred with their
views.

As noted above I was surprised to learn that the information in the attachment assessment
reports was not always shared with foster parents. Although it would not have been
appropriate to share information from the birth parents' interviews, foster parents could have
had access to the parts of the report that related to information they shared, the child's
perspective and the recommendations. Failure to do so, suggests that the potential impact of
an attachment assessment is reduced. Information about the child's attachments and their
views of their situation may have assisted foster parents in caring for the child.

Children

As outlined in Chapter Five children did not find it easy to directly communicate their
views in the attachment assessment situation. Given this questions may be asked about the
reasons for putting children through this process. Without their participation, reports would
be based solely on adult views and as we will see adults do not always understand children's
perspectives or are unwilling to take them into account when they differ from their own.

Although the children made it clear that responding to direct questions was not comfortable
they were happy to communicate through play. Like the adults, children were surprisingly
willing to co-operate with the completion of attachment assessments, at least in terms of
coming to the playroom and allowing me to observe them with their birth and foster parents.
The level of co-operation within sessions was variable. One of the disconcerting things about
working with children is their ability to ignore you or use diversion to avoid difficult issues.
As described previously I worked in a playroom setting and had a range of strategies
including drawing, exercises and free play to encourage children to communicate with me
about their world. I remember one child skilfully keeping me at bay for three sessions. In the
fourth session I adopted an unusually structured approach setting up three dolls houses to
represent the different homes in his/her world. I was surprised by the way in which the child
used this exercise to let me know how emphatically s/he felt about aspects of his/her
experience. It took eight sessions before I was satisfied that I understood what was happening for another child. In one session s/he used plastic chains to symbolically constrain me in my chair while s/he drew a picture that I was not allowed to view until after s/he left at the end of the session. The picture portrayed who s/he considered to be family providing valuable information that had not previously been shared. By the end of this assessment I felt I had learned three things and I checked these with the child. Head nodding indicated agreement but s/he still could not talk directly with me about how s/he felt. These two examples illustrate how difficult it can be for children to communicate their views on their own lives, let alone their feelings. That I was asking about such difficult matters cannot have been easy for the children.

What I learned from the children was often at odds with the accounts given by adults. Foster parents’ and birth parents’ views were frequently shaped by their own agendas and in some cases they had sharply contrasting interpretations of children’s behaviour and emotional responses. Many of the professionals’ views were shaped by ideologies or allegiance with one party to the dispute. My experience working with children strengthened my belief in the importance of highlighting their perspectives. What I learned from children rarely paralleled the views of either their birth parents or their foster parents and their perspectives sometimes opened the door to compromise solutions by demonstrating the continuing importance of both sets of parents in their lives.

I did not, however, get the opportunity to hear directly from the children about their experience of participating in the assessment. I am sure that I would have learned a great deal about what they remembered, what they thought it was about and what they thought of the outcomes. It is quite possible that they did not see the attachment assessment process and the outcomes as connected given that none of the children participated in the decision-making meetings. Previous research in the Aotearoa New Zealand context by Smith et al., (1999) found that children knew little of these processes and could not always recall being told about decisions. I can only speculate about the children’s experience of participating in an attachment assessment and I deeply regret not having the opportunity to hear from them.

None of the respondents talked directly about the impact of attachment assessment reports on children and this is not surprising given that children did not participate in decision-making forums and therefore had no direct access to the report. The respondents did,
however, have plenty to say about the long-term outcomes for children once decisions had been made and these are discussed in the following chapter.

**Professionals**

The impact on professionals was perceived to be quite variable depending on their role. In some cases birth parents were supported by advocates and in one case the attachment assessment report was seen to be helpful in clarifying the direction CYF were taking:

I think in terms of some of the support people. Again when you’re talking about it from the political aspect, it was about some of them having to accept that their, their own agenda in terms of what they were attempting to achieve, through this case. And that was difficult. But thankfully they were still really good support people. And they were able to sit down and read through that information and understand the perspective that that report had... After that it was easier for us ... to get on with what we needed to do. And those supports came on board with us in terms of ... meeting with us and the mum and talking about this is what will be happening. (Respondent F)

Lawyers are involved in formal situations such as FGCs and Family Court. Counsel for child were largely seen to have a positive attitude to reports and to be willing to take the recommendations on board:

... Counsel for the child certainly ... would generally put a great weight on them... (Respondent R)

I know in particular for the counsel for child in [child’s name] case. I guess she was relying on my professional opinion and that was that the child should be returned home. However, I guess not only did I have to change my opinion at the time but she also did as well. She already had reservations with respect to the plan to return home. But I guess the report cemented things for her. (Respondent K)

Some respondents felt that all the lawyers involved adopted a positive attitude:

Well I think the other professionals and lawyers have been taken on board and they see it as a significant report ... The ones I’ve been involved in have been quite extensive in terms of the information in it, and the process and other professionals have certainly accepted it, the recommendation because of that. (Respondent V)

Some respondents felt, however, that lawyers representing parents were not always receptive:

Parents’ lawyers well it... I guess it varies from acceptance to challenging various aspects of reports. (Respondent R)

... sometimes they don’t ... particularly lawyers are very good at finding a statement within the report that they can choose to interpret in their own way which is, that
there is no relevance to the outcome, but it’s that little bit that says see I told you that they don’t agree with you, so it’s sort of... and it can cause a bit of disharmony. (Respondent Z)

Two respondents identified differences depending on whether or not those involved were Family Court lawyers:

If a parent doesn’t realise it and they have employed someone who’s a family court lawyer ... they are the lawyers who do the good work with parents. The ones who invariably litigate are non-family court lawyers. And you see most family court lawyers, they attend all the family court meetings, they’re usually counsel for child. They’ve done all of that stuff and they get the parents to look at it in a totally different light than the litigators. (Respondent J)

Not all lawyers were comfortable with the amount of detail in the reports, especially that relating to the history. As outlined in Chapter Five each report includes a section documenting the child’s history and I remember a lawyer representing a parent challenging me about the appropriateness of this, given how painful the history was. This made me realise that not all participants in the process shared my view that quality decisions can only be made in the light of this history. I certainly did not expect birth parents to share this view but I had thought that professionals would understand the importance of this, at least from the child’s perspective.

Respondents also commented on Judges’ responses to these reports. Some felt that Judges viewed specialist reports as more credible than those provided by social workers:

In some cases it’s been ... the key to having ... both the parents and sometimes the Judge some feeling of peace about ... going along the direction ... it’s seen as being you know from an expert which it is, and holds more weight than a social worker who’s saying often the same things ... But the judge views that as somewhat more credible, that’s the way of it ... it puts things in perspective for them. (Respondent R)

Respondents also commented on changes that occurred with different Judges:

... I think we’re getting a different perspective than we’ve had in the past, and I think that both Counsel and social workers are still learning how to work with that difference. (Respondent R)

If it was a few years ago and [previous Judge] was here, s/he would take it very seriously ... I think there’s a lack now of understanding with our ... judges on the whole area. I thought [previous Judge] really trusted social workers’ judgements. And I don’t think it hurts us to be questioned and ... made sure that our work is being done thoroughly. But it worries me ... [CYF lawyer] comes to our little access thing and s/he gave us a copy of a judgment on the [child’s] case and I was just
blown away that the judge kind of negated [the report], and [another specialist report writer]. People with all these years, specialists in that field. And I think, does s/he think s/he's omnipotent or something? What was the purpose in all of that? The Court asked for it. (Respondent J)

A picture emerges of considerable variation in the impact of attachment assessment reports on the different people involved. Birth parents' and foster parents' responses are largely determined by the extent to which the recommendations are consistent with their wishes and this is understandable given their investment in the outcome. Variation in lawyers' responses appears to be largely attributable to whom they are representing and whether or not they specialise in Family Court work. Judges' responses also vary with some being more amenable to accepting specialists' expertise than others. Given the range of responses it is unsurprising that the impact on decision-making processes is diverse and it is to this that I now turn.

**Decision-making process**

There appeared to be considerable agreement that attachment assessments were a valuable tool in the decision-making process but there were differences in the way this was perceived. For some, the value lay in the assessment being used to inform a decision and achieving an outcome. In these situations social workers appeared to be seeking validation for views they had already formed:

So often the report's about us getting an outcome ... which is what we want anyway but we're wanting somebody else to back up what we believe. (Respondent Z)

Well I mean it certainly informs the decision really. And can ... reinforce feelings about this situation. Like if you sort of had a particular view about what should happen, you know, getting an assessment report that confirms that really is probably reassuring that you're making the right decision I guess. (Respondent V)

In one situation an attachment assessment was instrumental in resolving conflict between a social worker and a supervisor, a necessary precursor to addressing conflict about whether or not a child could be returned home:

... I guess that was certainly a report that, from my perspective, was hanging out for the outcome to be appropriate for where I felt the social work direction should go to help the social worker come on board with that ... because there was some difficulty in terms of getting her/him to understand the difficulties ... in the situation versus faith in the system, belief that children should be with their families ... and yes it ... did do that ... (Respondent Z)
For other respondents, attachment assessment reports are seen as instrumental in bringing about a child-focused outcome in the face of conflicting views between parties:

That one was incredibly beneficial, because ... it confirmed what Child, Youth and Family was thinking in terms of ongoing placement for that child ... That situation also ended up putting us into the political arena too, to a degree. Because it was [support service] involved in this ... Those services were trying out something new, that they really wanted to achieve. They were coming to us with their views in terms of the mother’s rights and human rights and all of those things. So it was great for us again to have that independent voice coming in and saying. Look, it's about focussing on the best interests of this [child]. [The report] was able to just cut through all of the political drama and just bring it back to focussing on that child. (Respondent F)

It had a huge impact. And like there were so many things about it that I think were helpful but the single most important was the part about a little [child] who had room in her/his life for two mums. And that seemed like a really simple concept but it was language that both of those mums understood and the fact that I could then talk with them about that ... And therefore that's how we had to go forward. Rather than the ownership type of thing, which it had turned into. So that was just like a light bulb going on for all of them. (Respondent E)

One respondent offered a slightly different perspective, stating that although attachment assessments provide valuable information, they are not the only factor influencing the decision-making process:

... I think what the assessments do is provide another layer for the decision making process but probably ... it wouldn’t be the be all and end all of decision making, you know it wouldn’t be the only factor ... (Respondent X)

To gain further insight into the dynamics underpinning decision-making in conflicted situations I asked respondents whether they thought that attachment assessments contributed to an increased understanding of the child’s perspective and whether or not this contributed to conflict resolution. Responses to these questions varied with some respondents indicating that some families were not capable of focusing on the child:

... some of our people can’t do that, they just can’t do it ... they just can’t see what a child needs above what they need themselves, that’s the big block isn’t it? (Respondent X)

I guess they [birth parents] should accept the fact that okay this child is happy and settled and attached with caregivers therefore it’s in his best interest to be in that place ... I mean in an ideal situation ... that would be the response to it. But I mean it isn’t that way though, is it? ... I don’t know whether it’s just the report itself, some parents never accept or get over the fact that someone else is caring for your child and that they prefer to be with that person rather than with them. (Respondent V)
Other respondents had a more positive view of the potential for the report to contribute to an increased understanding of the child's perspective:

... I think that’s a key to it. Because it is focused around the child and that’s what all the processes should be ... But every other process, and every other report is captured by the adults ... (Respondent Q)

... I think for the families ... it’s a snapshot picture of where the kid’s at. And what the issues are ... (Respondent K)

In terms of conflict resolution some saw the benefit as being primarily for the CYF staff involved:

...I don’t know about ... the parents or the family. We’re the referring agency and we’re looking for this information ... if we get that information, I think that at least it enables us to come down on one side of the fence or the other rather than keep going on for ever saying we don’t know. (Respondent X)

Others felt that the process of decision-making promoted some conflict resolution. One respondent felt that conflict was exacerbated by uncertainty and that once a decision was made there was acceptance and more emphasis on moving forward. Another respondent suggested that the assessment process allowed people to be heard, enabling them to refocus on the child, and taking the heat out of some of the adult issues. Two respondents indicated that although conflict may not be resolved, there was clarity about each person’s point of view and one indicated that sometimes this enabled participants to find middle ground.

Some respondents noted that once decisions had been made, co-operative relationships developed between birth parents and caregivers -- despite unresolved conflict. In some cases this happened almost immediately and in other cases only after some time had passed:

The mother gets on really well with the caregiver and she goes and visits her even when the kid is not there. And just has coffee, or will ring up for advice. So there’s been an acknowledgement I guess in that for [natural mother] of the role that [caregiver] has, so she’s had to not only come to terms with that. And to come to terms with the fact that she is her/his other mum, but she’s also been able to build, I guess a stronger relationship with them so her relationship with [child] is stronger as well. And I think they work on the having consistent boundaries and that sort of stuff in place. And it’s been helpful for [natural mother] in the raising of her other children. (Respondent K)

See the best cases we’ve got is where the caregiver is very accepting of the natural parent. And, in actual fact the natural parent often forms a kind of bond with the caregiver and they’ll often talk about some heartfelt things they’re running to the caregiver and that is where there is a better outcome for the children. (Respondent J)
When considering the impact on decision-making, I was particularly interested in the consistency of decisions with the recommendations made in attachment assessment reports. Six respondents indicated that there was consistency in all the cases they had been involved in, although one commented that there were situations where social workers had not agreed with the recommendations and had not acted on them. One indicated that there was consistency in the majority of cases and one did not think that decisions were consistent with recommendations. Both of these last two respondents identified changes in the judiciary as a source of inconsistency and one identified social workers as another source. Another respondent indicated that although an attachment assessment was an important factor in the decision at a particular point in time, as circumstances change other outcomes become possible.

Overall it appeared that the impact of the attachment assessment on conflict resolution was indirect. Reports were instrumental in decision-making and it was the act of making a decision that facilitated movement away from conflict toward living with the decision in a positive way. For some birth families and foster parents this was achieved through an improved understanding of the child’s perspective but when others were unable to see beyond their own views conflict was more likely to continue. As discussed in Chapter Four children are in a relatively powerless position and on-going conflict suggests that when birth parents are not influenced by information about the child’s perspective, the hegemonic power of the “integrity of families” rhetoric discussed earlier is underscored. In light of this, what is the value of the attachment assessment? It is to this question that I now turn.

The Value of Attachment Assessments

Respondents were asked whether they found attachment assessments helpful and if so, what aspects they valued. Five dominant themes emerged: increasing understanding; finding out what was going on for the child; taking a position and assembling supporting evidence; the independence of the report; and credibility in the Family Court. Although some overlap occurred across the latter three themes, each emerged as a significant dimension. Respondents were also asked about the frequency with which reports are requested and their answers are indicative of the value placed on reports.

Increasing understanding

Four respondents commented on this aspect, each approaching it from a slightly different angle. One respondent valued the theoretical aspects of the report:
Some of the more theory stuff in the reports that back-up what they’re actually saying I think can be more helpful ... not necessarily for that particular case but for on-going learning I think sometimes can be helpful. (Respondent Z)

Another mentioned that the reports included an historical perspective combined with an interpretation of events:

So it is a snapshot of where you are now or where the child is now but it’s got all that past stuff in it ... And ... what are the individual ... people involved, what their influence on it was you know, which I think is quite important, well it’s very important but you know, it’s not just a snapshot. (Respondent X)

One commented on the value of having information about family dynamics:

... There’s lots of stuff that social workers don’t know about, the dynamics between families. (Respondent K)

The fourth respondent felt that the main advantage was increasing the confidence of the worker by providing knowledge:

The confidence of a CYFS worker. Or I guess the other side of that is the knowledge. Some social workers are very confident about their position and they go off on tangents that you get scared about how they got there. So the other way it might just clarify things for social workers. (Respondent E)

All these respondents indicated that attachment assessment reports provided information that went beyond, but also operated dialectically with, the social workers’ expertise. For instance, the theoretical perspective provided by an appropriately trained practitioner augments the skills brought by the social worker while also increasing the social worker’s knowledge base. One respondent commented that although social workers are skilled at observation they do not necessarily have the knowledge to make sense of what they see. I will elaborate on this issue in the final section of this chapter where I discuss the responses to a question about whether social workers could do these assessments.

**Increased understanding of the child’s perspective**

Five of the respondents made specific reference to the value of the reports in addressing the child’s perspective and filling gaps in the social worker’s knowledge about what is happening for the child. Some addressed this in a general way:
And you see that’s what the attachment assessment is about and why it’s really valuable, cause it’s not really about what the parent needs is it? ... it’s about what the children need isn’t it? ... It’s child centred, it really is child focused, it’s the children’s need for the things that we know that they have to have to grow successfully and meet their potential development ... (Respondent X)

One respondent identified the importance of understanding the child’s perspective when return home is being considered, and suggested that such assessments could also be valuable when deciding frequency of contact:

But I mean these days we probably don’t do it unless there is maybe a break down in the permanent placement and then we’d probably consider it then. But when ordinarily we’re making assumptions and the child’s settled and been with caregivers a number of years and they appear to be happy and getting on in life and suddenly decided to send the child back home because [the birth parents] have got their act together. On what basis would we actually do that? How do you decide what’s in the child’s best interest in those situations and then I guess in most situations attachment assessments would be invaluable ...

So I mean it’s interesting I guess in terms of the access side of things too and in terms of what the purpose of access is and is it to try and develop more of a relationship with adults and who they’re attached to or form an attachment that’s never been there and what’s the purpose of the access ... (Respondent V)

One respondent could see the value in children knowing that attention had been paid to their relationship with their birth mother. Such knowledge is particularly relevant when children are brought into care at a young age because as these children mature they may need reassurance about the reasons they came into care.

These responses demonstrate that understanding the child’s perspective is valued by some social work practitioners involved in decision-making, and that attachment assessments provide a level of information not available to them in their day-to-day work with families. In the complex milieu of decisions about out-of-family care such additional sources of information are invaluable.

**Taking a position and providing supporting evidence**

Eight respondents commented on this aspect and, to some extent, the two preceding themes could be included here. The difference is that these responses refer specifically to the value of the report in determining the stance of the social worker. Some addressed this in a generic manner:
I think that at least at some point that assessment gives us information to say well look, this is where we’re going to put our recommendation … then at least at the end of the day everybody gets a bit more clear about where they stand. (Respondent X)

… social workers aren’t the expert and we do rely on other professionals to confirm what we believe is right for the child. (Respondent Y)

I think for me it was about accepting the fact that I’m not an expert in attachment. Like as a social worker I think I’ve kind of been able to develop over the years an understanding of what, what all children should have …. But it was about being able to acknowledge, look I’m not an expert, we need to get somebody else in, who can take a look at this. So whilst … I had an idea of where I thought things were going, it was just about needing that expert information to ensure that we were on the right track for that child. (Respondent F)

Two respondents mentioned the possibility that the assessment might alter the direction of the casework:

…it’s not just to confirm what the social worker’s thinking, it sometimes takes you in another direction … (Respondent R)

It means coming to terms with the fact that I know … I don’t have all the answers. I might have a professional opinion on what should happen but it’s not the be all and end all … If major decisions need to be made, then professional advice needs to be sought… (Respondent K)

Another respondent talked specifically about the value of reports in the early stages of case planning:

It’s more often to be done around the parenting. A combination of the two. Like is the parent able to do it? What are the child’s needs? …The child’s needs come first. But then can this parent meet this child’s needs and quite often you discover fairly early on that, that if you address that. Like the parents’ ability, or capacity … and match them up, you find that the child’s needs aren’t going to be met by this particular living situation. And it’s honest. It happens earlier. And it needs to be talked about earlier. (Respondent Q)

Commenting on the value of attachment assessments in relation to permanency decisions another respondent referred to decisions about transfer of guardianship to foster parents, and return to the care of birth parents:

Because I think a lot of them [decisions] are sort of made because we make a lot of assumptions. Because the child’s been in care or placement for a long time and some times the limited contact we have had with them over a period of time, we assume that the attachment is there. I actually have a checklist of situations where we look at consolidating placements with caregivers or (inaudible) under the Care of Children Act. And part of that is questioning is this really where the child belongs, and is the
child part of the family and is their primary attachment with these caregivers? And I think we sort of tend to tick a lot of boxes and say, well yes, yes, yes but without actually having a formal assessment of attachment. Whether we’re wrong I don’t know. I guess having a formal assessment done at some stage would certainly reinforce, or confirm the decision we’re making is correct. (Respondent V)

This dilemma was addressed by another social worker who felt that the attachment assessment had been invaluable in making a decision that took account of the child’s attachment to both her mother and her foster parent. The birth mother was not in a position to resume care of the child at the time of the assessment and prior to this a permanency decision had been made. The social worker felt that it was inevitable that the child would gravitate back to the birth mother’s care at some point and was concerned that permanency would sever their attachment. The social worker’s dilemma exemplifies the inclusion/exclusion debate, discussed in Chapter Three, where permanency is often associated with exclusion of birth family despite evidence that children in care wish to remain in contact with their birth families. The outcome following the assessment was to confirm the placement with the foster mother but with continued contact with the birth mother. The attachment assessment facilitated an outcome that was more inclusive, countering the tendency for permanency to be associated with an exclusive approach. This is consistent with research findings discussed earlier, particularly given that this was a cross-cultural placement and contact has been found to be beneficial in this situation (Thoburn, 2004).

These responses highlight the challenges facing social workers when decisions have to be made and the place of attachment assessments in determining the direction of a case. For these respondents, the value of the attachment assessment lies in the additional perspectives provided. A related issue that emerged was the importance of the reports being independent from CYF and it is this that I now address.

**Independence of attachment assessment reports**

A specialist was employed in the office where the interviews were undertaken, allowing a choice between having assessments completed internally or externally. Some respondents had experience with both forms, all had experience with external assessments and none had only used internal assessments. Overall there was strong support for having assessments completed externally with six respondents identifying this as valuable. A primary reason given was the possibility that families would perceive internally produced reports as biased or controlling:
... some people don’t like them done internally ... because they think ... it will be a biased spin you see. (Respondent Y)

I think to remove people’s belief that there is bias it needs to be done externally. That’s only an opinion. Otherwise they feel we are stuck by our views. It doesn’t matter how you tell them. They believe that’s what’s happening. (Respondent J)

... I think once you get into a situation where you’re on opposite sides of the fence, with the family, or with the support people, to then be saying that you’re going to take further control by. I’m going to do the assessment, and from there the outcome will be this ... that’s not okay. (Respondent F)

Others saw the issue as primarily being about credibility:

I think the good thing about them is when we get them done out of Child Youth and Family, they’re kind of independent, not objective ‘cause I mean it’s not an objective subject is it, but like they’re independently sourced and another opinion on what people think they’re either seeing or not seeing you know, so it’s, that’s the value of them. (Respondent X)

... we constantly need to be looking for other opinions. Other professional opinions of, you know, professionals who are trained to do their work. And it’s about not owning ... the decision. It’s about having an informed decision with the opinions and reports of other professionals. (Respondent K)

Some respondents felt that the choice between internal and external was based on the complexity of the case and that it was preferable that the more complex cases be completed externally:

And in that particular case that child was under the wardship of the Family Court ... so the difficulties between the parents there, had become so significant and so impacting on the child we believed, that we wanted to get some independent information ... so that we could kind of see the wood for the trees really. (Respondent X)

[Internal specialist’s] work nearly always confirms what we know ... And it’s probably less contentious than the ones [done externally]. So it’s probably more in-house and its probably not involving Court ... Whereas the ones [done externally] are probably, when things are really pretty stuck. And people really are in a dilemma about what is best for this child. And is a return home possible? ... whereas the ones [internal specialist] does are probably more ... about where there’s parenting limitations ... getting in the road of where the child belongs. (Respondent Q)

The independence of reports was also related to issues of credibility in the Family Court where, respondents believed, social workers were not necessarily respected as professionals:
If it’s an assessment that’s supporting the direction we’ve got and where we want to go, the advantage is that the Court are more likely to take notice of those professional [reports]. (Respondent Z)

... I think they are very useful if you are taking someone to Court and you can say, right this assessment has been done and the report says this is the recommendation. (Respondent Y)

... I don’t know if it goes on or not but this is harking back to what I said before, there is reluctance on the part of our judges anyway, just to accept social workers’ reports. (Respondent R)

... I find them helpful and again in the forums that I’m involved with that’s because not a lot of credence is often given to the social work information. So it comes from a different place. (Respondent Q)

And I guess ... in some cases because ... we need evidence to put before the Court. And that’s the other thing that it’s useful for. (Respondent E)

Significantly these comments reflect the low status ascribed to social workers and this is an issue that will be explored in the final section of this chapter.

In contrast with this more pessimistic view one respondent thought that the value of attachment assessments lay with their healing potential:

I think it helps with healing. And I think that the FGC process has that capacity sometimes as well. And I think that because people have been heard, because their opinion and they’ve been listened to and it’s like its part of that healing process as well. (Respondent Q)

One final potential indicator of the value of attachment assessments relates to the frequency with which they are used. All respondents were asked to comment on this. The consensus appeared to be that they should be used more often with eight respondents explicitly stating as much. Some linked this to permanency decisions:

Well I’ve been out of doing front line social work for some time but my feelings are probably should be more really ... And it’s about ensuring that permanency decisions are made for the children and that wherever possible we are consolidating the permanent placements with families. And ... I think we probably still make a lot of assumptions ... without actually really drilling down to the nitty gritty about the attachment side of things. Yes. My feeling is that there probably should be more done. (Respondent V)

One respondent related their answer to their style of working, which placed considerable emphasis on exploring the possibility of return home:
It all depends on where the social worker's coming from ... when I inherited that caseload a lot of the decisions made, were not by me and did not come from my way of working. So one of the questions that always comes up is – okay what does this kid need to do to get home? And that’s one of the first questions that I always ask ... And sometimes it hasn’t been helpful to actually think like that, because you think sometimes the kid’s been there for a few years and to actually look at it like that can upset things, a lot. So, because I take that approach I guess it [frequency of use] would probably be more. (Respondent K)

This respondent’s approach is consistent with the kin-defender position discussed earlier. There is evidence, however, of awareness that this is not always appropriate and the use of attachment assessments is identified as valuable in arriving at appropriate decisions on a case-by-case basis.

Other respondents linked increased use of attachment assessments to the importance of making decisions at an early stage:

I think we need them more often. I think they need to be more accessible to the decision-making processes that we use ... The purpose of them needs to be quite clear. And I think that they should be used at an earlier stage. And I think that they are starting to be ... we don’t leave situations like we used to, five years ago, ten years ago. The decision making about where the children are going to be raised and where they belong is addressed earlier with much more clarity. (Respondent Q)

Two respondents indicated that they had not used them frequently but on reflection could think of other cases where an assessment would have been valuable. Other respondents, noting that assessments were usually requested when there was disagreement, questioned whether all children in long-term care should have attachment assessments completed to ensure the appropriateness of their placement, especially when permanency was being considered.

Unless there’s actually opposition to it we probably wouldn’t necessarily want an attachment assessment. But in hindsight perhaps we should be anyway ... at one stage I think we decided as a team that we would do that as of right and get attachment assessments done for children that were still in care. (Respondent K)
I think we should use them more when we’re making a decision about a child remaining in permanent care ... (Respondent J)

One respondent linked the use of attachment assessments to the risk estimation tool used by Child, Youth and Family, questioning the adequacy of that tool in relation to attachment:

... you know we’ve got various tools, and one of the tools that we use is the risk estimation and the first part of that ... it’s about the child ... But the middle one is
about attachment and you have to make some comments about the child’s attachment, well this is kind of a one word and there’s a little box for you to fill-in you know, and I’m thinking that probably the risk estimation is very valuable and that our tools are valuable, we probably should have some kind of an attachment form or something because it’s critical. It’s not just a factor, it’s critical. (Respondent X)

Another indicator of the value placed on attachment assessments came from comparisons with other forms of specialist report. Unfavourable comparisons identified a number of issues and two respondents noted that although some reports provided useful information they failed to address attachment issues. One respondent was concerned about difficulties sharing information when health sector employees completed reports. Such difficulties limit the usefulness of reports and indicate confusion about the purpose for which the assessment is being requested. Of particular concern were comments by two respondents about the poor quality of some more general assessments:

So I’m very keen to spend money where you get something to begin with which gives you good information, but on the other hand you know, we’ve made some referrals for assessments, not about attachment, but like other assessments and sometimes things that come back I’ve read through and I’ve thought, this is what [social worker] and I talked about in supervision the other day, all of these points and they kind of brought one into the referral and they kind of come back and just got the same information and I might pay out $800 for that and I am thinking like, there’s nothing in it that I didn’t already know, that [the social worker] didn’t already know... And it’s OK to get confirmation of it but it’s not useful in terms of... I want additional information you know. (Respondent X)

Some psychologists or psychiatrists are better than others that’s all I can say. If you get some you go ah no not them [laugh] because you know you’re not going to get anything, that it’s going to be waffle. (Respondent Y)

Given that some respondents identified cost as a barrier to obtaining reports, as discussed below, it does not appear to be cost-effective if reports are of poor quality or do not provide additional information.

Overall there was a high level of consensus about the value of attachment assessments and all respondents indicated that they should probably be used more frequently. Of particular interest was the range of situations in which they were considered to be useful beginning with the earliest stages of intervention when the safety of the child was being assessed, through to situations where children had been in care for a long time. This raises questions about why they are not used more frequently. I shall now examine this and other issues arising in respondents’ comments.
Issues

When I was analysing the data from the interviews a number of issues arose that were not easily categorised within the dominant themes. These included barriers to getting attachment assessments completed, disadvantages to having an assessment completed, ways assessments could be improved, ensuring that processes are child-focused, whether or not social workers could complete the assessments, the role of judges and cultural tensions.

Barriers

Given the positive response to using attachment assessment it is surprising that so many respondents commented on barriers to more frequent use. Four respondents mentioned cost as a significant barrier. Another respondent indicated that it was possible to ensure that funding was found and another suggested that it was possible to get the Court to order the report using s178 of the CYP & F Act and in these circumstances the Court met the cost of the report. Linked to the question of cost was the fact that those services that did not incur a cost often had long waiting lists, which was another barrier. The willingness of social workers to employ lateral thinking strategies to access attachment assessments and the long waiting lists for low-cost options indicate both the value of the attachment assessment and the under funding of this option.

One respondent mentioned that having the time to reflect on casework was also a barrier as often people “slipped in and out of remembering the role of attachment” (Respondent V). This was supported by other respondents in their discussion of the frequency of requests. The most significant barrier, however, appeared to be the availability of suitable people to complete attachment assessments. As we have already seen, for one respondent this related to both the quality of the work and the willingness to share information and another respondent shared the concerns about quality. For three others it was simply lack of suitable people to do them.

Disadvantages

I asked respondents about whether there were any disadvantages to getting assessments completed because of the possibility that this could also create a barrier. The most common disadvantage was seen to be recommendations that were at odds with the social worker’s view. In the majority of cases this was accepted as being not necessarily a “bad thing” because it was important to arrive at the most appropriate outcome:
Then I have to change my mind. It’s not a disadvantage. I guess it’s... probably a selfish, arrogant thing. You pray you are right. Or you’re hoping that your intuition and... what you think should happen is going to be right... sometimes it’s not. And it’s not a bad thing. It’s good. Definitely a big learning curve for me in terms of those outcomes. (Respondent K)

No. Because I think if you believe in the importance of an assessment... that even if it wasn’t the outcome that you had in your head, it’s still the outcome, and... our work is supposed to be about the best interests of children. And if we’ve got somebody saying something that is clearly in the child’s best interest, but we might think differently. This is something we need to adhere to, give it to someone else who can... (Respondent E)

In one case following serious disagreement with the recommendations in the report, the recommendations were not acted upon. Subsequent events confirmed the social work decision not to return the children home. This example makes clear that specialists are not infallible.

One respondent suggested that it could be a disadvantage if circumstances changed and people used the report to oppose a change of direction necessary in the light of this. Another respondent indicated that there was potential for the report to create more work for the social worker:

It brings up more than that you know, it brings up more than it really resolves... if what you get is valuable, ... it gives you more, an awful lot more to do. If it’s not very valuable you can probably go ah thank you I’ve had the assessment done and like this is what is says and you know, but like that... what’s the point? (Respondent X)

Three respondents commented that the content and recommendations could be hurtful or disadvantageous to some of the people involved. Another respondent noted that sometimes the report generated conflict between birth parents and foster parents. As noted earlier attachment assessments are generally requested in conflicted situations but this response indicates that in some instances the report itself causes conflict, suggesting that prior to the completion of the report each party assumed it would be in their favour. The conflict results from the realisation that the recommendations do not support the views of one (or both) party(ies). One respondent noted the importance of working through any issues arising from the report, and this is another way in which additional work could be created as a result of having an attachment assessment completed.
Improvements

A number of improvements were suggested during the interviews. Some of these related to the need to include an assessment of parenting capacity:

And quite often you discover fairly early on that, that if you address that ... the parents’ ability, or capacity ... and match them up, you find that the child’s needs aren’t going to be met by this particular living situation. And it’s honest. It happens earlier. (Respondent Q)

And that’s absolutely right and can we build, even if there’s not a good strong attachment now, can we turn it into one rather than bringing that child out of their care? (Respondent Z)

I think that ... perhaps ... in conjunction with an assessment and a report that’s provided, and then some recommendations, there needs to be recommendations on several levels, it’s like what does the child need to do, what does the adult need to do? If we’re saying this child should stay here with this adult, like what does the adult need to do? (Respondent X)

These views reflect the concern about focusing on attachment at the expense of parenting capacity discussed in Chapter Eight. The respondents demonstrate both an understanding of the issue and a belief that this can be addressed by including an assessment of parenting capacity within an attachment assessment.

In addition to assessing the capacity for change one respondent felt that intensive follow up was needed to ensure that, whatever the outcome, positive relationships are maintained. This respondent recommended a “one stop shop” where therapeutic work with parents (birth and foster) could be undertaken to strengthen relationships or to assist parents to come to terms with separation from children when this is necessary. Such an approach resonates with research findings that children in care fare better when positive relationships are maintained between birth parents and foster parents as discussed in Chapter Three (Beek & Schofield, 2004; Leathers, 2003; Selwyn, 2004). This is also consistent with respondents’ earlier suggestions that decision-making can be a turning point, allowing more positive relationships to emerge once decisions are made. A therapeutic approach would maximise the potential for more positive outcomes by reducing the risk of children being caught up in negative loyalty conflicts and ensuring that they are able to maintain positive relationships with all of the significant adults in their lives.

Another respondent noted that follow-up therapy with the child had been helpful:
I think that you seeing [child] helped her to come to terms with it. I think that was very helpful for her/him, because it wasn't Child Youth and Family, it wasn't family, it wasn't... it was somewhere s/he could just be herself, and slag me off and yeah say s/he hates everybody while s/he was having a good time. (Respondent Y)

Other improvements related to the timeliness of reports and the fact that if there was too great a delay, circumstances could change, limiting the value of the recommendations. Another respondent commented on the importance of clarity when sharing the assessment with other parties. It was considered to impede the process when specialists insisted on reading lengthy reports in decision-making forums. Some respondents preferred instead to have succinct summaries of key recommendations with an opportunity for people to ask questions. One respondent stressed the importance of home-based observations and involving all parties with knowledge of the child and their situation including the school and caregiver liaison social workers.

One respondent suggested that there needed to be a way of flagging a case file and the computer record so that it was obvious that an attachment assessment had been completed:

I didn’t even realise there’d been an attachment assessment. And it was only through stumbling through some old files that I found it ... Even when social workers change they’re a useful tool ... I had been doing work with a family and been confused about what the family needed and it was remarkable how once I read that assessment, and found it, it made a lot of sense ... to me about the family, and a lot of the planning was more easier because I had a better understanding why relationships were as difficult as they were. And what expectations I should have about those relationships. (Respondent E)

This is an important practice issue given the pressure on social workers. The value of attachment assessments is limited if each new social worker approaches the case without understanding the prior history of the family. In part this is about ensuring that the child remains the central focus in decision-making and several respondents raised issues in relation to this.

**Ensuring processes are child-focused**

One respondent expressed concern about a situation where it was decided that after the child had been placed with foster parents, birth mother and baby would be referred to a programme designed to address attachment issues:

I mean we had a dreadful one last year. It really upset me. And that was a [young parent] who’d just been in care, from a shocking background all her life. Multiple
placements. Had a baby, it was only a few weeks old, it was bought into care and we placed her/him with a fabulous caregiver. Two very highly qualified nurses. And they decided to give this mother a go in [intervention programme]. Now s/he’d had some supervised access, short time, like half an hour or so ... You know the [parent] never made it and six weeks later [intervention programme] said this isn’t working. S/he had to come back to the caregivers. They were heart broken. The wee [baby] was almost in a state of frozen watchfulness when they got her/him back. When the caregiver dad arrived home at night, just hearing his voice, s/he used to light up and jump up and down, and s/he’d just sit and watch. And I thought this is destructive stuff. (Respondent J)

This situation could perhaps have been avoided if an attachment assessment had been completed prior to referral to the intervention programme. An attachment assessment when the child first came into care may have indicated whether there was a possibility of building the attachment between child and mother, in which case referral to the intervention would have been the appropriate course of action. Once the child had been with caregivers for a period of time an attachment assessment might have indicated the child’s pre-existing attachment to the caregivers. Having this knowledge could have allowed the social worker to work more effectively with the birth parent prior to involving her in the intervention.

Another respondent raised the issue of timeliness and the child-focused nature of attachment assessment in relation to a case where a referral for attachment intervention was being recommended by another agency for a mother who had clearly identified that she was not attached to her eldest child and had previously indicated that she could not care for her/him:

... I’ve got this young woman who says you know I need to do some attachment work, it’s like I need to go grocery shopping on Friday, every Friday for an hour I need to go grocery shopping and get really good at it. You know it feels to me if it’s a bit like she thinks she’s going to go with someone and like pick it off the shelf you know. ‘Cause she’s had quite an experience herself, I mean in her own adolescence she’s been described as not being well attached to her mother you see. I’m thinking this is not going to be pickable off the shelf whereas her Nana who’s the little [child’s] grandmother, seems to me to be already warmer to this little [child] so that like she might be able to match more easy ... and s/he might very quickly with consistent care from her, become attached and manage that quite nicely you know, s/he’s only a little [child]... just over a year or something, s/he needs to do it really quickly you know. (Respondent X)

Another respondent expressed concern about children in situations of neglect and the importance of their voices being heard:
I guess I still sort of worry about the type of assessments that we do. I worry about that, the neglect stuff that’s left to drift ... I worry about the children’s needs getting lost in amongst the adult needs ... Focus on the child is so often really hard to get to.

(Respondent Q)

At the opposite end of the spectrum one respondent commented on the dangers of multiple assessments especially where the court does not accept the recommendations and further assessments are requested. In one case a third assessment was about to be undertaken following the rejection of two previous assessments because some time had passed since their completion. In this case it is noteworthy that, as we have seen, respondents also mentioned conflict arising from differences of opinion between social workers and the judiciary. In this case the Judge’s reliance on successive reports cannot be seen as being in the child’s best interests and could constitute a form of systemic abuse, particularly given that different specialists were used each time.

The role of judges

Reference has already been made to concerns about the perceived low status of social workers in the Court arena and the changes following the appointment of new Judges. One respondent expressed the view that since the implementation of the CoC Act 2004 there has been increased emphasis on the role of birth families and that the principles of this Act are being applied to children in care as though their circumstances were the same as those of children whose parents have separated:

... so there’s going to be quite some major shakedowns either (inaudible) parties because there are disagreements ...about how much the COCA\(^7\) Act will impact on the CYP & F Act and vice a versa, whether there are differences between couples who separate and kids who come to have a check on their care and protection ... I’ve actually had one of the Judges say to me, there is no difference, which I can’t agree with [laugh] but you know. (Respondent R)

The Judge’s emphasis exemplifies the dominant family integrity rhetoric, calling into question the place of the child’s best interests, and highlighting the extent to which subjective views shape decision-making processes.

Another respondent expressed considerable dissatisfaction with the attitude toward social workers reflected in a Judge’s direction:

\(^7\) Although I have used the abbreviation CoC Act for the Care of Children Act it is commonly referred to as COCA or the COCA Act by social work practitioners.
I’m a wee bit grumpy today, just touching on that because I’ve just had a judge’s direction here from the defended hearing which is very scathing of the social worker throughout the process and I just felt that it just again highlights for me that the Court don’t have a lot of time and respect for the social workers, it’s just really frustrating that we’re not seen as professional enough to have our opinion accepted. The issue was around that we were reporting stuff and we weren’t getting the people who were giving us the information to report it, we’re reporting it on their behalf so we couldn’t have possibly been reporting it accurately. (Respondent Z)

Some of the respondents clearly felt that the low status of social workers contributed to the need for independent assessments to be completed when cases were going before the court. To clarify whether this was the predominant reason for requesting independent attachment assessments I asked respondents if they thought social workers could complete attachment assessments. Their responses are discussed in the next section.

**Could social workers do attachment assessments?**

Four respondents clearly indicated that social workers could not undertake attachment assessments. Of these, two believed that a certain level of knowledge was needed:

> I think you have to have some experience of... children’s emotional behaviour. And I’m not sure that we are skilled in that area, skilled enough in that area to do an in-depth ... If you were looking to do an assessment, I think probably you’d have to do them frequently and like you know regularly, you’d have to be quite skilled in that kind of specialised way. It’s not saying social workers couldn’t do it ... it takes time and you know I don’t think we have that .... (Respondent X)

> I don’t have all the necessary theories ... I can talk from gut feelings what kids want you know, like we’ve been trained as social workers, you dabble a little in counselling, you dabble a little this and that, ... you’re not a psychologist you know, you’re not a psychiatrist, ... you’re not an expert. ... although I would probably know what’s best for the child, ... I’m not a psychologist I can’t put the theory around it what I mean. I can’t say this is what’s best for the child because of this, this and this, no. (Respondent Y)

Another respondent felt that the position of the social worker does not allow them to fulfil this task because they have to work with all parties and when there is conflict there is an assumption that social workers take sides with either the birth parents or the foster parents. In some cases both parties believe that the social worker is on-side with the other party. The fourth respondent was adamant that social workers should not be doing assessments:

> I think it should never become the role of a social worker to do that. And ... we constantly need to be looking for other opinions. Other professional opinions of ... professionals who are trained to do their work. ... for me it’s always about not
owning the decision. It’s about having an informed decision with the opinions and reports of other professionals. (Respondent K)

One respondent thought that it would be possible for social workers to undertake attachment assessments but preferable that they did not. Another stipulated that it would not be possible without appropriate training and thought that having undertaken two university papers on attachment (over and above a social work qualification) s/he could “just about do them”. Two thought that it might be possible but that additional training and guidance would be needed:

Well I know some have. I mean like [name of social worker] s/he was a social worker ... but ... possibly with the training ... you need to ... have some sort of training and guidance in terms of how to actually go about it. (Respondent V)

If the training was at a high enough level, and if it was really clearly supervised ... really well supervised. ... I think if I had that, I believe ... I could do something. Like you need to know that you’re doing the right thing. (Respondent F)

Another respondent indicated that perhaps attachment assessments were not always what was needed and that there might be other ways of pulling together the necessary information to facilitate decision-making:

I feel quite strongly that if we had a framework, and there was a professional case conference of people that are involved, and that may sometimes even involve family members, that I think that you could get the same answers much more simply and ... more timely, and it would at least give the professionals the answer ... And where there was a framework of questions and somebody with the experience could bring that all together. And that’s where I see that somebody like yourself or somebody like [internal specialist] could bring it together. (Respondent Q)

Respondents’ views indicate that social workers’ skills equip them to gather information but that they lack the knowledge base to formulate attachment assessments in complex situations. The one respondent who felt s/he could do them had undertaken further education in the area of attachment and the social worker referred to by respondent V had also received further training in the completion of attachment assessments. Some respondents felt that it was not appropriate given the social worker’s responsibility to work with birth family and caregivers. In one case this was about the dangers of being seen to take sides and in another case the respondent felt a responsibility to make sure that decisions were informed. Reflecting on their practice, respondents commented on the need for specific knowledge and training, indicating that these were valued and that they recognised that decisions needed to be informed rather than being based solely on common sense.
Cultural tensions

As outlined in Chapter Two the placement of Māori and Pasifika children outside their cultural group has been a source of considerable tension. Sometimes attachment assessments are requested when birth families challenge such placements or competing claims by potential carers (including birth, kin and foster parents) have this focus. It was not, therefore, surprising that this issue was raised by a number of the respondents. Two referred to a single case while another had been involved in a number of cases. All talked about the significance of the cultural dimension as a source of tension within cases. In one situation this tension was part of the presenting problem:

Of course the further issue about that particular case was ... the underlying cultural issues ... in trying to decide what was actually right for [the child], and a lot of the stuff that was being ... brought into that issue ... for me it was like here's a little [child] with a mum and a dad ... and how are we going to ... make that right, but there was a lot of other stuff being overlaid on that in layer and layer and layer. There was adult relationships, the cultural loss or gain you know and everything really ... (Respondent X)

Another respondent discussed three cases involving children in long-term placements where there were significant issues. It is not appropriate to discuss two of these cases in any detail because a birth parent in both of these situations chose not to participate in the research. The issue is, however, too important to exclude. The respondent felt that in two cases stability of placement had come at the expense of connection with birth family and culture and it is possible that the decision not to participate in the research may well have been influenced by their dissatisfaction with decision-making outcomes. Referrals for attachment assessments from this respondent had been made on the recommendation of the social worker that had the caseload previously and s/he indicated that cultural considerations were an important part of that recommendation:

... Because in [locality] there aren’t many, if any, Māori or Samoan psychologists, counsellors. So that when it came time to assessing her/his caseload, which was mainly made up of Māori and Polynesian, or Pacific Island families, it was I guess for her/him trying to find somebody who s/he knew had worked in that way. Took into account the cultural needs of the children, which we believe is paramount when looking at this for children ... (Respondent K)

One of the respondents quoted earlier noted the importance of matching the specialist report writer to the family for whom the attachment assessment was being requested. In the cultural arena this is often overlooked and can give rise to assessments that only address part of the picture. In my practice I became aware of the shortage of culturally appropriate report
writers and received a number of referrals on the basis that I was culturally acceptable to the family, despite being Pākehā. A continuing dilemma for me was the tension that arose when children were clearly attached in placements that did not reflect their cultural connections. This is an issue that will be further explored in the next chapter, which focuses on the long-term outcomes for children for whom attachment assessments have been completed.

Summary

Social work practitioner narratives about the use of attachment assessments indicate that they were considered to be a useful tool facilitating decision-making in conflicted situations. There was a high level of agreement about the importance of attachment assessments when making permanency decisions. Respondents indicated that they were particularly valuable during the early stages of their involvement with a family in order to assess whether or not the child could remain in the family and what may be needed to achieve this goal. There was considerable support for their use when making decisions about permanent placement in care and transfer of guardianship to foster parents. Their relevance when making decisions about contact was also noted.

Respondents demonstrated an awareness of subjective elements influencing their perspectives and they identified limitations in terms of their knowledge and role. They indicated that attachment assessments were valued because by addressing these issues they contributed to quality outcomes. Information on the child’s perspective was particularly valued. Respondents also felt that they could have more confidence in their case planning and recommendations were also more likely to be taken seriously by other participants in decision-making processes when informed by an attachment assessment.

The impact of attachment assessments on conflict resolution appeared to be indirect. Rather than assisting parties to reach agreement the information facilitated decision-making and this was an important step toward resolving conflict. Often, additional work was needed to achieve this and sometimes conflict remained unresolved. Failure to ensure that all participants had access to information in assessments potentially contributed to such negative outcomes.

Thus far I have focused on social work practitioners’ narratives about the role of attachment assessments in relation to decision-making processes. Because I was also interested in the link between having an attachment assessment completed and the long-term
outcomes for children I asked respondents about their perceptions of this. In the next chapter their responses are discussed.
Chapter Eleven
Perceived Long-Term Child Outcomes

In this chapter social work practitioner narratives about the perceived long-term outcomes for children following attachment assessments and subsequent decision-making are discussed. Some of the respondents talked about perceived outcomes for specific children and others made more general comments. I begin with the more general comments, following this with an outline of perceived outcomes for specific children. Although respondents provided rich and detailed descriptions of the experiences of some children this material could not be included because of the ethical issues discussed previously. I have, however, attempted to capture the major themes. During the interviews it became apparent that adolescence presents particular challenges and these are discussed along with other issues that arose in relation to perceived outcomes for children. The chapter concludes with a discussion of respondents’ views of what factors contribute to positive outcomes for children in care.

Generalised Comments About Perceived Outcomes

Respondents indicated that following a decision informed by an attachment assessment the majority of children enjoyed stable placements at least until adolescence. Respondent R estimated that 70% of the children achieved stability. One respondent, commenting on specific cases, noted that of seven children who had assessments completed four remained in the same placement, and of the other three, two were currently unstable. Another recalled four cases, identifying two as unstable and two as in stable situations. One respondent noted that of six cases only one was currently unsettled. Three respondents who had been involved with only one case described each of the children as having remained in a stable placement. From a total of 20 cases recalled, only four (20%) were currently deemed to be in unstable placements. This supports respondent R’s estimate. It is important to note that timeframes varied with some assessments having been completed several years ago and some within the year previous to the interviews. The current age of the children also varied from four years to late teens.

Two respondents noted that when the decision supported the status quo the outcomes were mostly positive:
... I guess for me it seems ... that if the outcome of the assessment or if the conclusions from the assessment is something about status quo ... firming the status quo up ... either by people doing some work together like with the child or just kind of the child knowing that this is where it's going to be ... I think the outcomes for those older children are in ... articulating it ... and getting it sorted and planned... For the littler ones I think its more ... ethereal than that, perhaps it's about us making the decision and the little one reaping the benefits from it because that decision is made and there's no argy-bargy about who and where... (Respondent X)

Oh when the decision has been that the child should remain with the caregiver and they've got on board with it, very positive. (Respondent J)

One respondent indicated that the main advantage of having an attachment assessment completed was in firming up the direction of the casework and beyond that it was difficult to estimate how much the assessment contributed to achieving stability in the long term:

I mean either it affirms what you're already thinking or else it tells you that you haven't ... quite got it right and you need to do something differently so at least then at the end of the day ... the worker knows where they're going. For the child ... that can't be a bad thing probably ... but ... I think again depending on ages and stages and cases ... I can't say whether it's always a successful outcome or like it aids a successful outcome or not really. (Respondent X)

Another respondent indicated that the most crucial aspect of an attachment assessment was its role in facilitating decision-making:

I think that without those reports, and without that quite pivotal decision making point. Because I think that those reports then lead to ... probably the most major decision-making point and without that they would have drifted in and out and around about. And so I think that bringing that information together to that pivotal decision making point then I think does offer more security than what would have happened had that point not taken place and that point of decision making goes better, if the report is available. (Respondent Q)

Overall, respondents found it difficult to speculate about long-term outcomes. Partly this was due to changes of social worker and not having current knowledge of children's circumstances, and partly because so much happens in the lives of children in care that it is difficult to isolate the different factors contributing to outcomes. Some respondents felt that the difficulties these children experienced prior to coming into care would continue to influence outcomes:

I just think that they're more susceptible to the very problems that their parents have experienced ... and you can protect children to a degree from that but you can't, it's not bullet proof. I mean there will be addictive genes and there will be risk taking behaviours if that's what they've experienced. (Respondent Q)
But I think in those cases that such is the damage that they've had as infants it's a retention problem. (Respondent R commenting on children who were two years behind in educational achievement)

One respondent felt that the system of reviews unsettled children:

... I would like the Court process to become a lot easier ... for them. ... It does become easier when they're older and over seven it becomes every twelve months but it still plays up with them. So I just don't know, and I don't know how you can when the law says we have to have them every six or twelve months. Whether you get judges to accept more that we simply roll-over the plans or where the permanence placement is made. Don’t know but the reviews are certainly unsettling to them. (Respondent R)

Despite the difficulties associated with prior experience and the impact of being in care it appeared that the decision-making at the time the attachment assessment was completed had a significant impact in determining the direction of the casework. Without the assessment this point may not have been reached. In the next section discussion of perceived outcomes for specific children highlights the similarities and differences in children’s experience following the outcome of an attachment assessment.

Perceived Outcomes For Specific Children

Social Work practitioner narratives about perceived outcomes were stimulated by a series of questions about the long-term impact of attachment assessments (Refer Appendix I). More than one respondent provided information about the specific children referred to during the interviews and I had completed assessments for, or worked with, some of the children. Although I have reflected on my experience in formulating the themes that emerged, as noted earlier, I have not utilised reports or other case material as part of the research process. Any references to specific children are gender neutral in order to further reduce the risk of identification.

Consistent with research discussed in Chapter Three, the analysis of respondents' perceptions of outcomes revealed a continuum from more positive outcomes to negative outcomes. For example, Rushton et al. (1995) found three groups among the children whose placements survived. They categorised these as good, intermediate and poor on the basis of the quality of relationships with foster parents and the presence or absence of continuing levels of behavioural and emotional difficulties. Schofield and Beek (2005) also identify three groups but refer to these in terms of progress ranging from good to uncertain and “downward spiral” (p. 1288). I found that the children’s experiences could be grouped in six
broad themes. In part, these reflect the different ages of the children discussed by the respondents, ranging from three years to late teens. Long-term outcomes for younger children are tentative at best and this will be explored further when I discuss the impact of adolescence. The categories I have chosen reflect placement stability and the presence or absence of emotional and behavioural difficulties. In this way care outcomes may be conceptualised as a continuum. At one extreme were the children for whom stability was not achieved and whose outcomes appeared negative. At the other extreme were children who appeared settled in their placements, had positive mutual relationships with foster parents, were not experiencing major behavioural and emotional difficulties and about whom cautious optimism was expressed. Between these two extremes were four groups of children: those who remained in a stable care placement but became unsettled with the onset of adolescence; those who returned home as the result of placement breakdown; those who experienced changes of placement but were currently settled; and those who experienced a continuing stable placement but about whose future there were reservations.

Unstable Placement History and Negative Outcome

Of the specific cases discussed by respondents only one fitted this category. At the time of interview: the young person was in their late teens and the assessment had been completed many years previously. This child was in a stable foster placement and the assessment report had recommended that s/he remain there. Despite this the child was returned to a birth parent’s care. One respondent had recently had contact with the young person and had this to say about the outcome:

Oh it was a disaster. Absolute disaster. In fact, that would be one of the saddest attachment cases I know of and I blame the Court for most of it. Like s/he was so attached to [the foster parent] and [the foster parent] was committed to her/him. Then they went through this awful thing. And when s/he came back [the foster parent] couldn’t put herself through it any longer. And when [child] came back, part of making contact with me was, I want to see mum. I want to see mum. I said who do you mean? And s/he said, [the foster parent]. And it was, the attachment was to [the foster parent] because she had her/him as a little infant. She got her/him in a very bad state and there was a terrible Court case. [Another social worker] was involved and they went to the department down there thinking, oh well it’s fine and this judge ordered that this child be given back to the mother. (Respondent J)

When I asked for information about how the young person was coping the respondent said:

Oh s/he’s a mess. S/he’s an absolute psychological mess. Dreadful. Into drugs and... dreadful violence, ... s/he could talk to me about how angry s/he felt about being taken away from [the foster parent]. (Respondent J)
It appears that the failure to secure permanency and subsequent disruption has resulted in risk factors outweighing protective factors for this young person. In respondent J’s view s/he has had to cope with the additional grief of losing the person whom s/he considered her/his mother because of systemic failure to support the care placement. Although this child’s early history is likely to have made her/him more vulnerable to adverse outcomes, had s/he remained in the placement s/he would at least have had the experience of a stable and committed relationship as a resource to draw upon during the developmental vicissitudes of adolescence.

**Stable Placement But Unsettled at Adolescence**

Four children fitted in this category, two of them siblings. All had experienced stable placements but, despite this, adolescence had proved a difficult and unsettling time. All had attachment assessments completed because birth parents requested return to their care. All of the assessments recommended that the children remain in their foster placements and all did so until they reached the age of 16/17.

Patterns of contact varied. For three of the young people contact with the most significant parent was erratic and in one case ended after the parent moved to another city. One young person was described as having an enmeshed relationship with a birth parent, which was instrumental in the breakdown of her/his placement. Although s/he was reported to be settled in a new placement the respondent thought s/he would probably go back to her/his mother when s/he was 17 and that this would be “disastrous”.

The outcomes for the other three reflect varying degrees of difficulty and all were currently unsettled:

I actually banged into [the foster parent] in the supermarket just earlier on this year. And I got an update ... But I mean those [children], they stayed there right up until the late teens and then they both took off and caused a bit of trouble. She was telling me ... I think [one young person] ended up with her/his mum. ... And [the other] shot through, shacked up with a [partner]. (Respondent V)

The fourth young person was described as sabotaging their placement and at the time of the interview was in a psychiatric ward following a psychotic episode. The psychosis may have been drug-induced, highlighting the compounding of risk factors in adolescence for vulnerable children in care and the future for this young person was considered to be bleak.
When I asked about the security of two of the young people during their placement one respondent suggested that the current situation called this into question:

And I mean in retrospect I guess we can raise some questions about [the two children] and I think at an earlier stage it probably looked like they were pretty securely attached there. But that's obviously been a major shift, come adolescence. None of us has a crystal ball.

...But... who knows really. I guess given a bit of time they might sort of come out on the other side okay and get through it and ... I guess it's their background and their past and the early years' stuff. And you know the start they have in life probably comes out anyway. (Respondent V)

The future seemed even less certain for the other two and it appeared that unresolved issues with birth parents had remained a factor for at least three of the young people. One has gone to live with a birth mother and it is anticipated that the young person in an enmeshed relationship will also do so. Part of the psychotic fantasy for the other young person in this group indicated that unresolved issues with a birth parent were a significant factor.

The outcomes for this group of young people indicate that stability of foster care placement does not necessarily guarantee a positive outcome or smooth transition to adulthood. Although some protective factors clearly existed, risk factors in the form of unresolved issues with birth parents, erratic parental contact, lack of parental support for their continuation in the placement, and the legacy of their early history meant that the balance tipped with the developmental challenges of adolescence. It is possible, however, that the outcome may have been worse had they not had a stable placement. It is also possible that some of the protective factors arising from this stability will assist them in working through the challenges that they face.

**Children Who Returned Home Following Placement Breakdown**

Three children fitted in this category, two of them siblings. All three had been in long-term foster placements and attachment assessments were completed following birth parent requests for them to be returned to their care. The birth parent of one of the children in this group declined consent to participate in the research and discussion is confined to the two siblings. The attachment assessment found that the children’s primary attachment relationship was with the foster parents, although both children also wanted to maintain contact with their birth mother. When the birth mother was advised of the outcome of the assessment she decided
that it would not be a good idea to disrupt the children and agreed to their remaining in care. As a result her relationship with the foster parents improved and contact continued.

Over time the older sibling began to get into difficulty. Despite this, the siblings remained with the foster parents when they moved out of the district. This placement came to an abrupt end when the foster parents rejected both children and they returned to their birth mother’s care. In this situation stability of foster placement did not survive challenging behaviours and led to the rejection of both children who were returned home in an unplanned move. As a result they were likely to have heightened vulnerability following this rejection. One respondent felt that birth mothers are placed in a very difficult situation in such cases. S/he noted that resources to support the return home were often not forthcoming and that the transition was often abrupt and unplanned.

The future for all three young people in this category was felt to be very uncertain. Jackson (2000) argues that stability should be the default position in decision-making about children in care and that a move is only justified by clear evidence that it will contribute to the child’s present and future welfare. It seems as though this was applied but was not the best choice for this group of children. Their experience also raises the question of support for birth families when children do return home. That their birth mothers were willing to resume care after many years’ separation is testimony to the strength of the “blood tie”. It is ironic given one mother’s willingness to put the children first at the time of the assessment that she has been left to pick up the pieces. Certainly, these cases serve as a reminder that length of time in a placement does not guarantee the level of commitment necessary to withstand challenging behaviours in adolescence.

**Children Who Experienced Changes of Placement But Were Settled**

Six children’s experience fitted in this category. There was some variation in the reason attachment assessments were requested. One child was in an interim placement after the first placement broke down due to uncertainty about her/his future with this family because they were not of the same culture. Another child had recently moved to a foster home s/he had previously lived in and there was disagreement about whether s/he should be in this placement or transitioned back to birth family. Cultural issues were also a factor in this situation because the placement was not considered to be culturally appropriate by the birth family. One child was referred because of a protracted custody dispute between parents and part of the dispute related to cultural factors due to difference between the parents. Another
child was referred following multiple moves resulting from unsuccessful attempts to place her/him with kin. Two siblings living in a long-term foster placement had an assessment requested because of concerns that contact with their birth mother was undermining the security of their placement. Another two siblings were referred because they had been in care for two years without a decision having been made about long-term placement. In each of these cases one sibling belongs in this category having experienced post-assessment moves and the other has continued in the same placement. Consent was not forthcoming from the birth parents of three of the children in this category and detailed discussion of these cases has been excluded.

Given the diverse reasons for these requests it is perhaps not surprising that outcomes also varied. Two children were in non-culturally matched foster placements following the breakdown of culturally matched placements. In both cases the children returned to previous foster homes. In only one of these cases was an attachment assessment completed at the time of this decision. An assessment had been completed for the other child at an earlier point but a further assessment was not undertaken following the placement break down. Birth parents did not support the decision in either of these cases. The child who was the subject of disputed custody had been living in a family placement with parents of different cultures. The child identified strongly with one culture and was initially placed with the culturally matched parent but later moved to the other parent. Three children continued in their placements following the assessment but later moved when these placements were no longer considered to be in their best interests.

Although all the children in this group were considered settled there were some differences in the perception of future outcomes. Respondents had reservations about the future outcomes for some children but felt reasonably optimistic about others. For some children it was felt that stability of placement had been achieved at the cost of ties to birth family and culture. This was considered to be the case for children in other categories and is discussed in more detail in the issues section.

For another child the recommendation was that s/he continued living with non-culturally matched foster parents and despite the birth family’s opposition to this decision the relationship between the birth mother and the foster mother had improved and this child was having regular contact with birth family. The reservations about future outcomes for this
child related more to the trauma experienced at an early age and the number of placement changes:

I'm not too sure. Because there's lots of stuff I guess with [child], ... but I know when s/he was a baby, something happened. And no one knows what it was. And I know that that is something that s/he carries and it affects her/him, even today. So I guess lots of coping and mechanisms and other support have been put in place to help. I understand where s/he's at but, you know, s/he smokes. ... Hopefully other things will fall into place. But I think s/he feels loved. S/he knows s/he is ... I guess for the adults to understand that, about the historical stuff and putting that in the bigger picture. When dealing with her/him, that's important. (Respondent K)

And one of the other ones that I always worry, even though we got the outcome that we wanted and s/he has remained in the placement where s/he should have been right from the beginning, ... the behaviours are still really quite bizarre ... I think we've missed the boat, I mean we haven't missed the boat in terms of s/he's got a good stable consistent care giving placement, [but perhaps] in terms of her/his wellbeing ... (Respondent Z)

This child's situation raises a number of issues. S/he experienced severe trauma very early in her/his life and therapeutic work to build up the attachment with the foster mother was beneficial but unfortunately had the effect of alienating the birth family, largely due to cultural differences. The birth family remained involved despite their opposition and further abuse was experienced during contact, quite possibly leading to retraumatisation (Howe & Steele, 2004). It is particularly problematic that this child's cultural identity is connected to a family in which s/he experienced abuse and her/his feelings of safety are associated with a family of a different culture. Although the situation is now more settled than it has been in the past the cumulative risk factors may overwhelm any protective factors as this child enters adolescence. Despite culturally matched placement, concern was expressed for another child due to reservations about whether s/he would ever be able to form secure attachments.

The future prospects for three of the children in this group were considered to be reasonably positive. Even though the child who was the subject of a custody dispute moved from one parent to the other, there were significant improvements in the parental relationship and CYF were able to withdraw from their involvement. Although the first assessment did not produce a "forever after" solution the child was helped to negotiate a very difficult situation in a way that allowed the relationships with both parents to be preserved. As a result cultural and family connections have been maintained despite changes of placement.
One of the children in this group had returned to live with the birth parent that had cared for her/him prior to coming into care. The attachment assessment had recommended that the child remain with foster parents but a later assessment resulting from behavioural concerns recommended that s/he be moved to a new placement, which would allow more positive contact with the birth parent. S/he settled very well in the new placement (a group home) and the relationship with the birth parent was nurtured. When the foster parents were due to leave it was decided that this child could return to live with the birth parent and s/he has remained there. Despite the disruption experienced s/he is reported to be doing well.

These six children have experienced changes of placement prior to, and for all but one, since the attachment assessment. These moves were planned in some cases and unplanned in others. In both cases these moves appeared to have achieved positive outcomes for the children. Although they have achieved a degree of stability in their new placements reservations are held about some of their futures. It is likely that planned moves to more satisfactory placements are not necessarily negative and that the reservations arise from their total life experience rather than the fact that they have had more than one placement.

**Continuing Stable Placement But Reservations About Future Outcomes**

For seven children in continuing stable placements reservations were expressed about future outcome. For this group too, the reasons that attachment assessments were requested varied. Three children’s referrals had been instigated by requests for return home and/or disagreement about permanency decisions. Two of the children were siblings of those discussed in the preceding category, one referral was related to long-term placement options and the other focused on the amount of contact for children in a long-term placement. Requests for attachment assessments for the remaining two children in this category also related to frequency of contact with birth parents for children in long-term placements. One of these children was in a permanent placement with a caregiver but a social worker who had inherited the case had some reservations about the speed with which this decision had been made, particularly in view of the fact that this was not a culturally matched placement.

All but one of the attachment assessments recommended continuation of the foster placement and all of the children have remained in these placements. For several children there were recommendations specifically related to contact and these will be discussed before outlining the outcomes for this group of children. Four children now have very limited contact with birth parents. One child has on-going contact with both parents and siblings in
other placements. One child was having contact with the birth mother but this has ceased at her/his request. Contact has been the subject of on-going conflict for one child resulting in multiple assessments. For the seventh child in this group the attachment assessment resulted in increased contact with her/his birth mother even though this is a permanency placement.

For one child concern was expressed, that like one of the children in the preceding category, stability and security had come at the cost of loss of connection with birth family and culture. One respondent expressed the view that this may result in increased vulnerability as this child progresses through adolescence.

Reservations about the future outcome for another young person were related to their disability and possible need for continuing support beyond the age of 17 years:

... probably not necessarily to do with the attachment side of things but more to do with her/his own particular needs and I worry about what life will be like for her/him when s/he gets older. No it's pretty isolated anyway and special needs as well. Having a caregiver who I suspect would like to see her/him get out and do her/his own thing. But s/he's probably someone who will always need someone to be there for her/him. (Respondent V)

Concern was held for one child who had chosen to cease contact with birth family and this was related to the possibility of identity issues as s/he moved into adolescence. By way of contrast, the outcome for one child was considered to be more positive following cessation of contact with the birth mother. The attachment assessment related to two children but only one fits in this category. The assessment identified a significant attachment between the child and birth mother and recommended return home. One respondent reported that CYF did not agree with this assessment and the situation was resolved when the birth mother's mental health deteriorated to a significant degree. The children remained in their placements and although there was considered to have been some improvement since the mother “gave the children permission to get on with their lives” concern was expressed for the long-term outcome for one child:

And ... for that one, having mum back out of the picture has stabilised their behaviour a lot, except the little [child] is fluctuating and s/he's going back to showing signs of being very damaged. ...But s/he goes through periods of unsettledness but in general, and certainly the [other child] is more settled than s/he has been for a long long time, to the extent that s/he's moving to [another city] ... (Respondent Z)
Another child who appeared to have a primary attachment to the foster mother also maintained contact with members of the birth family. The foster parent was described as deeply committed to the child and their relationship was considered to be close. Despite this, one respondent considered it possible that this child will gravitate back to a birth mother s/he has never lived with and this again testifies to the perceived endurance of blood relationships.

For the child who was the subject of on-going conflict about contact there were different views about long-term outcomes. One respondent would have placed her/him in the next category because s/he had an optimistic view of her/his future:

If her/his attachment has remained secure, and positive, with [the] caregivers, I would expect her/him to go on and have a full normal, happy, healthy relationships throughout her/his life. I do wonder about what that means for her/his relationship with her/his mum. Given the difference that ... I mean I know the caregivers have put a lot of effort into this wee [child]. I would just expect her/him to be happy and healthy and okay. (Respondent F)

Another respondent, however, had some reservations:

Respondent: And [child] I really don’t know, I couldn’t predict which way [s/he] will go. S/he’ll vote with her/his feet one day and probably not too long away, I would say within the next four or five years [child] will show quite clearly which way s/he wants to go. Whether s/he has an affinity to mum or...

Interviewer: And the two homes are quite different aren’t they?

Respondent: Totally different, they couldn’t be more...No they couldn’t be more different yeah. I mean I think when I say s/he will vote with her/his feet like I think that’s round access and ah, maybe when s/he’s thirteen or fourteen, don’t know, really don’t.

Interviewer: A lot will depend I guess on how it unfolds.

Respondent: ... I’ve often thought on that, where’s [child] going to be when s/he’s up in those teenage years where they can make some distance for themselves. I think we draw a blank on that one. (Respondent R)

The diverse views on outcomes for this child are noteworthy, exemplifying the subjective views that practitioners bring to their work. The more optimistic respondent was less experienced while the other respondent was one of the most experienced and this perhaps reflects how perceptions of outcomes are shaped by experience.
For the child in a permanent placement with on-going contact with the birth mother one respondent felt that the future was far from certain. In part this was due to the differences between the two homes and this is discussed in more depth later in the chapter.

All of the children in this category have experienced continuity and stability since the attachment assessment was completed. In all but one case the decisions were consistent with the recommendations. Despite this, respondents had some reservations about the long-term outcomes for these children. It is likely that the outcomes will be variable and will depend on the balance between protective and risk factors as they mature. Continuation of support beyond 17 years is also likely to be a critical variable.

Stable Placement With Cautious Optimism About the Future

For five children in stable placements respondents expressed cautious optimism about the future. One referred to above, has remained in a stable placement despite a recommendation supporting a return home and now has no contact with the birth mother. One respondent noted that a positive outcome for this child seemed likely. The other four children were referred for attachment assessments following requests for return home or to confirm permanency decisions. All of these children were described as fully integrated into their foster family’s extended kin networks, engaged at school and having peer networks.

Although one child’s birth mother never accepted the decision that the child remain with the caregivers, a maternal grandparent did and the child has had on-going positive contact with her/him supported by the foster parents. This child was described as “pretty settled and secure where s/he is” and her future was seen as “pretty bright and rosy and positive” (Respondent V). This is a good example of long-term fostering where protective factors appear to be outweighing risk factors.

One respondent thought that the other three children in this category would remain living with their foster families and would have reasonably positive futures provided they got into employment or training when they left school. This reiterates the importance of on-going support. Even for these children who appear to have the greatest likelihood of achieving positive outcomes it is insufficient to simply provide for young people until they are 17. Their successful transition to adulthood is dependent on on-going support to ensure that they move into employment or training and have the ability to manage their lives.
**Issues Arising**

Issues arising during the discussion of perceived outcomes include access to protective factors such as education and health services, emotional wellbeing, and social networks; the impact of adolescence; sibling relationships; the difference between birth and foster family environments especially in relation to culture; parental disability; contact; and permanency. Each of these is discussed below.

**Access to Protective Factors**

As discussed in Chapter Nine children in care have experienced exposure to significant risk factors and for some, their care status may be a continuing risk factor. Access to protective factors is an important, and sometimes overlooked, means of counterbalancing this in order to achieve positive outcomes. Considerable variation was evident in the social work practitioner narratives.

**Education needs**

Disengagement from the education system seemed to be largely associated with placement instability although some children in stable placements also struggled. A number of the children were reported to be performing below their age level and, although they were progressing, they were not catching up. Difficulty in the school environment impacts on children’s sense of competence, increasing the risk that they will disengage early, and placing them at risk for poorer long-term outcomes. Only a small number of the older children were doing well, suggesting that the needs of children in care are not well understood or responded to in the school environment. The more unsettled children may present significant challenges and schools have the unenviable task of weighing their responsibility to a particular young person and the safety of others in the environment. The range of options for those who do not fit are limited. Such systemic failures inevitably limit children’s resilience, especially given that difficulties in the school environment may also impact negatively on children’s peer relationships and involvement in other school-based activities such as sport. These outcomes are clearly at odds with the research and young people’s views on the importance of education (McNeish & Newman, 2002b), which indicate that success at school is a key protective factor for vulnerable children (Gilligan, 1997, 2000).

**Health**

A number of the children were reported to have chronic conditions such as asthma but these appeared to be well managed. Several of the children had been referred for counselling
and some respondents commented that this had been beneficial. The most significant issues related to two of the older children. One has serious mental health issues and the other has a disability. At the time of the interview one young person was in hospital and on-going support seems unlikely given that her/his placement broke down prior to this and s/he has no contact with birth family. The young person with a disability was reported to be very attached to the foster parent but doubts were expressed about the extent of her commitment to her/him beyond the age of 17. Respondents also expressed concern about two younger children who experienced significant trauma at very young ages. Even though stability of placement had been achieved for the traumatised children, there was concern that they remain vulnerable. The situations of these four children and young people reflect gaps in current social provision and it is worrying that effective safety nets, especially in the form of intensive therapeutic intervention or on-going support are not always available when needed and may not extend beyond their time in care.

*Emotional and behavioural wellbeing*

Information about the children and young people’s overall wellbeing was limited because not all of the respondents had current contact with them at the time of interview. Information was available about those who were in greatest difficulty and this has the potential to skew the overall picture. Performance indicators target response times to new notifications, increasing the risk that in generic teams, social workers have little time for long-term cases and are only actively involved in cases when there are problems. This focus on negative outcomes may obscure the potential positive ones. Some of the children were indeed managing to overcome the odds. Ten of the children appeared to be relatively settled with no significant behavioural difficulties. Emotional wellbeing was more difficult to assess, and concerns were expressed about possible future issues that might arise for some of these children. As noted above children who had been exposed to extensive trauma were coping but there were on-going issues reflecting unresolved emotional issues. There is no way of knowing if these will be resolved with time or if they will continue to impact on their wellbeing.

*Social networks*

Many of the children were reported to have extensive social networks including birth family, foster parents, extended family and friends. The one exception was the young person whose disability contributed to difficulties in maintaining and sustaining relationships. Stability of placement is clearly an important factor in maintaining such networks and it is likely that peer relationships are locality based. It is also likely that the quality of peer
relationships reflected the unique situation of each child. For example children with maximum stability are likely to have positive peer relationships that afford a degree of support. Children who have experienced disruption and are getting into difficulties are likely to gravitate toward peers engaged in activities that may contribute to a negative developmental trajectory. Rejection by long-term foster parents or kin carers during adolescence is likely to make young people particularly vulnerable. In the absence of secure attachments with adults, young people are more reliant on peers and more vulnerable to peer pressure because of their desperate need for a sense of belonging combined with their lack of trust in adults. Access to protective factors contributes significantly to positive outcomes in adolescence. Many of the respondents referred to this as a time of particular vulnerability and it is to this that I now turn.

**Adolescence**

As we have seen a number of the children had a difficult time when they reached adolescence and several respondents anticipated that adolescence would be a difficult time for some of the younger children:

I think the majority of them seem to remain settled until they hit puberty, then things come to a head and I think a lot of it is dependent on the caregiver’s ability to accept their behaviour as normal behaviour for them with what they’ve come through, and ride through it versus those who have an expectation...

(Respondent Z)

I suppose talking to [foster parent], all those years and taking off sort of thing. ...What she felt she gave those [children] and it should have been enough to keep them at home, keep them happy and feel as though they belong there and ended up that she thought she had given to the [children] in terms of environment and a home and love, whatever. It all suddenly wasn’t enough and they just got away and done their own thing. For whatever reason. But you know it might be a temporary blip.

(Respondent V)

Yeah. But I mean, reaching teenage years, which I guess some of the experience is that some of those kids are now teenagers, and that will be rocky. But they’ll be rocky anyway. And I think that’s what we need to, we need to learn to accept I guess is that as children reach adolescence the best decisions in the world will have lots more bumps at that stage.

(Respondent Q)

Probably they notice some of it more if they get to the teenage years. You often see rockiness in those teenage years (inaudible) their identities.

(Respondent J commenting on behavioural problems and emotional issues)
Some respondents expressed particular concern for adolescents who were not securely attached or for whom there was no continuing commitment on the part of foster parents when custody orders ceased at the age of 17 years:

I mean I think we tend to maybe stay with caregivers for quite a number of years. And then when they do have the adolescents sometimes, whatever reasons, they do leave, rather than sort of stay on beyond adolescence. You know. I’m not sure what that’s about. ...And so I think maybe in some situations there’s an expectation some of them do get out and get on with it. At the teenage years and you know I think some of them are under-prepared in terms of coping skills and ability and the nouse as well to actually get on their own. (Respondent V)

Oh I worry Nicola. I mean you’ve seen us put a kid on to independent youth [allowance] and out into a flat at sixteen. And like. I’ve grown up [children] and they still went, “Mum”. ... I think you need a mum and dad around for years after you leave school. You’re still learning and you need, you just need that someone to be there for you. My worries are dislocated kids. I think it’s dreadful. (Respondent J)

One respondent felt strongly that there were additional challenges for caregivers at adolescence and wondered what would happen for those families that took on permanency:

... and I get very frustrated when I hear caregivers saying I will raise them just like I raised my own children and my first reaction is like you do that and you’re up the creek without a paddle. You cannot, I mean these kids come with far more baggage and far more requirements than what your own children do, who have had stability and security from day one and they’re only pushing the buttons because they’re stroppy little teenagers, not because they have any sense of not being secure and...

Well I mean for me, we’re just working with one young [person] at the moment who for me is just an absolute classic of picked up at birth, placed with the caregiver that s/he’s with at birth, has been raised as a child of that family, is now 15, 16, has been in [psychiatric ward], huge mental health, huge self esteem issues, really damaged relationship with the caregiver and yet s/he sees her as mum, and I would have thought of all the kids s/he would have got through and yet s/he’s a wake-up call for me and that’s why I get really anxious with our... I believe in the permanency stuff and I believe in Child Youth and Family not being part of kids’ lives right throughout their lives, but I also wonder is that going to change what that teenager’s going through. How much of teenagers acting out is because of Child Youth and Family being involved in their life all these years, or because of other things? And that comes out in how many of our notifications become kids who have gone into permanency under the COCA Act and out of our service. (Respondent Z)

Whether they considered the overall picture of children in care, or specific children, respondents agreed that no matter how stable placements were, adolescence would present new challenges and that not all foster parents would be able to manage this. What becomes
apparent from respondents' comments is that placing a child in a new family is the beginning of a long journey; it is not a solution in itself. This raises questions about the preparation of families for what they are taking on and the availability of support should difficulties arise, especially for those families who take on full responsibility through legal orders.

**Siblings**

The social work practitioner narratives demonstrate that it is not always possible to keep siblings together. Many of the children discussed had siblings living with birth family and for those children having no, or minimal, contact this also included their siblings. Other children had siblings living in other foster homes and patterns of contact appeared to vary. Although there are indicators that keeping siblings together may be a protective factor (Gilligan, 2000; Kelly, 2000) there may also be good reasons to separate them (Whelan, 2003). For example, one child flourished after a change of placement even though this meant s/he was no longer with the sibling. Being kept together was not enough to avert an unsettled time in adolescence for two others and one pair of siblings appear to have maintained contact despite being in different placements.

When attachment assessments are completed it is important that consideration of sibling relationships is taken into account and this may include relationships within birth and foster families. The data reported here suggest that simplistic assumptions are to be avoided and that each situation is different, requiring different decisions. Where there are difficulties in sibling relationships children could benefit from the opportunity to work these through in therapy and joint work with siblings may be appropriate in some cases.

**Difference Between Foster Family and Birth Family**

Several respondents commented on the difference between the foster family environment and expectations and those of the birth parents. Many anticipated that where there was a marked contrast this would present particular challenges as children got older and became more aware of this. One respondent commented:

... I think it's going to get harder in that with two households of her/his two mothers is very different. Very, very different. And materialistically-wise there will be a lot more advantages for her/him to be on side with the caregiver when s/he gets to an age where [s/he] can start negotiating and debating what it is s/he wants. I think s/he's going to know which side the bread will be buttered. And I think that's going to cause some problems. And I think already it's become a problem in that the mother thinks that the caregiver dresses her/him up like a little china doll. And she does. In all very designer clothing. And s/he's just beautiful. But at the moment the
child isn’t that aware of that. But s/he’s going to become aware of that. And maybe... and I guess the problems at this point with the mother sort of seeing the foster mother, because of those extremely different worlds ... Adolescence is going to be trouble. And the cultural aspects are going to be a lot more prevalent when s/he hits adolescence. (Respondent E)

This is a trans-racial placement and, as noted by several respondents, issues of cultural identity become more relevant at adolescence. Further complications may arise because of the considerable difference in material standards between children’s birth and foster families. Material differences may contribute to alienation of birth families and lead to feelings of despair that they will never be able to compete. The issues become even more complicated when abuse is associated with the culture of the birth family. When children do not have the opportunity to experience more positive care from a family of their own culture this may lead them to identify with the foster family and reject their cultural origins. As noted in Chapter Two the consequences of this can be detrimental.

Very few of the children were in culturally matched placements and in some cases attempts to arrange this had resulted in disruption and ultimate return to the original foster family. Some children maintained cultural connections through contact with birth family but others did not have access to this. As discussed in Chapter Nine lack of cultural connection is likely to be a significant risk factor and the potential for cultural connection to contribute to resilience warrants further attention. Another form of difference relates to birth parents with disabilities and it is to this that I now turn.

**Parental Disability**

In my experience, shared care is one option put forward by advocates for parents with disabilities. One of the respondents noted that this option was strongly supported in one case but this was by-passed in favour of a more traditional permanency placement. How this decision was made was unclear but it meant that by the time a referral was made for an attachment assessment the child had already developed a secure attachment relationship with the foster parents. That conflict which arose from the birthmother’s distress about the way in which the situation changed is understandable, and it would probably have been in this child’s best interests if this conflict had been avoided. This case also raises issues about placement options for children of parents with disabilities that affect their parenting. When parents have strong professional support, other voices are added to the debate and a disability rights versus child rights dichotomy may ensue increasing the risk that the child is overlooked.
In another case the birth parent's mental health fluctuated over a protracted period and appeared to deteriorate whenever contact with the children was increased with a view to return home. An attachment assessment completed by a specialist report writer with no prior involvement with the case found that there was a significant attachment between the eldest child and the birth mother. Although the strength of this relationship was acknowledged, CYF did not agree with the recommendation that the child be returned to the birth mother's care because of the past history of instability. One respondent noted that a lot of effort had gone into managing this situation and the decision to seek permanent placements had not been reached without a great deal of thought. This case highlights the potentially negative impact an attachment assessment may have if the assessment fails to take account of the wider context and whether a relationship can be sustained over time in a manner consistent with the child's best interests. Given that the mother's mental health deteriorated, the decision to "wait and see" rather than act on the recommendation can be seen as an indicator that this decision was in the children's best interests.

Contact

Frequency and quality of contact also emerged as an important factor in relation to long-term outcomes. As we have seen contact arrangements for children vary, with some having none and others maintaining regular contact, in some cases including both birth parents and siblings. For some children contact was also a means of maintaining cultural connection. One respondent suggested that children may be more likely to gravitate back to parents when contact has been lacking:

Well I mean that's what I've wondered in terms of ones that do leave care and we're not formally involved again and then immediately want to seek out their parents. But you know that's probably more to do with situations where they haven't been having good regular contact. I guess (inaudible) satisfy something that they missed out on earlier on. Ones that have regular access and contact and have a good relationship with their parents wouldn't expect that to happen in the same way. (Respondent V)

Another respondent identified quality of contact as a major factor determining the stability of placements:

Respondent: Oh when the decision has been that the child should remain with the caregiver and they've [birth parents] got on board with it, very positive. And particularly where the parent has remained in having good access, not detrimental access, good access.
Interviewer: Of the children that you can think of, that come to mind, around attachment assessments, have any of them had major changes in their living arrangements?

Respondent: The ones that have, are the ones where’s there’s been detrimental contact maintained. Ended up extremely stressful for the child and the carers. See what the Court have got to get on board with, around access, is when does this access happen, so that the child can maintain a normal life with a caregiver. (Respondent J)

It is very clear that varying patterns of contact are possible and that each situation is different. It is also likely that contact arrangements need to be reviewed from time to time to ensure that they are in the children’s best interests. There was general agreement about the importance of contact and this is explored in more depth in the discussion of factors that assist children in care to achieve positive outcomes.

**Permanence**

Varying views on the merits of permanence were expressed. As already noted one respondent commented that the system of reviews for children in long-term care was unsettling and this could be considered an argument in favour of permanence. Another respondent questioned what support would be available for those families who took on permanency if the children encountered difficulties in adolescence. The lack of resources available to support children who returned to their parents’ care identified by another respondent suggests that there may be a similar response to families who have accepted permanence. A range of opinions was expressed and there was evidence of support for all of the ideological positions identified in earlier chapters. These issues are further explored in the next section where I outline social work practitioner narratives stimulated by a question about factors that assist children in care to achieve positive outcomes.

*Factors that Assist Children in Care to Achieve Positive Outcomes*

All of the respondents were asked what they thought was important for children in care. Responses again varied but there was some consensus around certain key issues.

**Contact with Birth Family**

Seven of the respondents identified contact with birth family as important. Of these several stressed the importance of the contact being child-centred and positive and the difficulty of ensuring this:
I think they need on-going contact but I think it needs to be for them. People forget that the access is for the child and so do the parents, they think it’s for them. And I think if it’s not in their best interests then it has to be seriously considered ... Because I think a lot for some of them it’s like a catalyst to remind them of all their terrible terrible times that they’ve had. It’s like a catch twenty two, they don’t see their parents they get anxious and if they do see their parents they get anxious as well, so I’m not sure what the best decision is in that case. (Respondent Y)

I think it’s obviously important if the children can’t live with their natural family that they still do have positive and regular contact with them. That’s another issue too in terms of what’s good contact, and how much. And how much they should be having, how regular should it be in terms of allowing a child to develop that new relationship or attachment with the new family. The child’s going to be living with them. So that’s an ongoing issue as well. But ideally, so the child can have a good image of their parent. (Respondent V)

Definitely. It’s got to be good contact with the parents. And it doesn’t have to be a lot of contact. It would be better an hour a week of good contact than three hours of poor contact. (Respondent J)

One respondent also commented that contact arrangements had to take account of what birth parents could realistically manage otherwise the child was set up for disappointment:

Access. And it being set up by people who have an understanding of what the birth family can manage and what they can offer the child, but with a positive focus for the child. It’s really hard when a report decides that they’re going to order contact, what every other person knows is the family are never going to do it ... That is so different in every case because that depends on what the parents, why they couldn’t have the child in their care in the first place because of substance abuse, if you have mental health issues, it all changes what’s realistic and what’s manageable. But I think you have to say, once a month, or once a fortnight or once a week. (Respondent E)

For one respondent contact was important to help children come to terms with their birth family and have a realistic view of them:

My view ... is we should be able to make the unthinkable, thinkable for them. So that what I said to the angry teenager, who said I was made to have access. I said if you had never met your mother or had been kept away from her, you’d have nothing in your computer, but a mystery. And you may well have fantasised her as being someone wonderful, you’ve been taken [from]. Now you can work with that stuff because you were given that opportunity. And so that’s about keeping that stuff alive and things are not a mystery. (Respondent J)

This respondent was also concerned about children being forced to have contact when they were resistant, and compared this with children who desperately wanted contact but birth parents did not maintain this. The respondent noted that while the Court was prepared to
make orders enforcing contact when birth parents wanted this, no action was taken to ensure
birth parents maintained contact:

What I was just saying ... to a lawyer recently that was really bugging me, is the
Court is foisting access on children who are resistant, and the parents go to Court and
litigate and the Court falls in line with the parents, and make sure that we do it. They
instruct us to. What about the children we’ve got in care, who are desperate for
contact. The foster parents are saying it should happen and the parents are failing in
their duty. Why aren’t they being subpoenaed in and dealt with. I think that’s
absolutely critical in the whole process. ... the grief for children pains me when
they’re desperate to see the parent and they just don’t do anything about it.
(Respondent J)

Another respondent noted that practical difficulties could impede access and her wish was
that these be addressed:

If we had the ideal world, I would like mum to get a licence, and a car. Just in the
ideal world. And I’d like her to be picking the child up from school and taking
her/him shopping, to the beach, whatever. And then taking her/him back to the
caregivers...So ideally, if we could just have the two mothers, and the two parties
negotiating for as normal a way as they possibly could. (Respondent E)

Contact with birth family was important for one respondent because if placements did not
work out then children had no place to go:

... and that’s the negative side really of that view that I’ve got, is that if they get
through their teenage years and it’s not working with their caregiver, they haven’t
got that base with their parents to go back to and not that they’re kids that we’ve
done attachment assessments on, but I know of kids where it’s broken down and
because we’ve had no other options, we’ve sent them home to mum or dad and I’ve
often felt really bad about that, but that the only reason the kids are going home to
mum and dad is because there’s nothing else we can do for them, and they’re getting
these kids who their caregivers can’t manage and we’re expecting parents to pick up
the pieces of 12 or 13 years of not really having a relationship with them.
(Respondent Z)

Closely linked with the issue of contact with birth family is the quality of the relationship
between caregivers and birth families. Five of the respondents identified a good relationship
between caregivers and family as important for children in care:

The most important fact is the relationship between the parents and the caregivers. If
that relationship can get some sort of stability and harmony, that goes a long way in
the working of it. (Respondent Z)

Things always seem to work better between caregivers and parents when kids feel
comfortable between the two. And when parents and caregivers act professionally,
and don’t slag each other off, and kids know. Even though there are issues, they are able to put those things aside. (Respondent K)

When asked how frequently this was achieved one respondent indicated its rarity and that in some cases the Court’s emphasis on maintaining contact was detrimental:

Ah very few. Probably less than it used to because we’ve got away with in the past of keeping parents out of the picture when they were causing disruption, so we managed to let the kids get on with their life. We’ve got a Court system that doesn’t allow us to do that anymore, and insists that parents have a role, regardless how difficult it is for the kids. So I actually don’t think the Court does some kids any favours by doing that (inaudible) better at accepting that there are many ways that kids can have knowledge and contact with their families. It doesn’t have to be regular and face to face stuff, as long as the parents are undermining the placement it’s never going to work because it just destabilises the kids and torn between being loyal to the caregiver and being loyal to your parents. (Respondent Z)

Three respondents noted the importance of the foster parents having a positive attitude to contact:

And the idea that the caregivers will want to work with the family as well, a good relationship with them for the sake of the child or young person. (Respondent V)

I think the things that make positive differences are the relationship between the caregivers and the parents. I guess. The other thing on top of that is some things that impact negatively are around ownership, and sometimes caregivers fall into that. ... I can understand the difficulty when it comes to caregivers but ... they’re not looked after very well, they’re not paid very well and we expect them to work professionally. And to have a professional outlook, when it comes to the children, ... the bigger picture [of the] needs of the children need to be looked after, and they should know that. They know that that relationship with that parent is important. (Respondent E)

Another issue related to contact with birth family was contact with extended family:

And not only the parents like I think we forget about the wider family. The wider links like the aunties, the neighbour or whoever are part of these kids’ lives, we rip them out of that sometimes ... And it’s often highlighted when a caregiver has a child and they go up the street and people see the child that they know and have a good relationship with but the caregiver or the social worker knew nothing about these other people. “Hello, how are you? I haven’t see you for a long time”. (Respondent Z)

... the family contact was by way of granddad ... rather than mum because of her condition s/he couldn’t have it with her/his mum. So therefore that was seen as a positive, as important. An important thing for [child] that at least if it couldn’t be mum it was other family really. (Respondent V)
The respondents' comments about contact traverse the issues raised in the research discussed in Chapters Three and Four. Throughout the discussion there are echoes of the debates about inclusive versus exclusive care and the purpose of contact in permanency placements. Contact is considered important but the quality of contact and the nature of the relationship between caregivers and birth families are important variables determining whether or not contact is positive. The importance of contact from the children's perspective was acknowledged. Emphasis on children's best interests being the focus when making decisions about contact was a consistent theme, and it became apparent that the respondents considered this difficult to achieve. These social work practitioners appear to have arrived at the same point as the researchers – contact needs to be tailored to the individual circumstances of each child (Beek & Schofield, 2004; Leathers, 2003; Neil & Howe, 2004; Selwyn, 2004).

Quality of Placement

The factors discussed so far have related to relationships with birth family. A number of factors were specifically related to the quality of placement. Four respondents identified unconditional love and commitment as very important:

... who they belong to ... and who loves them unconditionally ... and for some kids there's very few people who do. I still think there would be very few caregivers who loved the care kids unconditionally and like the minute caregivers say if you keep this up you're out of here, that's conditional love in my view. (Respondent Z)

I think unconditional love and the caregivers not giving up. OK the children will test you to the nth degree and like you don't give up and there's always love there. And that you like them too, some of our children go to caregivers who don't like them you know, and they forget that they are children, forget that they are kids with terrible backgrounds. (Respondent Y)

And I guess having caregivers that are, want to make the commitment, come hell or high water really. (Respondent V)

One respondent felt that the legislative emphasis on return to family placed additional stress on caregivers because of uncertainty about whether a child would remain in their care:

What I'm saying to them, right at the word go is, if you get a young child you need to be prepared to traverse some rough water. But if you come here thinking you're going to get a little child who will be right, it won't be. Because the thrust of the Act is they must be returned if possible. So you will be treading, and it will be in mud some times. But just hang in there because. When they've made a prediction that the likelihood of an infant going home is unlikely, usually we're right on those. But it will be rough. And we've had a number of those and we've hung in and finally it's been settled. But it's the ability of the caregivers to be able to keep that (inaudible) and deal with that awful emotional stuff. (Respondent J)
One respondent talked about the importance of caregivers who understand their role:

The caregivers ... and I mean that can be, that can be a real struggle at times. Preferably you’d want children to be placed with family. But you want caregivers who, like you say, it’s about giving permission. It’s about saying that it’s okay. It’s about accepting that we’re not birth parents but this is the role that we are committed to providing you. Whilst acknowledging the importance of ongoing contact with birth family. Despite its difficulties at times. (Respondent F)

Another respondent commented on the value of matching children and caregivers and the fact that often this is not possible:

Ideally that we can pick and choose our own care, the caregivers to match the child. But we can’t. No we’re not able to do that very often. In an ideal world we would be able to. So a lot of the time we’re dealing with limited resources and trying to make the best of the situation that’s not the greatest and some children with caregivers knowing that it’s not the ideal situation for them but that’s all we have. So probably become more cynical the older I’ve got in terms of whether we should take them into care if that’s going to be the case. (Respondent V)

**Child-related Factors**

Two respondents identified the importance of children understanding why they are in care:

Well I think they probably need to have a good understanding of why they can’t live with their birth family. And I think sometimes that doesn’t always happen. Doesn’t always happen or it happens maybe later than it should do. (Respondent V)

Yeah. I guess there’s an age that... I think it’s always hard ... children having an understanding about why they don’t live... Like I think we all tiptoe around the children and in some cases, understandably so, about, well how come I have to live in this house, and I can’t live in that one. And I think we need to be able where it’s appropriate for them to learn about that. ... The information is not frightening necessarily or against contact but we need to be able to say that maybe it’s a good idea they go live somewhere else for a while. (Respondent E)

Another commented on the importance of the child having a sense of belonging:

I mean [we do] just what we can to ensure that a child is allowed to develop a good sense of belonging with a new family, permanent long term with Department supports as much as possible. And also my role is to get the department out of their lives and allow them to live as normal a family situation as possible. So part of my role is the situation around permanent placements and there is no need for the department to be involved in terms of any ongoing social worker intervention, but by orders under the Care of Children Act. Out of their lives totally. (Respondent V)

One respondent noted the importance of advocacy so that children have a voice in the Family Court:
Yeah. And I really like the system that children have lawyers here, but I think it would be better if we had a way of lawyers understanding some of this stuff as well. ... Of these things for children and it’s just not the legal side of things. Being a voice before the Court about (inaudible) even the ideas of access and you know when a judge standing up and saying, well this is what I propose. Like having advocates, legal advocates for the children, things that are going to be good for them and not something they think the judges (inaudible) (Respondent E)

For another respondent a key factor was the absence of personal treasures:

See my worry about our kids too. If you lined up all these older kids coming out of care, especially kids who haven’t been in care for many years, they have got, nothing. No possession, treasures, nothing they’ve accumulated over the years. I’ve got my [children’s] books and their first wee shoes. (Respondent J)

All of these comments highlight what makes the experience of children in care different and demonstrates the respondents’ understanding that placement is not just a matter of finding a family. Given their understanding of the challenges faced by children in care it is not surprising that the issue of keeping children out of care was raised.

Keeping Children Out of Care

One respondent questioned whether placing children in care did more harm than good:

... about making those decisions of like do we place them out or do we place them at home, and sometimes weighing up that risk stuff and that society is still very much if they know these things about parents that are bad, they are not happy with Child, Youth and Family putting the kids back home with them and yet we know within the service how damaging it is to kids to be constantly rejected by caregivers as well, and that’s it. It’s that expectation ... there’s still a lot people who think out there as soon as you put kids into care that it’s a happily ever after story and that’s going to fix all the problems and then the longer I’m in this job the more I think that we actually do more harm than good at times. (Respondent Z)

Support for this view can be seen in the emphasis three respondents placed on the importance of working with family to prevent children coming in to care:

And that’s absolutely right and can we build, even if there’s not a good strong attachment now, can we turn it into one rather than bringing that child out of their care. (Respondent Z)

I wish we could clone him [family therapist] and have that family therapy again going here in [city]. We need two good family therapists working together, with the families with dysfunction and keeping those kids at home ... That’s what I believe we need. We’re stuffing up kids at twelve, thirteen, fourteen, bringing them into our care. Because in actual fact we fracture the family relationship even further, and they don’t want them back, so when we discharge them, they’re attached to nobody
... We’re lacking resources, there’s no doubt about it. Every area should have a mother and babies’ [attachment intervention programme]. (Respondent J)

Earlier decision making. Parental capacity looked at earlier. And I think then there will be less of the ones that you’ve needed to be involved in where things have got incredibly stuck. (Respondent Q)

These views indicate that the respondents, despite many years experience in some cases, retain the ability to critically reflect on their practice and continue to grapple with the dilemmas encountered when children’s needs are not being met by birth family. Social work practitioner narratives eschewed simplistic solutions and while they were not always in a position to implement their preferred strategies they had not lose sight of the possibility that practice could be different.

**Summary**

In this chapter I have explored the perceived long-term outcomes for children following decision-making informed by an attachment assessment and respondents’ views of what children in care need in order to achieve positive outcomes. In all but two cases the recommendations arising from the assessment were implemented. The majority of the children were in stable placements, or had been for significant periods of time. Providing quality care for children who are not able to live with their birth families is, however, very challenging. Social work practitioner narratives demonstrate that stability of placement does not necessarily guarantee a smooth transition through adolescence and longevity of placement does not necessarily guarantee continuing support after the age of 17. It is also clear that quality of placement is not just about the foster parents, it also relates to the attitude and behaviour of birth parents and the children themselves. Respondents’ observations are remarkably consistent with the research literature and the clearest message is that there is no one-size-fits-all solution. In the next chapter I consider how the learning from social work practitioner narratives and knowledge generated from theory and research may be integrated to create practice guidelines for decision-making in conflicted situations that avoid simplistic solutions and allow social work practitioners to take account of the uniqueness of each situation.
Chapter Twelve
Discussion

Attachment assessments are most often requested when agreement cannot be reached about where children should live once they have come into contact with the care and protection system. My practice has been based on the view that attachment assessment reports contain information about children’s relationships with significant adults in their lives, provide detailed information about the child(ren)’s background and the views of different parties to the conflict, including the children themselves, and that such information is vital for child-focused decision-making. This research was designed to explore the assumptions underpinning this practice. The overall question was “Does the use of attachment assessments in conflicted decision-making situations have a positive impact on outcomes for children in care?” This was then broken down into four more specific questions:

- How do attachment assessments shape practice when agreement cannot be reached about where a child is to live?
- Can the theoretical assumptions underpinning an assessment process based on attachment theory be justified?
- What is the impact of attachment-focused assessments on decision-making processes?
- What are the long-term outcomes of those processes?

I believe that I have been able to answer these questions and will demonstrate this using the four objectives of this study as a framework:

- an examination of a specific aspect of practice, namely the use of attachment assessments in decision-making with a view to identifying elements of best practice;
- an exploration of the impact of attachment assessments on decision-making processes in conflicted situations;
- an exploration of the experience of participants in this process;
- an examination of the perceived outcomes for children who have an assessment completed.

My thesis journey was stimulated by a desire to explore a specific aspect of social work practice and the impact of that practice on children’s lives. I chose a practice element that appeared at the beginning of this journey to be reasonably easily specified and contained. This did not prove to be the case and the exploration of the use of attachment assessments in conflicted decision-making became a doorway for a much wider exploration of dominant
discourses shaping placement decision-making, the impact of those discourses on practice in Aotearoa New Zealand, and the role of assessments in decision-making processes. This came to be the first part of the thesis and this chapter will begin by revisiting this material to identify key themes. The focus will then shift to the theoretical framework underpinning my use of attachment assessments before moving into an exploration of the impact of attachment assessments on decision-making and perceived long-term outcomes for children. I will then revisit the key issues emerging from the first part of the thesis and explore them in the light of this discussion before concluding with personal reflection on my learning.

**Dominant Discourses – A Source of Conflict**

As outlined in Chapter Two the central argument around which practice has been shaped in this country and in other English-language jurisdictions is family preservation (kin defenders) versus child rescue (society as parent) (Fox, 1982; Fox Harding, 1997; Triseliotis, 1991). In more recent times the meeting point has become the concept of permanence (CYF & MSD, 2006; Gilligan, 1997; MSD, CYF, Treasury, 2003; Triseliotis, 1991; Yates, 2003). The emphasis in this discourse shifts to achieving stability and continuity for the child and embraces a range of options including return to family, kin placement and foster placement. Within both discourses there is a focus on placement as the essential element in securing the child’s future. In the United Kingdom and the United States this led to a renewed emphasis on adoption as the means for securing permanency (Barth, 1999; Triseliotis, 1991). In Aotearoa New Zealand there was a decisive shift in emphasis towards family preservation (Tapp & Taylor, 2007). Neither of these solutions has proved to be the panacea and children have continued to experience long-term foster care with varying degrees of stability (Kelly, 2000b) and continued emphasis on return home has been a source of instability for some children (Jackson, 2002; Sinclair et al., 2005). Placement decision-making, therefore, continues to be a source of conflict.

Central to this conflict are different perceptions and values brought to decision-making processes by the various parties. As outlined in Chapter Four perceptions of childhood are socially constructed (Mayall, 1996; Prout & James, 1990; Sorin & Galloway, 2006) and these constructions take on particular meaning in relation to decision-making for children in care (Thomas & O’Kane, 1999). Most of the time these constructions are covert processes underpinning debate but not open for discussion. This presents particular challenges because although they are the focus of concern children’s voices are often silenced and adult
assumptions about their best interests dominate (Atwool, 1999; Connolly et al., 2006; Holland, 2001).

As outlined in Chapter Five, referral for specialist assessment is one means of dealing with the challenges presented by conflict (Hindle, 2001; Stott et al., 2006). Assessments may take a range of forms (Cooper & Webb, 1999; Clyman et al., 2002; Malik et al., 2002; Stevenson & Hamilton-Giachritsis, 2006) but the common element is the gathering of information and formulation of recommendations based on this. Assessment is a central social work task (Cooper & Webb, 1999; Hindle, 2001; Holland, 2001) and the unique characteristic of specialist assessments is that they are used in the most complex cases.

A number of issues have emerged from the debate about what is in children's best interests when they require out-of-home care. Contact with birth family has been an enduring issue and the importance of this is now widely acknowledged (Beek & Schofield, 2004; Bush & Goldman, 1992; Holman, 1980; Palmer, 1996; Selwyn, 2004; Thoburn, 2004). Cultural identity and the implications of this when placing children can be a major source of conflict (Metge & Ruru, 2007; Ministerial Advisory Committee, 1988; Rashid, 1996; Thoburn, 2004). Perhaps the most important issue is that of support for children, their birth families and the families with whom they live and to some extent a clearer focus on this has the potential to address the other two. I will return to these issues at the end of this chapter to discuss them in the light of my exploration of the theoretical framework underpinning the use of attachment assessments and social work practitioner narratives about their impact on decision-making processes and perceived outcomes for children. One of the most significant issues, however, is the absence of children's voices from decision-making processes. Before moving into the theoretical discussion I want to conclude this section with a summary of what children consider important.

**Children's Views**

When given the opportunity children in foster and kin care are able to articulate what is important to them. Birth family and especially mothers and siblings remain important (Baldry & Kemmis, 1998; Bush & Goldman, 1992; Fox et al., 1998; Heptinstall et al., 2001; Johnson et al., 1994; McAuley, 1996; McTeigue, 1998; Munro, 2001; Sinclair et al., 2001; Thomas & O'Kane, 1999; Whiting & Lee, 2003; Yates, 2001). They want social workers to engage with them (Butler & Williamson, 1994; Dance & Rushton, 2005; Doolan et al., 2004; McAuley, 2004; Munro, 2001; McNeish & Newman, 2002b; Cashmore & Paxman, 1996; Thomas &
O’Kane, 1999; Ward et al., 2005; Watts et al., 2006) and they value kin carers and foster parents who communicate with them, support them, and care for them (Delfabbro et al., 2002; Heptinstall et al., 2001; McNeish & Newman, 2002b; Sinclair et al., 2001; Wilson & Conroy, 1999). They find placement changes difficult, especially when this involves changes of school and disruption of peer relationships (Dance & Rushton, 2005; Sinclair et al., 2001; Thomas & O’Kane, 1999) and they recognise the importance of stability (Watts et al., 2006). They are aware of stigma attached to their care status and more than anything want as normal a life as possible (Brown, 2000; McAuley, 2004; McNeish & Newman, 2002b; Sinclair et al., 2001; Turnbull, 1997; Watts et al., 2006). They also want to be supported in their transition out of care (Cashmore & Paxman, 1996; McNeish & Newman, 2002b; Watts et al., 2006). Most important the research demonstrates that each child and young person is unique and has different ideas about issues such as contact (Heptinstall et al., 2001; Sinclair et al., 2001). What they want, perhaps more than anything else, is to be consulted (Butler & Williamson, 1994; Cashmore, 2002; McNeish & Newman, 2002b; Watts et al., 2006). I have always viewed attachment assessments as providing a means by which children’s voices may be heard and exploring this assumption is a central element in my examination of the use of attachment assessments in decision-making.

Attachment assessments are grounded in a particular theoretical framework. They are used to bring information together in order to facilitate decision-making and as such they are a practice tool instrumental in determining the futures of children and their families. This examination begins with a discussion of the theoretical elements before moving into discussion of social work practitioner narratives about their impact on decision-making and perceived long-term outcomes for children.

**The Theoretical Framework**

My use of attachment assessments is grounded in attachment theory. Secure attachment provides vulnerable infants with a base from which to explore the world and this exploration combined with consistent and repeated experiences is necessary to stimulate brain development (Perry, 1997a, 1997b; Perry & Pollard, 1998). Secure attachment is instrumental in the development of the capacity to regulate emotion (Schore, 2001; Siegel, 2001) and the development of the capacity to reflect on internal states of self and other (Fonagy, 2003). Internal working models formed in the context of relationships with significant adults structure perceptions of self, others and the world (Bowlby, 1969/1997, 1973/1998; Bretherton, 1985, 1980; Crittenden, 1990; Main et al., 1985; Sroufe, 1988). Many
children entering care have emotional and behavioural difficulties arising from adverse early experiences (Browne, 1998; Clyman et al., 2002; Horowitz et al., 2000; Malik et al., 2002; McAuley, 1996; Palmer, 1996; Rutter, 2000). Most, if not all, have not experienced secure attachment and as a result they are likely to have low self-worth, lack trust in adults and view the world as an unpredictable and dangerous place. In the most extreme cases they lack a coherent strategy for managing stress and anxiety and their development is already compromised. Negative outcomes are not, however, inevitable and both continuity and discontinuity of attachment patterns have been shown to depend on the quality of interaction experienced as the child grows (Belsky, 2005; Thompson, 1999; Waters et al., 2000).

Throughout life, relationships provide the context for our experience of the world, not just in families but also in work and social environments. Children coming to the notice of the care and protection system experience disruptions in relationships prior to, and following, social work intervention. Their *apriori* vulnerability may be increased following contact with this system if subsequent experience confirms the perceptions of self, others, and the world developed in the context of insecure and damaging relationships. In my review of the literature and exploration of current research on foster care, I have demonstrated the relevance of attachment theory in providing a framework for intervention that focuses on relationships as the context within which children grow (Aldgate, 2006; Brandon, 1996; Howe et al., 1999; Hughes, 1997; 1998; Golding, 2003; Kelly, 2000a; Marcus, 1991; Schofield, 2005). Children not only need care, they require the opportunity to rework the cognitive structures that help them manage daily life (Schofield, 2005). Such reworking can only take place within the context of relationships. Attachment assessments draw attention to the significance of safety, security, and stability and identify where a particular child is likely to find this. As we have seen, however, this is only a beginning. Children need to be actively supported if they are to come to new and more positive understandings of themselves, their birth family, and the world around them.

Because the children who come into the care system are so vulnerable it is possible for this aspect to be highlighted at the expense of more optimistic views of their potential. To guard against this resilience theory forms part of my theoretical framework. As I have demonstrated, relationships remain the central feature in both theoretical perspectives (Masten, 2001; Masten & Coatsworth, 1998; Wyman et al., 1999; Yates et al., 2003). The value of resilience theory lies in the notion of protective factors and the importance of ensuring that these counterbalance risk factors (Boyden & Mann, 2005; Fraser, 2004; Gore &
Eckenrode, 1995; O’Dougherty Wright & Masten, 2006). Resilience theory also draws attention to the social world of children expanding attachment theory’s focus on primary relationships and highlighting a wider range of potential support (Fraser, 2004; Gilligan, 1997; O’Dougherty Wright & Masten, 2006; Yates et al., 2003).

Resilience theory challenges assumptions that children in care only require a family to live with. It emphasises their need for networks of support tailored to their individual situation, which create opportunities to revise internal working models based on negative early experience in the context of supportive relationships. The greater the challenges presented by the child’s behaviour the more different elements are required in this network. Continuity and stability are important during childhood, but are not enough on their own. As we have seen from the research (McAuley, 2004; Schofield, 2001; Ward, 2000) and social work practitioner narratives, previously stable placements sometimes do not survive adolescence and even when they do, young people have pointed out that continuity needs to go beyond the age of 17 years (McNeish & Newman, 2002b; Paxon & Cashmore, 1996; Sinclair et al., 2001; Ward, 2001; Watts et al., 2006). As Respondent R pointed out in Chapter Eleven, young people with disabilities or special needs may need higher levels of support for the rest of their lives.

As Schofield (2005) has argued, a developmental perspective is needed and we cannot rely on the idea of resilience as an individual trait that children have more or less of. As she points out, because children’s lives as adopted or fostered individuals are evolving, the developmental consequences of their experiences will not always be known or be predictable. She notes that the central identity question “Who am I?” is not easy for young people who have experienced multiple families and where complex issues of ethnicity, class, culture and religion can be compounded by profound dilemmas around the value as well as the meaning of self.

In her interviews with forty adults who grew up in care she found examples of children who had experienced serial placements and in some cases the transition to adolescence was the precipitating factor in the break down (Schofield, 2001). Schofield suggests that a simplistic application of attachment theory may interpret this as failure, but using a combination of attachment and resilience theories allows a perspective that sees positive placement experiences as contributing to the resilience of young people through enabling them to rework their internal working models. These experiences are not necessarily cancelled out by subsequent placement break down.
In the overview of the historical context of foster care I highlighted the different trends and themes underpinning practice in this country. We have much to be proud of in our emphasis on family placement and avoidance of large-scale institutionalisation of children in the care and protection system. We have perhaps relied too heavily on the naïve assumption that all that is needed is to provide a family environment. Many foster parents have provided children with very positive environments that have enhanced their resilience, but others have not been equal to the task and the challenges have increased as the threshold for taking children in to care has risen (Kenny & Foster, 1997). An understanding of the dynamics of attachment and resilience operating dialectically facilitates an analysis of why placement breakdowns occur and what needs to happen to reduce this.

A note of caution is, however, appropriate before leaving this discussion of my theoretical framework. Theoretical constructions are more or less helpful depending on whether they are used as a resource or rigidly imposed. For example, one of the problems with using attachment in an uncritical fashion is that it can be used in simplistic ways to the detriment of other aspects of children’s total being such as culture. In the methodology discussion I locate my research within a constructionist paradigm. In this paradigm both social work and childhood are viewed as social constructions. To maintain consistency this approach needs to be encompassed within my theoretical framework.

There is potential for tension between the perception of childhood as socially constructed and the use of attachment and resilience theories within my theoretical framework. As noted in Chapter Four, traditional psychological theories have been criticised by those adopting a social constructionist perspective (Graue & Walsh, 1998; Morss, 1990; Prout & James, 1990; Stainton Rogers & Stainton Rogers, 1992). These criticisms are based on the normative use of milestones, which tend to diminish children’s agency and can be used to portray them as deficient. My choice of attachment and resilience theories has been made with these criticisms in mind. Some traditional psychological perspectives focus on the individual child, paying relatively little attention to the environment. Both attachment and resilience theories pay particular attention to the environment. Attachment theory focuses on relationships as the context within which development takes place and emphasises the transactional basis of those relationships (Ainsworth, 1979; Ainsworth & Bowlby; 1991; Ainsworth et al., 1991; Cassidy, 1999; Marvin & Britner, 1999). The infant and developing child is an active partner in shaping those relationships, and the importance of the present moment in shaping development is emphasised, countering traditional psychology’s tendency to focus on
maturation as a goal (Fonagy, 2003). Resilience theory extends this relational focus to include wider networks. Development is perceived as the outcome of the balance between protective and risk factors, allowing for positive outcomes that have tended to be overlooked by traditional psychology's emphasis on the inevitability of negative outcomes in adverse circumstances (O'Dougherty Wright & Masten, 2006). Attention is drawn in both attachment and resilience theory to the active role children play in interpreting and managing their experiences (Deater-Deckard et al., 2006; Fonagy, 2003; Garbarino, 1995; O'Dougherty Wright & Masten, 2006) and this emphasis is consistent with social constructionist perceptions of children as agentic beings.

Turning now to the social constructionist view of social work, the social worker (or specialist report writer) is portrayed as learner rather than expert (Connolly et al., 2006) and assessment is a process during which meaning is explored and negotiated. Such a view encourages critical reflection and is particularly useful when undertaking attachment assessments because it acknowledges the unique perspective of each of the participants, including the child, and guards against the imposition of the worker's assumptions and/or values. The significance of such an approach is emphasised by those cases where I began an attachment assessment with some assumptions about likely outcome only to have these views change during the information gathering process. Such an approach also facilitated shifts in social workers' perspectives and case planning for some children. For example Respondent K acknowledged the role of an attachment assessment in changing his/her view and Respondent E described the way in which information in an attachment assessment report confirmed concerns that s/he had, and facilitated a significant change in terms of birth parent involvement.

Connolly et al. (2006) also suggest that the understanding of culture as socially constructed opens the way to a different understanding of practice. Because ethnic identity and cultural difference are components of human identity they are not confined to those who are different from mainstream society. We are all cultural beings and once we recognise this, culturally responsive practice becomes mainstream practice as we negotiate these multiple domains of difference. In this way theoretical information can be used in a culturally informed and critical manner and culture becomes a resource that is taken into account in any intervention. It was this perspective that enabled me to identify the possible long-term consequences of cross cultural placements and make recommendations about ways in which cultural identity
could be fostered in those situations where permanent placement was recommended despite cultural differences. This is discussed further when I examine key issues later in this chapter.

As components in a constructionist framework attachment, resilience, and ecological theories help tease out the different elements required for children in care to do well, including continuing positive relationships characterised by sensitive responsiveness (Beek & Schofield, 2004; Rushton et al., 1993; Sinclair et al., 2005); contact with birth family appropriate to the child’s situation (Beek & Schofield, 2004; Selwyn, 2004; Thoburn, 2004); access to health services; quality education experiences (Gilligan, 1997); access to therapy or counselling if needed (McAuley, 2004); and access to cultural and recreational activities (Gilligan, 1997, 2000). In order to provide these opportunities, the families children live with (whether they be strangers, kin or birth families) need access to resources. This is not just about financial assistance, it is also about information and support to help them understand the child’s behaviour and respond appropriately, access to respite care if needed, assistance with managing contact, and support in negotiating access to health and education services. In some cases families will need support to advocate for appropriate responses from these systems, tailored to their child’s unique requirements. Additional support of this sort greatly increases the potential for day-to-day care to be a therapeutic experience facilitating the reworking of internal working models and ensuring that internal and external protective factors outweigh risk factors.

Of equal importance this theoretical framework can also be applied to the wider network of relationships surrounding children in care. Teamwork does not come easily to the dominant culture because of the emphasis on independence and individual responsibility (Atwood, 2003) and the risk of mirroring the dysfunctional relationships within families (Hindle, 2001; Stott et al., 2006). Such a framework highlights the importance of all parties remaining connected to these networks if they are to make a positive contribution. This applies equally to professionals, foster parents and members of the immediate and extended birth family. Attention to maintaining constructive working relationships over time is an important element in ensuring that protective factors outweigh risk factors for children in care.

Given the potential for this theoretical framework to contribute, not only to assessment but also practice, it is important to explore how far this was realised in the lives of children who were affected by attachment assessment informed decision-making. I turn now to the social
work practitioner narratives to examine the impact of attachment assessments on decision-making processes and the perceived long-term outcomes for children.

**The Impact of Attachment Assessments on Decision-making Processes**

The social work practitioner narratives demonstrate that attachment assessments impacted on decision-making processes in a number of different ways, both directly and indirectly. When I began this research I was already familiar with requests for reports in the context of children who had been in care for some time. In the course of the interviews, however, I discovered that they were also being used at a much earlier stage in the process, at the point when a decision was being made about whether the appropriate goal for a child was to remain with (or return to) birth parent(s) or alternative permanent placement. Requests for these earlier reports were also motivated by a need to evaluate parenting capacity and whether this may be enhanced in order to address the issues that have led to a CYF notification being made. As discussed in Chapter Eight, despite criticism that a focus on attachment is too narrow when considering parenting capacity (Donald & Jureidini, 2004; Reder & Duncan, 2001), a crucial aspect of parenting capacity is the ability to provide a secure base (Brandon, 1996; Howe et al., 1999). Evidence about the inter-generational transmission of attachment patterns (Fraiberg et al., 1980; Main & Goldwyn, 1984; Ricks, 1985) and the link between unresolved attachment issues in parents and the abuse of children (Call, 1984; Fraiberg et al., 1980; Main & Goldwyn, 1984; Schmidt & Eldridge, 1986) further reinforces the importance of paying close attention to the quality of attachment relationships when decisions are being made.

The most direct impact of attachment assessments, regardless of whether they were used early in the process or later, appeared to be that they provided a focus for the decision-making process. The social work practitioner narratives were consistent with Cooper and Webb's (1999) observation that protracted unresolved conflict paralyses action, contributing to lengthy delays in developing care plans. In conflicted situations the process was often stalled by lack of agreement about the most appropriate way forward and once an attachment assessment was completed, the presentation of the recommendations in a decision-making forum became a pivotal point. Attachment assessment reports thus appeared to serve a number of purposes and these are discussed below.
Supporting Evidence

For some respondents the report validated the direction of the case planning and facilitated forward movement by providing supporting evidence. In these situations it appeared that the recommendations were in line with the social worker’s view and the report provided a mechanism whereby parties could be brought together in a decision-making forum in order to finalise a decision. Sometimes this was only a step in the process because birth families could choose to disagree, in which case the matter was likely to be put before the Family Court where a judge made the final decision. In these cases the supporting evidence was useful but did not guarantee an outcome consistent with the social worker’s recommendation. In other situations the birth family did not agree with the recommendations but did not take the matter any further, accepting that the child remain in care. When foster parents did not agree with recommendations their options were limited and in most cases they did not take the matter further. It is possible for foster parents to make application to the Family Court for a guardianship order and some have taken this step. It is very expensive, however, and it is likely that this is also an obstacle for birth families wanting to challenge decisions.

I am mindful of the fact that in these situations an attachment assessment report carries a lot of weight in terms of shaping the direction of decision-making (Cooper & Webb, 1999; Hindle, 2001). The attachment assessment report writer occupies a somewhat conflicted position in such circumstances. In the face of hegemonic discourses about the integrity of families and the place of children within families and the alternate child-rescue perspective, the child-centred nature of the attachment assessment provides a counter-hegemonic discourse that does not necessarily endorse one ideology above the other. In my experience taking a child-centred approach did not result in one-size-fits-all outcomes and could not be equated with the child-rescue position. On some occasions recommendations have supported permanent placement with foster parents and limited contact with birth parents, on others continued placement with foster parents with significant involvement of birth parents and/or siblings, and in others return to birth parent(s) or movement to a kin placement. Close attention to the perspectives of all participants in the assessment and their circumstances reduces the risk of imposing an ideological position by highlighting the uniqueness of each situation. At the same time, however, the report writer is engaged by the statutory agency, making her/him a part of the system. Irrespective of the timing of the attachment assessment, birth parents and foster parents may view the report writer as acting counter to their interests. And yet challenging placement decisions may involve participants in the assessment process all over again if further specialist reports are requested. The role of the specialist assessment
in providing supporting evidence carries considerable power and this was acknowledged in the social work practitioner narratives.

**Increased Understanding**

Respondents referred to cases where attachment assessments were sought because there was uncertainty about the child’s situation and the direction of case planning. The attachment assessment was requested to gather information that would assist the internal decision-making process as a first step. The emphasis on children’s right to be with birth family was interpreted in different ways by different social workers and sometimes it was important to ascertain where the child located their primary sense of belonging (Atwool, 1999). In these situations the recommendations could lead to a change in the direction of the case planning.

In one case two of the respondents acknowledged that an attachment assessment was instrumental in resolving conflict between a social worker and a supervisor prior to presentation of the report to all parties for a decision. Central to this conflict was the different view held by each party about the relative importance of stability in a foster placement and return home. Information about the child’s perspective provided in the attachment assessment report was the key to resolving this conflict. In another situation a request was to be made for a report because an agency working with a family had formed the view that attachment therapy was needed to improve the relationship between a child and birth mother. The respondent was of the view that an assessment was needed to ensure that supporting the relationship was an appropriate course of action. The child had experienced disruption, moving between family members, and had experienced significant rejection by the mother. It was felt that information was needed about the child’s relationships with other family members in order to determine who was best able to provide her/him with the opportunity to form a secure attachment.

In both of these examples information about the child’s perspective came to be the focus for decision-making. Several respondents noted that this was an important feature of attachment assessment reports. Many of the respondents acknowledged that they did not spend a lot of time with children on their caseloads and their understanding of what they wanted and/or required was limited. Schofield’s (2005) warning about the need to ensure that children’s participation in decision-making does not work against their welfare is important. Attachment assessment reports include the child’s view but they also contain considerably more information relevant to decision-making that reflects their best interests. I feel some hesitation as I write this because the social construction of childhood leaves children
vulnerable to paternalistic interpretations of their right to be consulted about decisions that affect them. As Schofield notes, however, we cannot opt out of this dilemma by placing all of the responsibility on children. Specialist report writers have a particular responsibility to create the reflective space in which these dilemmas can be addressed (Stott et al., 2006) and they also have a responsibility to reflect on their ongoing practice(s) in relation to these issues.

**Independence**

The independence of the specialist report was considered particularly valuable in conflicted situations because the recommendations were not coming from CYF employees but from an outside source considered to have a level of expertise. This appeared to be valued in both the cases where supporting evidence was being sought and when the request was motivated by a need for more information in order to take a position. Although independence was valued the practitioner narratives make it clear that specialist report writers need to have an understanding of the statutory context and the purpose of assessment reports within that. It is also important that issues related to confidentiality and ownership of reports are negotiated as part of the referral process. It is preferable that specialist report writers are available for ongoing consultation and that consideration is given to this option rather than referral for further assessments in situations of continuing conflict.

In some cases, although it was acknowledged that specialist report writers have training and expertise that social workers do not, it appeared that reports were requested because of the low status of social workers. The report was needed for leverage rather than additional information. Given that referral to an independent source can be expensive this does not appear to be a good use of resources but is understandable given reluctance by some professional parties to give credence to social work recommendations or expertise.

Assessment is a key social work task and it is vital that social workers' knowledge and skills are recognised by the other professionals involved in decision-making processes. Social workers are professionally trained to gather information and make comprehensive non-partisan assessments. In the CYF environment they also operate within a legislative framework, which they are obliged to take into account. While it is acknowledged that the quality of this work may vary, other professionals in the care and protection field such as lawyers and medical personnel operate from different frames of reference and may represent
only one party in a dispute. Respect for different professional roles and responsibilities is fundamental to constructive decision-making.

**Impact on Participants in Attachment Assessments**

The research findings and my own experience indicate that most adults do not recognise that children’s best interests is a highly contestable concept (Butler & Roberts, 1997; Lansdown, 1994; Woodhead, 1990). Marked differences in adult participants’ perceptions of what information is important in decision-making processes have been identified (Britner & Mossier, 2002), as have differences in adult views of children’s participation (Thomas & O’Kane, 1998). Reflecting on the assumptions I brought to this research I found that I underestimated the degree to which both foster parents and birth parents have feelings of ownership in relation to children they regard as “theirs”. When faced with the prospect of “losing” a child, any insight or sensitivity to his/her perspective tended to be overwhelmed by these feelings. The children by contrast were very willing to subordinate their own wishes and feelings in order to appease the adults in their lives. Such a situation tips the power balance firmly in the direction of adults and increases the risk that children will be overlooked in conflicted decision-making (Connolly et al., 2006; Holland, 2001). Although adult participants demonstrated a willingness to be involved in the attachment assessment process, the contribution an attachment assessment report can make to conflict resolution is limited by the extent to which adult participants take the information provided into account. From the respondents’ accounts it appears that attachment assessments may sometimes facilitate agreement in the decision-making forum in which they are presented, because participants felt they had no choice but to defer to the views of the majority. In other situations when agreement was not reached the matter was referred to the Family Court where a Judge made the decision. In neither of these cases is the underlying conflict resolved.

**Key Points**

The attachment assessment process provides an opportunity for all parties including the child to be heard. The report also sets the decision in context, documenting the events that have led up to this situation. This has the potential to create a space in which people can reconsider their views rather than further entrenching polarised positions. It is also useful to guard against the tendency for agencies and individuals involved in these difficult circumstances to mirror the dysfunctional dynamics that have brought families to the attention of care and protection services (Hindle, 2001; Stott et al., 2006). As noted earlier the most disintegrated children require the most integrated thinking (Barratt, 2002; Golding et al.,
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2006). Even when attachment assessments do not facilitate agreement social work practitioner narratives indicate that they provide a focal point for decision-making in conflicted situations.

The impact of attachment assessments in terms of facilitating conflict resolution might be increased, however, by closer attention to the ways in which they are used. Information was not always shared with all parties and CYF or Family Court ownership of reports clearly exacerbated the existing power imbalance, reducing the possibility of negotiated resolutions. Where information was shared, insufficient time was sometimes allowed for people to assimilate and work through the issues. Planning meetings and FGCs require considerable preparation if participants are to feel empowered to contribute to discussions and decisions. Individuals who feel powerless often express this in angry attacks, making conflict inevitable and constructive resolution unlikely. Financial constraints obviously apply when using private sector specialist report writers but their attendance at decision-making meetings can increase the possibility of resolution. Specialist report writers have a responsibility to militate against the power imbalances inherent in their professional status by making their recommendations and findings accessible to all parties. Many of the participants in the decision-making process will find written reports difficult to assimilate for a variety of reasons and the opportunity to ask questions and seek clarification may allow for some movement. The respondents clearly found the reports valuable from their perspective but the benefit of access to the information contained in them could be extended to all parties.

The picture that emerged from the social work practitioner narratives was one of attachment assessments providing a focal point for decision-making. It was not so much the content but the presentation of recommendations that accorded with, or in some cases shaped, practitioner perspectives that created the momentum toward decision-making. Conflict was not necessarily resolved; it was managed so that the inertia that had been created by previously unresolved conflict could be overcome.

An Examination of the Perceived Outcomes for Children

This examination of perceived outcomes is based on the social work practitioner narratives and falls short of the polyvocal account envisaged in the original proposal. The trends identified are at best speculative given that respondents did not have current contact with some of the children. To some extent this was counter-balanced by the involvement of more than one respondent with some of the children over time. Despite these limitations it was
possible to construct a picture of progress after attachment assessment informed decision-making.

**Stability**

The social work practitioner narratives demonstrate that the majority of the children discussed were perceived to have achieved a degree of stability following decision-making informed by an attachment assessment. As several of the respondents noted, stability was most likely in those placements where the status quo was confirmed and no change in placement was made. It is likely that this stability was an outcome of the pivotal role of decision-making noted above. In which case the impact of the attachment assessment is instrumental in achieving stability to the extent that it facilitates decision-making. Such a view is supported by the observation of Respondent E who belatedly discovered an attachment assessment had been completed at an earlier point prior to her involvement. S/he had been trying to make some changes in the direction of the casework and it was only when s/he discovered the assessment report that s/he realised why s/he was encountering resistance. Had the content of the attachment assessment report been the key factor in case planning this would perhaps have been highlighted for future reference.

Although some placement changes occurred, only a small number were unplanned. When change did take place the outcomes were not necessarily negative as the positive outcomes arising from some unplanned moves demonstrate. The indications are that a number of the children will remain in their current placements long-term, suggesting that these children have a secure base and a place of belonging. The experience of the older children in the group does, however, indicate that this stability may not survive adolescence. If not, it is possible that as Schofield (2001) has noted, their resilience will have been enhanced by the opportunity to engage in ongoing positive relationships for a significant amount of time. Some of the respondents appeared to share this view, indicating that periods of unsettled behaviour in adolescence might be followed by improvement for some of the young people.

Stability and continuity of placement may not be enough, however, to compensate for the adverse experiences that led to the children needing care and protection. Of more importance, is the quality of their relationships with the significant adults in their lives including foster and birth parents (Beek & Schofield, 2004; Marcus, 1991; Rushton et al., 1995; Sinclair et al., 2005). Although the use of attachment assessments appears to have played a role in decision-making by facilitating continuity of placements, they have not necessarily been successful in
ensuring that children have the opportunity to address their attachment issues in subsequent relationships. This represents a missed opportunity and more attention to what needs to be put in place to enhance resilience beyond securing a placement could increase the potential for positive outcomes (Beek & Schofield, 2004; Gilligan, 1997, 2000).

**Support Networks**

The most settled children were reported to have extended networks of support including peers, school, involvement in extra-curricular activities, on-going contact with birth family and participation in the extended kin network of their foster parents. Many of the children, however, did not have access to such extensive networks and school was reported to be an area of difficulty for many of them. Given the evidence that networks of support enhance resilience (Brown & Rhodes, 1991; Compas, 1987; Fraser, 2004; Garmezy, 1994; Masten 2001; O’Dougherty Wright & Masten, 2006), it would appear that more attention could be paid to these aspects of foster children’s experience. It is possible that a narrow focus on attachment has inadvertently contributed to this when assessments are made. Attention to cultural connections is vital but recommendations could perhaps be extended to other aspects of children’s wider social networks such as ensuring continuity of education environment, peer networks and extended family contacts.

**Contact with Birth Family**

Most of the children were reported to have continuing contact with birth family and a good working relationship between foster parents and birth family was regarded as the key to this being a positive experience. This was not always the case, however, and some of the respondents noted that this often took time to eventuate. Immediately following decisions that confirmed children’s continuation in care, relationships were sometimes hostile and some birth parents had ceased contact over time. For others there was continuing conflict, in one case leading to multiple Family Court hearings and assessments. For one child there was evidence that contact may have exposed her/him to further abuse and retraumatisation, although at the time of interview this appeared to have been addressed. In another case two children were reported to be more settled following the withdrawal of their mother from contact. Only a small number of the children had no contact with birth family and for at least one young person this seemed to have contributed to a negative outcome.

The pattern of contact is diverse, reflecting the uniqueness of each situation. It is clear that patterns of contact change and complex relationships between children, foster parents and
birth families influence these arrangements. These findings are consistent with the research reported earlier (see for example Beek & Schofield, 2004; Selwyn, 2004). Birth family remains important for the majority of children and some respondents believed that the likelihood of children gravitating back to family was increased when there was no contact. Again this is consistent with both the research literature (McAuley, 1996; Munro, 2001; Sinclair et al., 2001) and children’s perspectives (Baldry & Kemmis, 1998; Bush & Goldman, 1992; Fox et al., 1998; Heptinstall et al., 2001; Johnson et al., 1994; McAuley, 1996; McTeigue, 1998; Munro, 2001; Sinclair et al., 2001; Thomas & O’Kane, 1999; Whiting & Lee, 2003; Wilson & Sinclair, 2004; Yates, 2001). Patterns of contact, however, do not conform to any simple “rules of thumb” and different children have different preferences from each other, and over time.

A significant, and possibly overlooked, aspect of practice is ongoing work with birth families to assist them in coming to terms with the loss of their children when they are placed in care, especially when permanency decisions are made. It is evident from the social work practitioner narratives and the research literature that positive relationships between foster and birth families are beneficial for children in care (Beek & Schofield, 2004; Sellick & Thoburn, 2002; Selwyn, 2004). Such work is therefore an important contribution to their long-term wellbeing and is an aspect of intervention that could perhaps be developed. This work is of particular importance if the goal of permanence is to be achieved. Foster parents may be less willing to take full responsibility for a child in their care if they are anxious about continuing conflict with the birth family.

Return Home

One child was described as having successfully returned home and was reported to be settled and making good progress despite some changes in family structure. In this situation the birth parent’s continued involvement despite disappointments and setbacks, created the opportunity to resume care of the child. In many ways this child’s return was against prevailing trends indicating that the chance to return home reduces with length of time in care (Kelly, 2000a; Milham et al., 1988; Sinclair et al., 2005). This is clearly a more satisfactory outcome than unplanned moves as the result of placement breakdown, demonstrating the value of positive contact and the opportunity to rework relationships during time spent in care. It is also evidence of the uniqueness of each situation and the impossibility of making general rules covering every placement decision.
One child’s experience exemplified an unsuccessful return home and the outcome appears to have been very negative. It is significant that this child regarded the foster mother as her/his mother and continued to mourn her loss. Disruption is a significant and often overlooked risk factor for children in the care and protection system (Eagle, 1994; Kates et al., 1991) and closer attention to this child’s perspective may have resulted in her/him remaining in a placement which clearly contained some protective factors, creating the opportunity for a more positive outcome. Although the decision to return this child to a birth parent was contrary to the recommendation in the attachment assessment report there is no comfort in knowing that the assessment appeared to be justified.

The number of children who returned to family only because of placement breakdowns is worrying. Three children returned home following lengthy periods in care and in one case it was clear that the social worker had concerns about lack of support. It is likely that this was also the case for the other two. Both of the older children were in difficulty, making the lack of support particularly unacceptable and the likelihood of both young people gravitating into the criminal justice system high. With the exception of the child discussed above all of these situations bear testimony to the strength of kin connection. These are, however, double jeopardy situations with significant risk of negative outcomes. As discussed in Chapter Nine negative outcomes are not inevitable for children experiencing adversity and the critical element in determining outcomes is the balance between protective and risk factors (Masten & Coatsworth, 1998; O’Dougherty Wright & Masten, 2006). Although both young people experienced placement continuity their behavioural difficulties suggest that this continuity did not provide them with sufficient protective factors to outweigh the risk factors and raises questions about whether the placement exposed them to additional risk factors. Already vulnerable, they have returned to birth mothers after a long separation without ongoing support, creating additional risk factors. Although such outcomes call the viability of long-term foster care into question it is possible that permanency would not have averted these outcomes. These placements were the only homes in which they had a sense of belonging and it is unlikely that additional legal orders would have prevented these outcomes (Kelly, 2000a; Lahti, 1982). More emphasis on creating networks of support while they were in their respective placements may have reduced the risks and increased the options available when difficulties arose (Gilligan, 1997, 2000). Such networks of support may also have significantly reduced the risk factors following return home.
Common themes

As a researcher I have only been able to access an account that reflects social work practitioner perspectives. Regrettably, it has not been possible to ascertain how the children’s sense of self has been influenced by their experiences. Had the children been able to participate they may have commented on other aspects of their lives. All that can be said with any certainty is that a number of the children discussed by respondents have had the benefit of stable placements for significant periods and that this is likely to have increased their resilience through exposure to protective factors such as positive relationships and a sense of belonging. Some also appeared to have had the experience of knowing that they are cared about, if not cared for by birth family and as noted by Gilligan (1997) this might also be a protective factor.

For a significant number of children, however, the care experience does not appear to have resulted in wider networks of support, leaving the children vulnerable in key domains such as education. Support beyond the age of 17 is also in doubt for some of the young people and there is little evidence of support networks beyond their current placement. Preoccupation with ensuring stability and continuity has perhaps led to assumptions that these aspects of children’s care will ensure positive outcomes with insufficient attention to the specific elements of the care experience necessary to enhance children’s resilience in the face of adversity.

Enduring Issues

Taking into account the research literature, the theoretical perspectives and social work practitioner narratives three issues stand out for me. The first relates to assumptions about permanency, the role of contact, and the need for support, the second relates to the implications of cultural difference, and the third relates to children’s participation in decision-making. Each of these is considered in this section before concluding this chapter with personal reflections on my learning.

Permanency, the Role of Contact, and the Need for Support

The social work practitioners were unanimous in their support for contact as long as this was a positive experience for the child. Although contact is wanted by many children, in situations of on-going conflict between caregivers and birth family, contact may undermine permanent placements (Barber & Delfabbro, 2004; Selwyn, 2004; Thoburn, 2004) and in some cases expose children to further trauma (Howe & Steele, 2004). Addressing contact is an essential element in achieving permanence. Both the research and the practitioner
narratives support an inclusive model of care and permanence can no longer be achieved at the expense of severing birth family connections (Cooper & Webb, 1999; Triseliotis, 1991). Some respondents felt that their professional judgment was being called into question in the Family Court and that there was a need for continuing debate about the purpose of contact and the competing rights of birth parents and children. Given the discursively powerful position of the family in dominant social rhetoric, it is no surprise that children’s needs and wishes occupy a subaltern position. In situations of on-going conflict attachment assessments may be the best means of addressing competing claims and ensuring that the child’s needs are at the centre of decision-making. The independence and expertise of the specialist report writer may be particularly valuable when professionals are in conflict.

Foster care is a second-best option for children unless they have consistency of care but this alone is not sufficient to ensure positive outcomes. Access to a network of support that sees them through to adulthood is the key to this. The social work practitioner narratives indicate that many children drift back to birth families either following placement breakdown or when they turn 17. In the interim there may not have been any significant changes in the family dynamics and the young people may be in difficulty creating a volatile situation with limited chance for successful reunification. This situation may be averted by the use of attachment assessments at key decision-making points. Even when placements break down attachment assessments can be valuable to identify what needs to be put in place to enhance resilience and to ensure that appropriate resources to support decisions are identified. Although attachment assessments may not be relevant when young people reach 17, the theoretical perspectives on which they are based indicate that transition planning is crucial when young people leave care. The need for this could be identified in attachment assessments at earlier points.

Decisions are only as good as the information on which they are based. Attachment assessments have the potential to address the complexity of children’s lives, identify needs and take a long-term view. In doing so they help to reduce the risk that decisions will be designed to appease adults or reactive responses in a crisis situation. Furthermore by paying attention to children’s wider social networks, including school and peer relationships, and the support needs of birth families, foster families and kin carers, decision-making can facilitate the creation of networks of support. This, in turn, is likely to increase the chances of ensuring placement permanency. The social work practitioner narratives indicate that they share this
view but systemic factors militate against their views being consistently expressed in their practice. Policy alone will not achieve permanency for children.

Creating permanency for children in care will only become a reality when social workers have access to knowledge, resources and quality supervision. Attachment theory has until recently not played a significant role in social work in Aotearoa New Zealand (Chinnery, 1999). The concept of resilience is more widely known but not necessarily well understood in terms of the implications for practice. Strengths and empowerment models are familiar to most social workers but few have a sound knowledge of the theoretical underpinnings and without this it is difficult to implement them effectively. Social workers will also need to have the time and the ability to engage in direct work with children, birth families, foster families and kin carers. Intensive work during the early stages of placement significantly increases the potential for permanency and once this is achieved, especially if networks of support are in place, the possibilities for CYF to withdraw become much greater.

Cultural Issues

This vision of permanency takes on particular relevance when considering cultural issues. As noted earlier, Connolly et al., (2006) argue that we are all cultural beings and once we recognise this, culturally responsive practice becomes mainstream practice as we negotiate these multiple domains of difference. Although I agree that there is potential for such culturally responsive practice to develop there was little evidence of this in the social work practitioner narratives. Several respondents identified cultural issues as a significant source of tension and in some cases they were the primary cause of conflict. One respondent noted that security of placement had come at the expense of cultural connection for some children and another questioned the appropriateness of a cross-cultural permanency placement.

In Chapter Nine I outlined the challenge to what some consider an essentialist approach to the construction of identity (Connolly et al., 2006; Keddell, 2007). Although I acknowledge the dangers inherent in simplistic assumptions about ethnicity and identity there are also risks associated with the conceptualisation of identity as fluid and multiple, especially when discussing children who are actively engaged in the process of identity construction. While many Māori and Pasifika children have mixed heritage their appearance means that cultural identity is not simply a matter of choice. In my experience most school aged children were able to articulate their cultural identity and for some children this was central to their construction of self. One child whose appearance did not clearly signal her/his ethnicity
nevertheless strongly identified with her/his cultural heritage and her/his competent participation in cultural activities was a source of pride. This is a clear example of the contribution that a sense of cultural belonging can make to resilience. Not all Māori and Pasifika children have access to this level of participation and without it their cultural identity may take on negative connotations through their exposure to negative media images (Walker, 1997).

Decision-making about placement has the potential to shape the construction of identity for children and young people in care. When permanency decisions are being made it is important to consider the long-term consequences. The social work practitioner narratives bear testimony to the grief that can be experienced by birth family when a child is placed outside their culture. More importantly there is evidence that as children get older cultural difference may be a factor in placement breakdown and as previously noted the negative consequences for adopted children have been well documented (Bradley, 1997; Hoksbergen, 1997; Pitama, 1997; Walker, 1997). I found myself making recommendations supporting non-culturally matched placements because this was where the child had a primary sense of belonging and return home was not an option. I also witnessed the breakdown of culturally matched placements, which in some cases were followed by return to former foster parents who were not a cultural match. In all of these cases my recommendations addressed the issue of cultural identity and stressed the importance of ensuring ongoing contact with birth family and cultural networks. Not all foster parents understood the challenges that might arise in adolescence and some were resistant to the suggestion that cultural connection was important. Other foster parents understood this very well and were actively engaged in cultural networks that created opportunities for participation and a sense of belonging for the children in their care.

As discussed in Chapter Nine, children in care have increased vulnerability due to their circumstances prior to entering care and the experience of care. To increase that vulnerability by ignoring cultural issues is simply unacceptable. Given the evidence outlined in Chapter Nine that cultural belonging can enhance resilience it is imperative that permanency planning takes account of children's cultural connectedness. Careful consideration is, therefore, needed when making referrals for attachment assessments. It is important that referrals are made to culturally appropriate specialist report writers and if this is not possible it is important that the specialist has a good understanding of the relevant issues and access to cultural supervision. Not only is there a danger that cultural issues will be overlooked but
there is also a danger that assessment is skewed by cultural relativism. In her analysis of four cases Stanley (2000) demonstrates failure by non-Māori workers to engage with whānau in all four, and acceptance of abusive behaviour in one case because the parent claimed his parenting practices were consistent with tikanga Māori (Māori cultural practices), and the worker lacked the confidence and appropriate knowledge to challenge these claims. In addition to avoiding these pitfalls, the acceptance of the specialist report writer by the birth family, in cases involving cultural difference, is likely to increase their responsiveness to recommendations.

**Children's Participation**

The FGC is the linchpin of decision-making in this country and is designed to facilitate family participation in decision-making. Despite provision for children’s involvement, the questionnaire responses and the social work practitioner narratives indicate that this has been rare in care and protection matters. As outlined earlier, adult participation can be undermined when information is not shared in a timely and appropriate manner and the process is not necessarily empowering. Part of my rationale for undertaking attachment assessments was to give children a voice in decision-making processes. Although I was able to give them a voice in the playroom setting and put that information into reports I do not think that my aim of giving them a voice was realised. At best I succeeded in making them more visible. The extent to which their voices were heard was dependent on the willingness of adult participants in decision-making processes to hear what they had to say and to take account of their needs and wishes.

In the majority of cases the social work practitioners involved in decision-making were receptive to the recommendations and it is clear from their narratives that they valued the information provided. As noted earlier, I was always mindful of the paradox inherent in adult endeavours to advocate for children. As Schofield (2005) has noted child-focused decision-making does not allow us to delegate responsibility to children. They cannot be expected to weigh all of the complexities and come up with a plan that will ensure their security, stability and support. In taking on the responsibility for preparing attachment assessment reports it was never a matter of simply documenting children’s views. A central element was making sense of the child’s past and current experience and formulating recommendations that would facilitate positive future outcomes for the child. This is not an exact science and the formulations that specialist report writers arrive at are always contestable. Unfortunately the
debate that followed was often driven by adult agendas rather than focused on the child despite the information available.

Children’s participation was also constrained by what appeared to be a haphazard approach to their involvement. Although they participated in the assessment process their lack of participation in decision-making forums created a disjunction between that process and the decisions that followed. Responses to the questionnaires and the social work narratives indicated that social work practitioner involvement with children varied and there seemed to be a lack of clarity about how children were informed of decisions and by whom. In my experience children were often uncertain about how decisions were made and this is also a theme in the research literature (Butler & Williamson, 1994; Dance & Rushton, 2005; Doolan et al., 2004; McAuley, 2004; Munro, 2001; McNeish & Newman, 2002b; Cashmore & Paxman, 1996; Smith et al., 1999; Thomas & O’Kane, 1999; Ward et al, 2005).

Children’s resilience is not enhanced when they feel that they have no say about those matters that are most important to them. As outlined in Chapter Nine children’s subjective understanding is an important factor in determining their response to life’s challenges. The failure to consult with them and ensure that they are informed of the outcomes of decisions can be seen as a risk factor that increases their vulnerability. There are many risk factors that are not easily addressed and it is surprising that this opportunity to enhance resilience is so often overlooked. Both attachment and resilience theories emphasise the bidirectional nature of transactions between individuals and between individuals and the environment. In so doing they challenge adults to reflect on their assumptions and make space for children to contribute to decision-making processes. Children’s lack of participation suggests that practice continues to be protective rather than participatory. Although the proposed amendments to the CYP & F Act will strengthen provision for children’s participation, social work practitioner narratives indicate that substantial changes in practice will be needed to facilitate this.

**Reflections on Personal Learning**

When I began undertaking attachment assessments I was motivated by my awareness of the significance of secure attachment for children and the difficulty of ensuring access to this for children in care. I completed attachment assessments to determine children’s primary place of belonging in the face of competing claims. Usually these conflicts were between non-family foster parents and birth family but sometimes they involved different members of
the same family such as separated birth parents, grandparents and birth parents, and kin carers and birth parents. In the course of undertaking assessments some of the assumptions that I brought to the work were highlighted and challenged.

Strong feelings in relation to “ownership” of children were one of the most powerful obstacles to conflict resolution and the one most likely to render children invisible. Polarisation of views exacerbates conflict and most parties to disputes, including professionals, took either/or positions. In other words they either favoured removal from birth family with minimal (or no) contact and rapid progress toward permanence or they favoured return to birth family as the best solution with placement in care as a temporary option (even in the face of repeated unsuccessful reunification attempts).

In my experience social work practice reflects a lack of consistent core values upon which decisions are made even within those different trends. Ambivalence is clearly evident in specific cases and in changing trends across time. Such a situation is not conducive to child-focussed decision-making and both positions work against the “best interests” of the child when taken to extremes. On the one hand most children I worked with did not favour exclusion of birth family and found conflict between foster parents and birth parents distressing. On the other hand continued emphasis on return home despite repeated failures negated any possibility of stability for the child, preventing resolution of intense emotional conflicts through further exposure to abuse and/or neglect.

Despite my commitment to child-focused decision-making, working with children during attachment assessments showed me that I had underestimated the enduring importance of birth family for children in care and I became strongly committed to the notion of shared care. My view of shared care was based on children maintaining connections with all of the significant adults in their lives but flexible enough to accommodate the unique aspects of each situation as discussed below. This commitment was strengthened when I encountered situations where children had established a primary sense of belonging with a family of a different culture. Placement outside one’s culture can be detrimental and frequently results in difficulties during adolescence. As I have shown, recent research on resilience emphasises the importance of cultural connection (Ungar, 2003, 2005) and yet the solution of return to birth family was not always in the child’s best interests at the time of the assessment, most often due to continuing risk of abuse. Children’s loyalty to family meant that they were willing to sacrifice their own best interests in order to appease family members and this
loyalty frequently included both foster and birth families, placing the children in a very
difficult position. Often the resolution was seen to lie in a choice for safety without
consideration of the long-term consequences of being placed outside their culture for the
child.

My vision of shared care did not, however, find resonance with birth parents, foster parents
or professionals involved in these decision-making processes. My vision was based on the
notion of the child having a primary place of belonging (secure base) while maintaining links
with all of the significant adults in their lives. In some cases this included former foster
parents as well as birth family and extended family. For many, the notion of shared care
equated to the child dividing their time evenly between two families. Such an arrangement
frequently reduces the possibility of the child having a secure base with either family,
especially for children in care. I have to agree with the respondent who took issue with a
Family Court Judge’s view that contact issues for children in care can be resolved using the
same principles that apply when parents separate. Although there may be conflict between
parties in both situations, in many instances of parental separation the child has experienced a
loving and reasonably secure relationship with each parent up until the time of separation. In
most cases they have not experienced the chronic abuse and neglect that is characteristic of
the lives of children coming into contact with the care and protection system. There is a much
better chance that with the passage of time children of separated parents can maintain
meaningful relationships with each parent, and yet we have seen that for some families this is
extremely difficult to achieve. It is even more difficult for the birth and foster families of
children in the care system. Despite the difficulties inherent in the notion of shared care,
however, my commitment to this concept remains.

In the course of completing this thesis I have come to the realisation that resistance to the
notion of shared care is not surprising given the powerful feelings of ownership that birth and
foster families have towards children they perceive to be theirs. Drawing on my theoretical
framework I have reformulated this concept to place more emphasis on networks of support
(Gilligan, 1997; 2000) for children and the families they live with and are connected to. Such
networks are important for all families and children but even more so for children in care.
The challenge is to connect disparate elements of the child’s life including their (sometimes
multiple) families, school, peers and community. This is particularly important for children
living outside their culture because such a view encourages specific attention to meeting the
need for cultural connection and explicit planning to ensure this.
Revisiting attachment and resilience theory in the course of this project has strengthened my belief in their relevance. Located within an ecological framework, which is central to social work practice in this country, they have the potential to significantly improve the quality of decision-making and practice for children in care. Undertaking this research has, however, created the opportunity to reflect on my learning over the time that I was involved in this work and I have to acknowledge that my belief in the capacity of adults to rise to challenges sometimes led me to underestimate the obstacles to quality child-focused decision-making. In reviewing my learning I have come to realise that my goal of developing practice guidelines for the use of attachment assessments cannot be undertaken in isolation from the broader context in which these decisions take place. I have decided to rise to this challenge and what follows in my conclusion is an attempt to integrate all of the learning from this project: the theoretical perspectives; current research including children’s views; social work practitioner questionnaire responses and narratives; and personal reflection to develop practice guidelines for decision-making incorporating the role of attachment assessments.
I have drawn extensively on international literature in this exploration of the impact of attachment assessments. As a small country with a colonial heritage there is a history of importing knowledge and models of practice from around the world with varying degrees of success. It is, therefore, not surprising that there are common themes across English language jurisdictions. Many of the principles that underpin the practice guidelines outlined in this chapter are applicable in the international context. There are, however, significant differences and if practice guidelines are to be effective it is important that they take account of the specific context in which they are to be applied. I begin this chapter by positioning Aotearoa New Zealand in the international context and outlining those features that are unique before proceeding with an outline of practice guidelines.

**International Context**

With the exception of the United States all English language jurisdictions have ratified the UNCROC. During the 1990s there has been a strengthening of legislative provision for children’s participation in care proceedings in countries that have ratified the Convention (Gilligan, 2006; Hill & Aldgate, 2006; Kelly & Pinkerton, 2006; Tisdall, 2006). Aotearoa New Zealand has to some extent lagged behind with the 2004 CoC Act being the first move in this direction. Although, as noted earlier, the CYP & F Act allows for children’s participation in the care and protection context, proposed amendments currently before the House strengthen these provisions and future practice will need to pay closer attention to children’s participation.

Care and protection legislation in the United Kingdom has paid greater attention to assessment and planning provisions for children in care (Berridge, 1999a; Gilligan, 2006; Hill & Aldgate, 2006; Kelly & Pinkerton, 2006; Rose, Gray & McAuley, 2006; Tisdall, 2006). As outlined in Chapter Five, an assessment framework has been developed to ensure comprehensive assessments of all children in care in England and Wales (Cooper & Webb, 1999; Garrett, 2003; Gray & Rose, 2000) and provisions for transition planning for children leaving care were included in legislation in England and Scotland (Hill & Aldgate, 2006; Tisdall, 2006). Again we have lagged behind with transition planning only being addressed in the current review of the legislation, and comprehensive assessments for all children in care
not yet implemented despite the need for a health and education assessment framework being acknowledged in the 2006 EXG review. The need for particular care in relation to intervention with vulnerable infants has been acknowledged and a recent edition of the MSD practice journal *Social Work Now* was devoted to this topic, including articles on attachment (Atwool, 2007) and best practice (Chapman & Field, 2007; Connolly, Wells & Field, 2007).

In the United States the picture is complex with state-by-state variation and a combination of state and federal law (Pecora, Whittaker & Maluccio, 2006). Federal legislation has placed strong emphasis on permanency, introducing specified timeframes for decision-making (Barth, 1999). Service provision is fragmented and different organisations provide different intervention programmes (Brooks & Webster, 1999; Pecora et al., 2006) and as outlined in Chapter Five, some services offer Court mandated assessment and intervention programmes (Clyman et al., 2002; Malik et al., 2002). The large population and availability of philanthropic trusts has facilitated the development of targeted services such as family preservation and family reunification programmes (Brooks & Webster, 1999; Pecora et al., 2006). Although the non-government sector in Aotearoa New Zealand provides a range of family support services they are not in a position to offer such specialised programmes and opportunities for comprehensive assessment and intensive intervention with families are limited.

Practice in Aotearoa New Zealand appears out of step with international developments in relation to assessment and planning. At the time these changes were being implemented in the United Kingdom and the United States comparable legislation in this country took a decisive step in the direction of family participation in decision-making and family preservation. A significant factor in this development was tangata whenua (indigenous) dissatisfaction with the impact of care and protection intervention. As outlined in Chapter Two, failure to take account of cultural differences has had negative consequences for Māori and Pasifika children and young people, through the imposition of dominant cultural values and systems, which disrupted and in some cases destroyed their links with family and culture. Te Tiriti o Waitangi (the Treaty of Waitangi) is a founding document of Aotearoa New Zealand providing for protection of taonga (treasures), provision through citizenship, and participation. Metge and Ruru (2007, p. 54) argue that the second article “foresees whānau, hapū and iwi continuing to play at the very least a prominent role in determining their own affairs”. Over time this was significantly eroded in many domains and the 1989 CYP & F Act was designed to address the resulting grievances in relation to state intervention in the lives of
whānau (extended family). This is perhaps, the single most important factor that makes this country unique.

Another factor is our small size, which brings advantages and disadvantages. With such a small population comes the potential to develop best practice models from shared learning, and implementing change is theoretically easier to achieve. The disadvantages relate to economies of scale. It is difficult to develop intensive intervention programmes when resources are limited and funding is compartmentalised. In particular the separation of welfare from education and health has created barriers to integrated assessment and planning for children in care. Research capacity is limited and early reliance on imported knowledge and practice models has delayed the development of indigenous practice models. For many years the majority of social workers did not receive specific training and professionalisation has come relatively recently. All of these factors have a direct bearing on care and protection decision-making practice in Aoteaora New Zealand at this time, and form the backdrop for this discussion of practice guidelines.

**Practice Guidelines**

In developing these guidelines I begin with a discussion of when it is appropriate to request an attachment assessment. I then outline the range of placement options and a pathway for decision-making. The difference between each option is discussed and these differences are linked to the theoretical framework outlined in Chapter Five. This section of the chapter concludes with a discussion of the issues and challenges that arise when making decisions about placement including the importance of sharing information from attachment assessments, the importance of matching children and prospective carers, the need for resources and networks to support placements, placement of siblings, and the challenge of adolescence.

**When to Request an Attachment Assessment**

In the previous chapter I summarised what needs to be put in place if children who come into contact with the care system are to be resilient in the face of the adversity that led to social work intervention in their lives. Theory helps us understand why these things are important and the different components necessary to achieve positive outcomes for a particular child. The missing element appears to be the glue to hold it together. That glue is shared understanding on the part of everybody involved – professionals, birth family, kin carers, and foster parents – and the willingness to work together. Attachment assessments
may be the key to providing that glue and may be most effective at the beginning of any intervention where the possibility of a change in a child's living arrangements is being considered.

In the most complex cases other parent-focused specialist assessments may also be needed to address, for example, parental mental health, and/or substance abuse issues. If these are used it is important that the information is integrated and linked to parental capacity to foster secure attachment. Simplistic and superficial interpretations of attachment are to be avoided and it is imperative that the two-way nature of attachment is acknowledged through the inclusion of an assessment of parental ability to provide a secure base and the sensitive responsiveness necessary to achieve this. Additional child-focused assessments related to education and/or health issues may also be appropriate and these also need to be integrated to ensure that parental capacity to manage the child's specific needs is taken into consideration.

Intervention decisions where an attachment assessment may be appropriate include:
- the decision to remain with, or return to, birth family following allegations of abuse or when there are indicators of significant relationship difficulties between parents and children;
- moving from birth family into an alternative placement;
- returning to birth family after substantial time away;
- planned move from one placement to another.

Attachment assessments are particularly relevant prior to permanency decisions involving kin or non-kin and are most effective when they include the foster parents or kin carers with whom permanency is being considered. Further assessments are recommended in the event of placement break down or when any significant change, such as moving out of the district, is being contemplated.

Systematic use of attachment assessments has the potential to reduce the number of moves because decisions are based on careful consideration of relevant information about the quality of relationships and the balance of risk and protective factors. Such information significantly reduces the risk of reactive decision-making in response to crises or unexpected changes. Attachment assessments will only facilitate effective intervention if careful consideration is given to placement options. One of the difficulties is that placements are frequently made in crisis situations and sometimes children remain in these placements even though they may not be the most suitable.
**Placement Options**

I am proposing four placement options:

- specialised short-term care;
- birth family;
- shared care (with kin or non-kin, long-term but with active family involvement);
- permanency (with kin or non-kin and could include adoption).

These are not in order of preference because children's best interests are the most appropriate means of determining this. Quite clearly birth family is not the first option if children are likely to suffer ongoing abuse and neglect or repeated movement in and out of care due to fluctuating circumstances. This list is not, however, exhaustive.

Although it is beyond the scope of this project, consideration also needs to be given to supplementing this range of options with:

- small group home care;
- specialist therapeutic foster care;
- residential therapeutic programmes.

These additional options would provide a full range of choices and may further reduce the risk of children experiencing multiple placement breakdowns. It is clear from the research (see, for example, Barber & Delfabbro, 2004) that some children are not suited to foster care and the cost of repeated breakdowns is very high for them and for foster parents. Realistic assessments for these children create the possibility of plans based on their particular circumstances and requirements rather than trying to fit them into the available resources.

Many placements are made in emergency situations and the guidelines I am suggesting may be dismissed as unrealistic because of this. The use of specialist short-term placements is the key to overcoming this difficulty and could include both foster homes and small group homes set up for this purpose. It is recommended that all transitions into long-term placements (including return home) be planned, and careful attention to this could increase the chances of success for children and families. When children achieve stability the pressure on social workers and the care system is reduced and high investment in the early stages is likely to significantly reduce demand in the long-term. The proposed attachment assessment informed decision-making process can be expressed in a flow chart:
Specialist short-term placement

When an alternative placement is needed because a child’s safety with birth family cannot be guaranteed it is preferable that this be a short-term placement with foster parents specialising in the provision of this type of care (refer Figure 13.2). Such placements create the opportunity to explore the possibility of return home and if this does not eventuate they can facilitate careful transition to a kin or non-kin permanency placement. The possibility of return home or planned transition to a permanent placement is jeopardised when foster parents
become so attached to a child that they actively undermine the child's relationship with birth parents or are reluctant to co-operate with a planned transition. To be effective in this role foster parents need to support the goal of return home or transition to permanency and be willing to assist in achieving this goal. This creates the opportunity to work intensively with birth parent(s) including maintaining and working to improve the attachment relationship.

*Figure 13.2 Specialist short-term placement*

In terms of my theoretical framework (refer Figure 5.1) the inner circle signifying the child's attachment relationships includes the child's birth family and the family with whom they are placed. CYF is also included because they have responsibility for holding the total situation until a decision is made about the child's long-term placement. I have included CYF or an NGO service because there is the possibility for such work to be contracted out. In this instance a close working relationship between CYF and the NGO provider is needed until a
permanent placement decision is made. The network represented by the outer circle needs to support all of those in the inner circle and it is important that health and education services understand the nature of the child’s placement and are kept apprised of any changes in casework direction. Without such information the ability of such services to function as protective factors for the child’s is compromised. In the interests of simplicity I have not included the outer circle of the theoretical framework diagram and it is important to remember that there is another layer of macro policies and systems supporting each of these placement options.

Short-term kin care is also a possibility as long as the family are supportive of the possibility that the child may return home and are willing to work towards this goal. One advantage of using a kin placement is that this may form part of the support network if the child does return home and if this does not eventuate may become a permanent placement. If a child has been in a non-kin interim placement and it is decided that movement to a permanency placement is appropriate, specialised short-term placements create the opportunity to explore kin placement options. Locating suitable kin placements can be time consuming and may involve negotiation with families living outside the district. It is important that the possibility of kin placement (especially for very young children) is not negated by the passage of time leading to arguments that the primary attachment is now with the foster parents. Preferably specialist short-term placements (kin and non-kin) should be for an initial period of three months and a maximum period of six months if the child is under five years of age.

Return home

The decision to return a child home is appropriate in those circumstances when the child’s primary sense of belonging is with family and the parent(s) have demonstrated that they have the capacity to address their own issues and to provide a secure base for the child. The inner circle in Figure 13.3, signifying the child’s secure base, comprises the birth family. The outer circle represents the support network needed to foster resilience. Parents should not be expected to address mental health or substance abuse issues without active support to engage with relevant services. Advocacy may also be required to assist families needing to negotiate suitable housing or financial issues.
The rhetoric of individual responsibility sometimes means that plans include expectations of parents, without clear pathways to achieving these. Focussing on the wellbeing of the child clarifies any reservations about levels of support – if the plan fails, the child pays the price. When a decision is made for a child to remain at home, monitoring for a six-month period at the end of which the decision is reviewed is appropriate. Intervention during this time needs to ensure that support networks remain in place when CYF withdraws. If it is not in the child’s best interests to remain at home a planned transition into permanent care is appropriate.

When long-term placements are made, careful consideration of the type of placement is recommended. The options include long-term foster placement with active and regular contact with birth family to maintain relationships (most likely to be appropriate for older children) or permanency (where contact with birth family is primarily for the purpose of identity). Kin and non-kin placements fit within these criteria.
**Shared care**

I have described shared care as kin or non-kin placement with birth parents maintaining regular contact and having continuing involvement in decision-making. Such placements are most likely to be appropriate for older children. They may also be suitable for children whose parents have a disability, which impacts on their ability to parent, but who are not a danger to them. As already acknowledged I encountered resistance to the notion of shared care and reframed this in the previous chapter to incorporate the concept of birth family involvement in the placement support network. It is important, however, that notions of “ownership” in relation to children, which underpin this resistance, are challenged. It is very clear that birth family remains important to children and in some cases children are adamant that they will not accept placements that come at the expense of family contact (Sellick & Thoburn, 2002). It is also important to bear in mind that the ultimate goal for every child should be a family placement that will support him/her for the rest of his/her life. If the only family that can guarantee this is the birth family, then every effort should be made to keep them in the picture even if the child is not living with them.

A critical factor in achieving successful outcomes for children is that foster parents and kin carers know what they are agreeing to when they accept a shared care placement. For example, as described in Chapter Ten, the difference between foster parents’ and birth parent’s expectations in one case resulted in multiple Family Court hearings and multiple assessments. This could have been avoided with closer attention to planning. The complex relationships involved in maintaining shared care are captured in Figure 13.4.
Shared care is perhaps the most challenging option because the inner circle includes two families and while some of the support networks such as neighbourhood will be unique to each family, those focussed on the child will need to embrace both families. Kin placements may have a higher chance of success given pre-existing relationships and shared networks. As noted in Chapter Three, however, assumptions that conflict is automatically less likely are not appropriate. As with the short-term specialist placement I have included CYF or an NGO service. The on-going involvement of a support service may be necessary to support this placement option because of the challenges associated with the more complex pattern of relationships. It is not necessarily appropriate for CYF to continue in this role long-term and contracting out may be more appropriate.
**Permanency placement**

Permanency placements may be made with kin or non-kin and current policy encourages the legal transfer of responsibility for the child to the foster parents or kin carers. The primary purpose is to provide the child with a family that will be their secure base for the remaining years of childhood and adolescence and continue to be a place of belonging for the rest of their lives. For this reason they occupy the inner circle of Figure 13.5, signifying the centrality of their role in the child’s life.

**Figure 13.5 Permanency placement**

Permanency placements are most likely in situations where the birth family continue to be a risk factor for the child. For this reason they are placed outside the attachment and resilience circles in Figure 13.5. Contact is primarily for the purposes of identity in terms of the child knowing the story of their life and the opportunity to have a realistic picture of their parents.
Contact may be regular but infrequent and may need to be supervised. An important aspect of achieving permanent placements is work with birth family, to ensure that they are helped to come to terms with this decision. Birth families need to grieve for the loss of their child(ren) and if they are supported in this process they may be more willing to co-operate with contact arrangements and will be in a better position to ensure that these are positive experiences.

CYF has also been placed in this outer circle because an important aspect of permanency is the withdrawal of statutory services. They revert to a service that is available within the wider ecological map but have no on-going relationship with the placement family although they may continue to have involvement with the birth family in relation to other children. This has implications for the management of contact and careful consideration of this is needed when permanency is being finalised. As with other placement options there may be a role for an NGO service assisting with birth family contact and/or other issues.

For the reasons outlined in Chapter Nine, close attention to cultural issues is needed and it should not be assumed that kin placement will address this. Many children have mixed heritage and kin placement may not match the child’s chosen cultural identity. In such cases, and in other situations where a child is placed outside their cultural group close attention is needed to the support network and the inclusion of individuals, families or organisations that can foster the child’s sense of cultural belonging.

It is important to remember that legal orders alone will not guarantee the continuity of a permanency placement. Of more importance is the level of commitment necessary to sustain the placement in the face of any challenges or difficulties that may arise. During the selection process it is imperative that comprehensive information about the child and any challenges s/he may present is provided. It is recommended that social work practitioners avoid the temptation to paint as positive a picture as possible so that prospective kin or non-kin carers will be willing to provide a home. Placement breakdown is almost inevitable if foster parents/kin carers do not have a realistic understanding of what they are taking on. Simplistic assumptions that a child will fit in a new family just because they are kin or because of what the family appear to be able to offer are to be avoided.
Issues and Challenges

A number of issues and challenges have been identified in relation to each of the placement options. Over and above these are some that relate to the broader context of decision-making and the use of attachment assessments. These include the importance of sharing information and preparation for participation in decision-making forums, availability of resources to support decisions, the importance of matching children and placements, adolescence, siblings, shared understanding, and regular reviews.

Sharing attachment assessment information

When attachment assessments are undertaken, sharing the recommendations and relevant information with all parties in advance of attendance at any decision-making forum is likely to increase the potential for achieving a constructive outcome. It is important that sufficient time is allowed for participants to process the information before being expected to participate in decision-making. The presence of the specialist report writer to answer questions and explain how they came to their conclusions is also important. Where possible it is preferable that children be given the opportunity to participate in the decision-making. When they do choose to be part of decision-making meetings, consideration needs to be given to how they will be prepared for the meeting, and support during the meeting, including strategies to signal that they wish to withdraw. If they do not wish to participate there must be clarity about who is going to talk with them prior to the meeting to ensure they understand what is happening and who is going to discuss the outcomes with them.

Resources

Assessment is not enough by itself, however, and decisions have to be backed up with resources. Intensive and comprehensive support is likely to be necessary irrespective of whether the decision is to remain in/return to family, shared care or permanency placement. Resources addressing the needs of children, birth parents and/or kin carers/foster parents, parenting capacity, relationship issues and family dynamics may be required. All of the placement diagrams highlight the importance of networks of support and these may need to include the availability of respite care. The availability of organisations and individuals prepared to take an interest in, and encourage any talents or abilities the child has, is likely to enhance the potential for achieving positive outcomes.
Matching

The first challenge is to match the child, their family circumstances and the type of placement. As already discussed the availability of specialist short-term care increases the potential for good outcomes. At the point that it is decided that a child needs a long-term placement a choice has to be made between shared care and permanency and whether or not kin placement is available. Once that decision is made, careful attention to matching child and kin/foster family on the basis of attachment patterns (child and kin carers/foster parents), the child’s unique requirements, family structure, culture, and locality is appropriate. If a child has any additional health needs or other requirements access to services has to be a consideration. Foster parents/kin carers will also vary in their willingness to work with birth family and this is an important aspect of matching depending on the type of placement and level of contact.

Although matching may seem unrealistic given the difficulties of recruiting sufficient foster families/kin carers to meet the demand for placements, failure to do so contributes to placement breakdown and the associated costs to children and families. Children’s difficulties are compounded by placement breakdown and their behaviour may become even more challenging further reducing the chances of finding a secure placement. Foster parents/kin carers may no longer be willing to offer placements and in the worst-case scenario their children may have been adversely affected by the experience. Children who experience serial placement breakdown are likely to require residential care, the most expensive option. Some will gravitate into the justice system incurring further costs in terms of the crimes they commit and the cost of incarceration.

In addition to avoiding negative outcomes attention to matching greatly increases the possibility that kin carers/foster parents will be able to engage in relationships with children that create opportunities for reworking their internal working models of attachment. As outlined in Chapter Eight these models have life long consequences, including transmission to the next generation and can only be reworked in the context of relationships. The combination of comprehensive information about the child, knowledge of attachment processes, and close attention to matching can greatly enhance the potential for positive outcomes. The time taken to locate a suitable placement can be an investment in the child’s, the foster family’s/kin carer’s and society’s future. The use of specialised short-term placements with foster parents skilled in assisting children with transitions as discussed above
could make a significant contribution to achieving the goal of finding appropriately matched placements.

**Adolescence**

Adolescence presents particular challenges and the social work practitioner narratives reflect their concern that some placements might not survive. It is important that prospective foster parents and kin carers for permanency placements are given information about the long-term nature of the commitment and the possibility that additional challenges may arise during adolescence. It is likely that some of the challenges encountered in adolescence arise from attachment issues and adolescence may provide a further opportunity to address these. It is important that all families have information about where they can go for support and resources at any time they have concerns. There should be no distinction between birth, kin or non-kin placements in this respect. The Executive Group (EXG) Review report on permanency acknowledges the need for ongoing support for those who take on permanency and suggests that this might be appropriately provided by NGOs (CYF & MSD, 2006). Providing this is appropriately funded such a solution could make services more accessible and overcome possible resistance to seeking help from a statutory agency such as CYF.

**Siblings**

Careful consideration of the needs of sibling groups is appropriate and attachment assessments may provide insight into the nature of sibling relationships. Continuing relationships with siblings can be a protective factor in that they reduce the sense of being alone. Siblings may be the only other people in the world who know what a child has been through and with whom they share memories. It is important to remember, however, that sibling relationships are not necessarily positive and as reflected in social work practitioner narratives there may be reasons to place siblings separately. In this situation it is important that siblings are able to maintain contact and this is most likely to occur when foster parents/kin carers actively co-operate with plans to maintain such contact. It is also appropriate for children to be provided with therapeutic opportunities to work through any unresolved issues with siblings.

**Shared understanding**

It is important that the differences between the four types of care outlined above are understood by social workers, other professionals working with families, specialist report writers, lawyers and judges to ensure that the different professional parties in decision-making
are not working at cross purposes. Once decisions are made effective implementation is more likely when professionals demonstrate commitment to these decisions and the care plans arising from them. It is also important that care plans are explicit about responsibility for the co-ordination of implementation and processes for addressing any issues that arise or changes in circumstances. Shared understanding, among the professionals who have on-going involvement in children’s lives, that they are part of a supportive network for that child with a responsibility for ensuring that this network functions effectively, is likely to increase the potential for positive outcomes.

**Regular reviews**

Regular reviews are recommended to ensure that any difficulties or changes are addressed and to take account of the changing developmental needs of the child. Although there are legislative requirements these need not be the sole criteria and more frequent reviews may be warranted in the initial stages. It is preferable that review meetings involve key members of the support network and it is appropriate that children are given the opportunity to attend. It is possible that the unsettling impact of reviews mentioned by one respondent is related to their exclusion, resulting in lack of understanding of the purpose. Exclusion is also likely to increase any feelings of lack of control and may generate unnecessary anxiety. As noted previously, if children do not wish to participate an action plan to ensure that their views are obtained and shared in the meeting, and they are advised of the outcomes is appropriate.

**Summary**

I have strongly recommended that attachment (and in complex cases more comprehensive) assessments take place prior to major decisions about placement being made. In subsequent planning, consideration of the role of the specialist report writer and the possibility of further involvement in a consultancy role is also recommended. Continuity of professional personnel is important in achieving continuity for children. Changing professional personnel can result in changes of direction that may be more about ideological differences than children’s and families’ requirements.

On-going support for, and work with, birth families, kin carers and foster parents is the key to success in any of the options outlined. If a child returns home or kin carers or foster parents assume full responsibility appropriate resourcing of these decisions increases the likelihood of positive outcomes. Information about where to go for support if difficulties
arise in the future is also important. This could include financial resources, access to health services, appropriate education, and access to therapeutic services, now or in the future.

Training for social workers, foster parents and kin carers is vital if these guidelines are to be implemented. I do not think it is realistic at the present time to expect social workers to have the depth of knowledge, level of skill, or the time necessary to undertake specialised attachment assessments. They do, however, need to have a working knowledge of the dynamics of attachment and resilience and the implications for children in care, their birth families and the people providing care. It is also important that kin carers and foster parents receive appropriate training so that opportunities for children to rework internal working models of attachment are created. As Masten (2001) has noted resilience is “ordinary magic” born out of everyday experiences and attachment training has the potential to enhance all categories of parents’ ability to create this magic.

These proposals are unashamedly resource intensive but they are not unobtainable. Extensive research on attachment and resilience, current international research on foster care and the practice wisdom of experienced social work practitioners support these proposed guidelines. We cannot afford to ignore the consistent messages emerging from these different sources. Children deserve the very best, especially children who have been exposed to adversity. If we fail them the emotional and financial costs to them, to their families (including foster families and kin carers), and to society are high. Early and intensive investment may significantly reduce long-term costs.

Further Research

In the past there has been heavy reliance on research undertaken in other countries and while much can be learnt from this, there is much that is unique to Aotearoa New Zealand. As noted in Chapter Two, there is limited Aotearoa New Zealand research on children’s and families’ experiences of the care system. This research project is incomplete due to the absence of the voices of children, birth parents and foster parents, and further research on decision-making processes in conflicted situations that incorporates these perspectives is needed. Research focusing on children's experiences of care is long overdue in this country as is research focusing on the experience of foster parents, kin carers and birth families. As we move toward implementation of permanency planning, consideration needs to be given to how this will be evaluated and the role of contact warrants further research. Research on cultural identity issues for children in care is also required.
The need for research is so great that there is a danger of multiple small projects. Although each will contribute to our knowledge of care in this country, such research may be so fragmented that a comprehensive understanding addressing the complexities of care and protection decision-making and intervention will not be possible. What is needed is a comprehensive and co-ordinated programme of research encapsulating the many dimensions of care and protection intervention, including the experience of foster care. The establishment of a research centre with this focus, working in partnership with MSD and CYF, is recommended. This too would be an investment in the future of children, families and society as a whole.

**Final Word**

Undertaking this research has highlighted the obstacles to children’s participation in all aspects of their lives including research and decision-making in Aotearoa New Zealand. They may be overlooked even in processes set up to protect their best interests. Although their voices are absent from this research I can only hope that I have made a small contribution to making them more visible.
References


Howe, D., & Steele, M. (2004). Contact in cases in which children have been traumatically abused or neglected by their birth parents. In E. Neil & D. Howe (Eds.), *Contact in adoption and permanent foster care. Research, theory and practice* (pp. 203–233). London: British Association of Adoption and Fostering.


Appendix A: Relevant Sections of the Children Young Persons and their Families Act 1989
Appendix A: Relevant Sections of the Children Young Persons and Their Families Act 1989

Section 4 Objects

The object of this Act is to promote the wellbeing of children, young persons and their families and family groups by—

(a) Establishing and promoting, and assisting in the establishment and promotion of, services and facilities within the community that will advance the wellbeing of children, young persons, and their families and family groups and that are—

(i) Appropriate having regard to the needs, values, and beliefs of particular cultural and ethnic groups; and

(ii) Accessible to and understood by children and young persons and their families and family groups; and

(iii) Provided by persons and organisations sensitive to the cultural perspectives and aspirations of different racial groups on the community;

(b) Assisting parents, families, whanau, hapu, iwi, and family groups to discharge their responsibilities to prevent their children and young persons suffering harm, ill-treatment, abuse, neglect, or deprivation;

(c) Assisting children and young persons and their parents, family, whanau, hapu, iwi, and family group where the relationship between a child or young person and his or her parents, family, whanau, hapu, iwi, or family group is disrupted;

(d) Assisting children and young persons in order to prevent them from suffering harm, ill-treatment, abuse, neglect, and deprivation;

(e) Providing for the protection of children and young persons from harm, ill-treatment, abuse, neglect, and deprivation;

(f) Ensuring that where children or young persons commit offences,—

(i) They are held accountable, and encouraged to accept responsibility, for their behaviour; and

(ii) They are dealt with in a way that acknowledges their needs and that will give them the opportunity to develop in responsible, beneficial, and socially acceptable ways;

(g) Encouraging and promoting co-operation between organisations engaged in providing services for the benefit of children and young persons and their families and family groups.
Section 5 Principles to be applied in exercise of powers conferred by this Act

Subject to section 6 of this Act, and Court which, or person who, exercises any power conferred by or under this Act shall be guided by the following principles:

(a) The principle that, wherever possible, a child’s or young person’s family, whanau, hapu, iwi, and family group should participate in the making of decisions affecting that child or young person, and accordingly wherever possible, regard should be had to the views of that family, whanau, hapu, iwi, and family group.

(b) The principle that wherever possible, the relationship between a child or young person and his or her family, whanau, hapu, iwi, and family group should be maintained and strengthened;

(c) The principle that consideration must always be given to how a decision affecting a child will affect –

(i) The welfare of that child and young person; and

(ii) The stability of that child’s or young person’s family, whanau, hapu, iwi, and family group;

(d) The principle that consideration should be given to the wishes of the child or young person, so far as those wishes can reasonably be ascertained, and that those wishes should be given such weight as is appropriate in the circumstances, having regard to the age, maturity, and culture of the child or young person;

(e) The principle that endeavours should be made to obtain the support of–

(i) The parents or guardians or other persons having the care of a child or young person; and

(ii) The child or young person himself or herself– to the exercise or proposed exercise, in relation to that child or young person, of any power conferred by or under this Act;

(f) The principle that decisions affecting a child or young person should, wherever practicable, be made and implemented within a time-frame appropriate to the child’s or young person’s sense of time

Section 6 Welfare and interests of child or young person paramount

In all matters relating to the administration or application of this Act (other than Parts 4 and 5 and section 351 to 360) the welfare and interests of the child or young person shall be the first and paramount consideration, having regard to the principles set out in sections 5 and 13.
Section 13 Principles (Care and Protection)

Subject to sections 5 and 6 of this Act, any Court which, or person who, exercises any powers conferred by or under this Part or Part III or sections 341 to 350 of this Act shall be guided by the following principles:

(a) The principle that children and young persons must be protected from harm, their rights upheld, and their welfare promoted

(b) The principle that the primary role in caring for and protecting a child or young person lies with the child’s or young person’s family, whanau, hapu, iwi, and family group, and that accordingly—
   (i) A child’s or young person’s family, whanau, hapu, iwi, and family group should be supported, assisted, and protected as much as possible, and
   (ii) Intervention into family life should be the minimum necessary to ensure a child’s or young person’s safety and protection:

(c) The principle that it is desirable that a child or young person live in association with his or her family, whanau, hapu, iwi, and family group, and that his or her education, training, or employment be allowed to continue without interruption or disturbance:

(d) Where a child or young person is considered to be in need of care or protection, the principle that wherever practicable, the necessary assistance and support should be provided to enable the child or young person to be cared for and protected within his or her own family, whanau, hapu, iwi, and family group

(e) The principle that a child or young person should only be removed from his or her family, whanau, hapu, iwi, and family group only if there is a serious risk of harm to the child or young person:

(f) Where a child or young person is removed from his or her family, whanau, hapu, iwi, and family group the principles that,—
   (i) Wherever practicable, the child or young person should be returned to, and protected from harm within, that family, whanau, hapu, iwi, and family group; and
   (ii) Where the child or young person cannot immediately be returned to, and protected from harm within, his or her family, whanau, hapu iwi, and family group, until the child or young person can be so returned and protected he or she should wherever, practicable, should live in an appropriate family-like setting—
(A) That, where appropriate, is in the same locality as that in which the child or young person was living; and

(B) In which the child’s or young person’s links with his or her family, whanau, hapu iwi, and family group are maintained and strengthened; and

(iii) Where the child or young person cannot be returned to, and protected from harm within, his or her family, whanau, hapu iwi, and family group, the child or young person should live in a new family group, or (in the case of a young person) in an appropriate family-like setting, in which his or her sense of continuity and his or her personal and cultural identity are maintained:

(g) Where a child or young person cannot remain with, or be returned to, his or her family, whanau, hapu iwi, and family group, the principle that, in determining the person in whose care the child or young person should be placed, priority should, where practicable, be given to a person—

(i) Who is a member of the child or young person’s hapu or iwi (with preference being given to hapu members), or, if that is not possible, who has the same tribal, racial, ethnic, or cultural background as the child or young person; and

(ii) Who lives in the same locality as the child or young person:

(h) Where a child or young person cannot remain with, or be returned to, his or her family, whanau, hapu iwi, and family group, the principle that the child or young person should be given an opportunity to develop a significant psychological attachment to the person in whose care the child or young person is placed:

(i) Where a child is considered to be in need of care or protection on the ground specified in section 14 (1) (e) of this Act, the principle set out in section 208 (g) of this Act.

Relevant Articles
Appendix B: Relevant Articles of the United Nations Convention on the Rights of the Child

Article 9

1. State Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities, subject to judicial review determined, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child’s place of residence.

2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.

3. State Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child’s best interests.

Article 12

1. State parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 19

1. State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), guardian(s), or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for
those who have the care of the child, as well as for others, of prevention and for identification, reporting, referral investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate for judicial involvement.

Article 20

1. A child who is temporarily or permanently deprived of his or her family environment or, in whose best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2. State Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia foster placement, kalfalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural, and linguistic background.

Article 25

State Parties recognise the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement. Additionally, Article 8 of the European Convention on Human Rights further reinforces the child’s right to family life by stating that:

1. Everyone has the right to respect for his private and family life, his home, and his correspondence.

There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society to the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.
Appendix C: University of Otago Ethics Application
Application to the University of Otago HUMAN Ethics Committee for Ethical Approval of a Research or Teaching Proposal involving Human Participants

Notes: PLEASE read carefully the important notes on the last page of this form. Failure to do so may delay the consideration of your application.

1. Name of Applicant: Nicola Atwool, Supervisors: Professor Anne Smith, Dr Anne Bray

2. Department: Community and Family Studies


4. Brief Description of the Purpose of the Project (in lay terminology and for the guidance of the University of Otago Human Ethics Committee)

This research will evaluate the role of attachment assessments in decision-making processes for children in care. The evaluation will include an analysis of the application of attachment theory in the context of decision making in disputed situations, an analysis of the impact of such assessments on decision-making processes, and an evaluation of the outcomes for children where these assessments have been used.

5. Other investigators or instructors: (please specify whether staff or students)
   Carmen Peterser, MSW student will assist with interviewing

6. Projected Start Date of Project: February 2004

   Projected End Date of Project: Data collection to be completed by June 2004. Final completion date December 2006

7. Funding of Project: Is the project to be funded in any way from sources external to the University of Otago? NO

8. Type of Project PhD (staff member)

Aim and Description of Project

This research is designed to explore the impact of attachment assessments on decision-making processes and outcomes for children who are in care. The 1989 Children Young Persons and their Families Act (CYP & F) requires that when concerns about the care and protection of children exist, families are part of the decision-making process. The aim of the legislation is to obtain agreement at Family Group Conferences involving the family, social workers, foster parents, lawyers and other professionals and lay people involved with the family. It is not always possible to get agreement and in these situations, the case is referred to the Family Court. Once a decision is made to place a child in care under the
auspices of the Chief Executive, social workers are required to prepare plans (six-monthly for children under 7, annually for children over 7) and gain agreement from relevant parties at planning meetings. Disputes about where a child should live may arise at any time during the period a child is in care. In any of these situations a Specialist report writer may be asked to complete an assessment of the child.

Referrals to Specialist report writers may specify the type of assessment being requested. Attachment assessments focus on the quality of the child's relationships with significant others. The process of assessment involves interviews with the child, observation of the child with parents and caregivers, and interviews with all of the significant adults in the child's life. The aim of such assessments is to ascertain the child's primary place of belonging and gain the perspective of all parties (including the child) on what they consider to be the most suitable living arrangement for the child. Assessments may also involve sibling groups and in these situations the quality of the children's relationships with each other are also assessed.

The aim of this project is to combine a national overview of practice with an in-depth exploration using case studies. The case studies will provide an opportunity to explore the validity of attachment theory in this context including an exploration of the link between attachment and resilience in theory and practice. In addition the evaluation will focus on the extent to which such assessments allow children to have a voice in decision-making processes. The research is designed to facilitate the development of guidelines for best practice for decision-making in disputed situations.

The objectives of the study are:
- To undertake a national survey to ascertain practice in relation to the use of assessments in cases where agreement cannot be reached.
- To conduct telephone interviews with other specialist report writers to ascertain the theoretical base of their assessments and the process used.
- To analyse decision-making processes using case studies
- To evaluate the impact of attachment assessments on the decision-making process
- To evaluate the extent to which attachment assessments give children a voice in the decision-making process.
- To evaluate the outcome of the decision-making process over time, specifically exploring whether or not a focus on attachment increases stability and facilitates improved outcomes.

10. Researcher or Instructor Qualifications
Member of Children's Issues Centre research team which conducted research on children in kinship and foster care.
Nearly twenty years professional experience in social work and child psychotherapy before taking up an academic position in 1994. Since that time research and publications have focused on the link between theory and practice.
Research assistant is a professionally qualified social worker with seven years experience, specialising in work with children, young people and their families. She has completed the papers for an MSW degree and has completed the data collection phase of her thesis.

11. Participants
Children in the Dunedin region who have had attachment assessments completed as part of decision-making processes
Parents and caregivers of these children

Social workers who were involved at the time of the assessment and those working with children in the case study group

Senior Social Workers employed by the Department of Child, Youth and Family Services

Specialist report writers

**Number of participants:**
Ten children will be involved in the case studies. Only older children (over 10 years) will be asked to consent to an interview. The bulk of the data will be obtained from the retrospective analysis of events since assessment was completed and this will be obtained from case files and interviews with social workers, parents and caregivers.

The number of adult participants is more difficult to determine as the number of significant adults in each child's life varies. It is estimated that up to forty parents and caregivers may be involved.

A maximum of 10 social workers. The exact number is difficult to determine as more than one social worker may have been involved over the time a child has been in care and some children will no longer have a social worker. It is also possible that social workers may be involved with more than one child from the case study group.

Approximately 50 Senior Social Workers

Approximately 25 Specialist Report Writers

**Age range of participants:** Children aged ten–seventeen years and adults

**Method of recruitment:**
Case Study participants: The Dunedin office of the Department of Child Youth and Family Services will be asked to contact children, their families/foster parents and the social workers to inform them of the research and negotiate their consent to participate.

The national survey will be distributed through Child Youth and Family network.

Specialist report writers will be contacted through District offices as a follow-up to the questionnaire

**Please specify any payment or reward to be offered**
Token gift of appreciation to child participants

12. **Methods and Procedures:**
This is a multi-method study being undertaken within a constructivist paradigm (Guba & Lincoln, 1994; Schwandt, 1994). The research is based on the understanding that knowledge and meaning are constructed and that participants in social processes may each have a unique understanding of that process. The literature review will be extended to provide a critical interrogation of the relationship between theory and practice with particular emphasis on attachment theory, the link with resilience and the cross-cultural application of these theories.
Issues related to the definition and measurement of attachment and resilience will be addressed in this discussion. Information about the national context will be collected via a questionnaire (refer attached copy) and telephone interviews with selected specialist report writers (outline attached). This will allow the in-depth studies to be placed in a broader perspective.

In-depth exploration of decision-making practice and outcomes will be conducted through retrospective analysis of information held on file, and face-to-face interviews with social workers, parents and caregivers (refer semi-structured interview formats attached). A small number of children will be interviewed (refer semi-structured interview format attached). The aim is to explore the complexity of these situations from the perspective of those most affected. Attention will be focused on the unique experience of the children and their families. Qualitative research is frequently criticised for the failure to address issues of validity and reliability and a central issue in this project is the definition of outcome. Standardised outcome measures will not be used and this issue will be addressed through triangulation of multiple data sources (Janesick, 1994). Outcome data that demonstrates the basis on which any conclusions are drawn will be provided, rather than superimpose judgements. The understanding that social work can often be about creating potentialities rather than final states or outcomes (Cheetham, 1992) will provide the framework for this analysis.

13. The Privacy Act 1993 and the Health Information Privacy Code 1994 impose strict requirements concerning the collection, use and disclosure of personal information. These questions allow the committee to assess compliance.

Note: Personal information is information concerning an identifiable individual

a. Are you collecting personal information directly from the individual concerned?
   YES

   If you are collecting the information indirectly, please explain why:
   This research relies on a retrospective analysis of events since assessment was completed. This information can be collected from the file. Social Workers, parents and caregivers will also be interviewed about outcomes for the child.

b. If you are collecting personal information directly from the individual concerned, specify the steps you are taking to ensure that the participants are aware of:-
   • the fact that you are collecting the information
   • the purpose for which you are collecting the information and the uses you propose to make of it
   • who will receive the information
   • the consequences, if any, of not supplying the information
   • the individual's rights of access to and correction of personal information

   (You should usually expect to cover these points in an Information Sheet for Participants.)

No data will be collected without the consent of the child concerned and their legal guardians. Information sheets and consent forms will be distributed by Child, Youth and Family staff. All of the case study participants will have prior experience of participating in an attachment assessment for decision-making purposes. The Information Sheet will explain that the researcher is studying the impact of these assessments on decision-making processes and outcomes for children and invite them to participate. It will be explained that the research is for a PhD and that the results
will be in a thesis that is kept in the University Library. Prospective participants will
be advised that the aim is to develop guidelines for best practice and that results will
be shared with Child Youth and Family and published in journal articles. It will be
stressed that there are no adverse consequences if they choose not to participate.
Participants will be advised that transcripts of interviews will be forwarded to them
and that they will have the right to amend these or request that some information is
not included. Direct contact will only be made with participants once consent has
been obtained. In situations where children, parents or caregivers do not wish to be
interviewed they will be given the option to consent to data being collected from the
file and other participants.

c. If you do not propose to take one or more of the steps listed in (b) above, please
explain why: N/A

d. Please outline your **storage and security procedures** to guard against unauthorised
access, use or disclosure and how long you propose to keep personal information
(Information Privacy Principle 9 requires that you keep personal information for no
longer than is required for the purposes for which the information may lawfully be
used). As a general principle, data relating to projects should be kept in appropriate
secure storage within the University Department concerned (rather than at the home of
the researcher) unless a case based on special circumstances is submitted and
approved by the University of Otago Human Ethics Committee.

Data will be stored in a locked filing cabinet in my office at Community and Family
Studies. Audiotapes of interviews will be destroyed at the conclusion of the project
and other data after five years.

e. Please explain how you will ensure that you collect or use only that personal
information which is accurate, up to date, complete, relevant and not misleading:

Collection of information will at all times be guided by the focus of the research and
multiple sources of information will allow cross checking for accuracy.

f. How will you use the personal information?

Information will be used to gain an understanding of children's progress and
development in care and participants' perspectives of the decision-making process and
outcome.

g. Who do you propose will have access to personal information, under what conditions,
and subject to what safeguards against unauthorised disclosure? In what form do you
propose to publish any personal information?

Carmen Petersen, Nicola Atwood, Professor Anne Smith and Dr Anne Bray will be the
only people with access to personal information. Extreme care will be taken to
protect participants' identities. Transcripts of interviews will be checked with
participants and their permission to use selected quotes will be obtained.

h. Do you propose to assign a unique identifier to an individual? If so, is this unique
identifier one that any other agency uses for that individual?

Identifiers will be unique to the individual and this research.
i. What arrangements will be made for the eventual disposal of personal information, by what means, and who will have responsibility for ensuring that this is done?

The principal researcher will ensure that data in the form of audiotapes are destroyed at the conclusion of the research and that the raw data will be retained in secure storage for five years, after which it will be destroyed.

j. Do you propose to collect information on ethnicity?

Information about ethnicity will be collected. The nature of this project has clear potential implications of direct interest to Māori. Māori children are over represented in the care system and the cross cultural validity of attachment theory will be evaluated within this research.

Note: The University requires original data of published material to be archived for five years after publication for possible future scrutiny. The University is responsible for providing data storage space. An appropriate member of the University staff should normally be responsible for the eventual disposal of data - not a student researcher.

14. Potential Problems:
It is possible that children could raise unresolved issues related to their current placement or past experiences. Both researchers are experienced and qualified social workers and would negotiate an appropriate course of action with the child. The only exception would be if abuse was disclosed. In this instance the child would be advised that the information would be discussed with their social worker or if Child Youth and Family were no longer involved a notification would be made to them and the child advised of this.

When discussing confidentiality with child and adult participants they will be advised that should any information concerning safety come to light it may be necessary to discuss this with Child, Youth and Family. All participants will be advised if it is deemed necessary for information to be passed on. Issues of confidentiality and the limits on this are discussed at the time that assessments are completed so all participants will have prior experience of this. It will be important to clarify the difference between the attachment assessment process and this research project. This will be done at the first point of contact and prior to any interviews commencing.

It is possible that sensitive material related to Child Youth and Family's handling of decision-making processes could emerge in the course of the research. The aim is to provide a constructive evaluation. Findings will be discussed with them prior to any release. The process for this will be finalised as part of obtaining ethical approval from them.

15. Informed Consent
Please refer to attached Information Sheets and Consent forms. A key issue in negotiating informed consent will be an explanation of the difference between the attachment assessment and this research project. It is important that participants understand that their participation will have no direct bearing on the child's current situation and that the research is completely separate from on-going social work processes.

It will be important that child participants understand that their participation is voluntary and that they can make their own decision. It will also be important that they understand that if they agree to participate, they can change their mind and withdraw at any time.
16. **Debriefing** Where participants have not been informed fully of the nature and purpose of the research, or where in the course of the project some degree of deception is involved, the researcher must provide participants with an explanation of the research goals and procedures when the procedure is completed. Researchers also have an obligation to be available after participants have participated in the project, should any stress, harm, or related concerns arise. Participants must have the opportunity to obtain information relating to the outcome of the project if they wish. Where relevant, explain how these matters will be dealt with in the proposed research. Does the research or teaching project involve any form of deception?

NO

17. **Fast-Track Procedure** *(In exceptional and unexpected circumstances, and where the research needs to commence before the next monthly meeting of the University of Otago Human Ethics Committee, a researcher may request that the application be considered under the fast-track provisions. It is not sufficient, however, merely to state that the research needs to start before the next scheduled meeting date (for the obvious solution would have been to prepare the application earlier) - there needs to be other special reasons to justify fast-track consideration. See section 16 of the University's "Policy on ethical practices in research and teaching involving human participants" for further details of this procedure.)*

Do you request fast-track consideration?

NO

18. **Other committees**
If any other ethics committee has considered or will consider the proposal which is the subject of this application, please advise details:

Proposal will also be submitted to the Department of Child, Youth and Family Services Research Access Committee

19. **Applicant's Signature:** .................................................................
   **Date:** ..............................

20. **Departmental Approval:** *I have read this application and believe it to be scientifically and ethically sound. I approve the research design. I give my consent for the application to be forwarded to the University of Otago Human Ethics Committee with my recommendation that it be approved.*

   **Signature of *Head of Department:** .................................................................
   **Date:** ..............................
Children's Information Sheet - I

What is this project about?
This project is for a PhD. This is a bit like a very big school project where you find out about something and write it up. We are interested in talking to children and their families about what happens when decisions have to be made about where children are going to live and the grown-ups don't agree.

Who do we want to talk to?
We want to talk to children who have talked to a counsellor when grown-ups were arguing about where they should live. We are also going to talk to your family, your foster parents and the social worker. If you have a different social worker now, we will also talk to them.

What will I be asked to do?
If you agree to take part in this project, two things might happen
1. The file that your social worker has will be looked at
2. You will be asked to talk about:
   • What happened when you spoke to [insert name of specialist report writer],
   • What was decided about where you should live,
   • What has happened to you since then.
   • Anything you would like to tell parents, foster parents, social workers, lawyers and other children going through the same thing.

You can agree to let me see your file and choose not to talk to anyone or you can agree to both things.

If you agree to talk to someone, a tape will be made of what you say so that exactly what was said can be written up. This will be checked with you to make sure that the record of your talk is correct and that it is okay to use what you have said. You can say if there is anything you do not want to go in the write up of the project.

This is not the same as when you saw [insert name of specialist report writer] and none of the things you talk about will be passed on to your social worker, parents or foster parents. The only time this might happen, is if you say something that indicates that you are not safe or are being hurt. If that happens the person you are talking to, will tell you if she thinks the information should be passed on to a social worker.

You do not have to take part in this project and nothing will happen if you say no.

What will happen if I agree to talk to someone
You will not be asked a lot of set questions. What we talk about will depend on you and the person you are talking to. If you feel uncomfortable or unhappy with any questions, you don't have to answer them. You can ask that the tape be turned off at any time. If you become upset or unhappy you can talk to the person you are with or ask them to get someone you trust so that you can talk to them.

Although the University of Otago Human Ethics committee (a group of people who make sure that this project is safe for the children taking part) is aware of the general areas to be talked about, the Committee does not know exactly what we will talk about.

Two people will be talking to the children who agree to take part - Carmen Petersen and Nicola Atwool. You will have a choice about which one you talk to.
We will let you know what we found out by doing this project.

Can I change my mind?
If you agree to take part, you can change your mind at any time. You can do this by telling the person you are talking to, your social worker, your parents or the people you are living with that you do not want to take part any more.

What will happen to the things I talk about?
The information I collect from your file and from you will be used to find out what happens to children when grown-ups can't agree about where they should live. I will be writing this up in a thesis (looks like a big book) and this will go into the University library. I will also be talking to social workers, parents and foster parents at conferences. I hope to find ways to help grown-ups include children and make the best decisions possible.

Who will know what I have said?
The only people who read the information collected are Nicola Atwood, Carmen Petersen (the two people doing the interviews) and my supervisors (people who make sure that I am doing a good job) Professor Anne Smith and Dr Anne Bray. Your real name will not be used and you can choose the name to be used. The people doing this project will make sure that no-one knows that it was you who spoke to them or knows exactly what you said.

At the end of the project the tape of your talk will be destroyed immediately. The written record will be kept locked-up in a safe place for five years, and then it will be destroyed.

What if I have any questions?
If you have any questions about this project, either now or in the future, you can contact:
Nicola Atwood, or Professor Anne Smith
Department of Community and Family Studies, Children's Issues Centre
University of Otago University of Otago
by phone at 03 479 9019 or phone 03 479 5087
nicola.atwood@stonebow.otago.ac.nz anneb.smith@stonebow.otago.ac.nz

This project has been reviewed by the University of Otago Human Ethics Committee
Children's Information Sheet - II

What is this project about?
This project is for a PhD. This is a bit like a very big school project where you find out about something and write it up. I am interested in talking to children and their families about what happens when decisions have to be made about where children are going to live and the grown-ups don't agree.

Who do we want to talk to?
Sometimes children talk to a counsellor when grown-ups are arguing about where they should live. I am inviting children who have done this to talk about this so that I can find out more about what this is like. I am also going to talk to families, foster parents and social workers about what happens when adults don't agree about where children should live.

What will I be asked to do?
If you agree to take part in this project, two things might happen
1. I will look at the file that your social worker has
2. You will be invited to talk about:
   • What happened when you spoke to [insert name of specialist report writer],
   • What was decided about where you should live,
   • What has happened to you since then.
   • Anything you would like to tell parents, foster parents, social workers and lawyers about what it is like when adults can't agree about where children should live.
You can agree to let me see your file and choose not to talk to anyone or you can agree to both things.

If you agree to talk to someone, a tape will be made of what you say so that exactly what was said can be written up. This will be checked with you to make sure that the record of your talk is correct and that it is okay to use what you have said. You can say if there is anything you do not want to go in the write up of the project.

This is not the same as when you saw [insert name of specialist report writer] and none of the things you talk about will be passed on to your social worker, parents or foster parents. The only time this might happen, is if you say something that indicates that you are not safe or are being hurt. If that happens the person you are talking to, will tell you if she thinks the information should be passed on to a social worker.

You do not have to take part in this project and nothing will happen if you say no.

What will happen if I agree to talk to someone
You will not be asked a lot of set questions. You will be asked to talk about what it was like to see a counsellor, how you felt about the decisions that were made and what life has been like for you since then. If you feel uncomfortable or unhappy with any questions, you don't have to answer them. You can ask that the tape be turned off at any time. If you become upset or unhappy you can talk to the person you are with or ask them to get someone you trust so that you can talk to them.

Although the University of Otago Human Ethics committee (a group of people who make sure that this project is safe for the children taking part) is aware of the general areas to be talked about, the Committee does not know exactly what we will talk about.
Two people will be talking to the children who agree to take part - Carmen Petersen and Nicola Atwood. You can choose who you talk to.
We will let you know what we found out by doing this project.

**Can I change my mind?**
If you agree to take part, you can change your mind at any time. You can do this by telling the person you are talking to, your social worker, your parents or the people you are living with that you do not want to take part any more.

**What will happen to the things I talk about?**
The information I collect from your file and from you will be used to find out what happens to children when grown-ups can’t agree about where they should live. I will be writing this up in a thesis (looks like a big book) and this will go into the University library. I will also be talking to social workers, parents and foster parents at conferences. I hope to find ways to help grown-ups include children and make the best decisions possible.

**Who will know what I have said?**
The only people who read the information collected are Nicola Atwood, Carmen Petersen (the two people doing the interviews) and my supervisors (people who make sure that I am doing a good job) Professor Anne Smith and Dr Anne Bray. Your real name will not be used and I will make sure that no-one knows what you said.

At the end of the project the tape of your talk will be destroyed immediately. The written record will be kept locked-up in a safe place for five years, and then it will be destroyed.

**What if I have any questions?**
If you have any questions about this project, either now or in the future, you can contact:
Nicola Atwood, or Professor Anne Smith
Department of Community and Family Studies, Children’s Issues Centre
University of Otago University of Otago
by phone at 03 479 9019 or phone 03 479 5087
nicola.atwood@stonebow.otago.ac.nz anneb.smith@stonebow.otago.ac.nz

This project has been reviewed by the University of Otago Human Ethics Committee
Information Sheet for Parents and Foster Parents

What is this project about?
This project is for a PhD – an advanced university qualification. The aim of the research is to find out more about the use of attachment assessments when decisions are made for children in care. There are two parts to the research – a survey to ascertain current practice and a retrospective analysis of case studies.

Who do we want to talk to?
I am interested in talking to children, their families and foster parents who have had an attachment assessment completed to assist with deciding where a child should live. I will also be talking to social workers.

What will I be asked to do?
If you agree to take part in this project two things might happen:
1. The file that Child Youth and Family has will be read
2. You will be interviewed about:
   - What happened when you spoke to [insert name of specialist report writer],
   - What was decided about where your child(ren) should live,
   - Your views of the decision and the way it was made
   - What has happened to [insert names of child(ren)] since then.
You can agree to let me see the file and choose not to talk to anyone or you can agree to both things. Interviews will be approximately one hour.
You do not have to take part in this project and nothing will happen if you say no.

What will the children be asked to do?
Children who agree to be interviewed will be asked about their experience of the attachment assessment, their view of the decisions that have been made, and any advice they might have for parents, caregivers, social workers, lawyers and other children in similar situations.

What will happen if I agree to take part?
If you agree to talk to someone, a tape will be made of what you say so that exactly what was said can be written up. This will be checked with you to make sure that the record of your talk is correct and that it is okay to use what you have said. You can say if there is anything you do not want included in the write up of the project.

This is not the same as when you saw [insert name of specialist report writer] for the attachment assessment. None of the things you talk about will be passed on to your social worker, or other people involved. The only time this might happen, is if you say something that indicates that any child(ren) are not safe or are being hurt. If this happens information will be passed on to Child Youth and Family and you will be advised of this before any action is taken.

You will not be asked a lot of set questions. What we talk about will depend on you and the person you are talking to. If you feel uncomfortable or unhappy with any questions, you don't have to answer them. You can ask that the tape be turned off at any time.
Although the University of Otago Human Ethics committee (a group of people who make sure that this project is safe for the people taking part) is aware of the general areas to be talked about, the Committee does not know exactly what questions will be asked.

Two people will be talking to the children and adults who agree to take part - Carmen Petersen and Nicola Atwool. You will have a choice about which one you talk to.

I will let you know what I found out by doing this project.

Can I change my mind?
If you agree to take part, you can change your mind at any time. You can do this by telling the person you are talking to, my supervisor or the social worker who told you about the project.

What will happen to the things I talk about?
The information I collect from the file and from you will be used to find out what happens to children when people can’t agree about where they should live. I will be looking at how attachment assessments are used when decisions are made and what has happened to the children since that time. I will be writing this up in a thesis (looks like a big book) and this will go into the University library. I will also be talking to social workers, parents and foster parents at conferences. I plan to develop guidelines to help those involved in similar situations include children and make the best decisions possible.

Who will know what I have said?
The only people who read the information collected are Nicola Atwool, Carmen Petersen (the two people doing the interviews) and my supervisors (people who make sure that I am doing a good job) Professor Anne Smith and Dr Anne Bray. Your real name will not be used and you can choose the name to be used. The people doing this project will make sure that no-one knows that it was you who spoke to them or knows exactly what you said. You will not be identified in any publications resulting from this research. At the end of the project the tape of your talk will be destroyed immediately. The written record will be kept locked-up in a safe place for five years, and then it will be destroyed.

What if I have any questions?
If you have any questions about this project, either now or in the future, you can contact:
Nicola Atwool, or Professor Anne Smith
Department of Community and Family Studies, Children's Issues Centre
University of Otago University of Otago
by phone at 03 479 9019 or phone 03 479 5087
nicola.atwool@stonebow.otago.ac.nz anne.smith@stonebow.otago.ac.nz

This project has been reviewed by the University of Otago Human Ethics Committee
Information Sheet for Social Workers

What is this project about?
This project is for a PhD. The aim of the research is to find out more about the use of attachment assessments when decisions are made for children in care. There are two parts to the research – a survey to ascertain current practice and a retrospective analysis of case studies.

Who do we want talk to?
I am interested in talking to children, their families, foster parents and social workers about their experience of attachment assessments to assist with deciding where a child should live in conflicted situations.

Senior Social Workers will also be asked to complete a national survey to ascertain current practice in relation to the use of Specialist reports. Telephone interviews will be conducted with Specialist Report Writers to establish the type of assessments being used throughout the country. This will provide a context for the case study part of the research in which you are being asked to participate.

What will I be asked to do?
If you agree to take part in this project you will be interviewed about:
- Your experience of being involved in a decision-making process where an attachment assessment was requested
- Your views of the decision and the way it was made
- What has happened to [insert names of child(ren)] since then
Interviews will be approximately one hour.
You do not have to take part in this project and there will be no adverse consequences if you decline.

What will the children be asked to do?
Children who agree to be interviewed will be asked about their experience of the attachment assessment, their view of the decisions that have been made, and any advice they might have for parents, caregivers, social workers, lawyers and other children in similar situations.

What will the parents and foster parents be asked to do?
Parents and foster parents who agree to be interviewed will be asked similar questions to those being asked of social workers.

What will happen if I agree to take part?
If you agree to be interviewed, an audio tape will be made and transcribed. This will be checked with you to make sure that the record is correct and that it is okay to use what you have said. You can identify any material that you do not want to go in the write up of the project.

You can decline to answer any questions and can ask that the tape be turned off at any time.

This project involves an open-questioning technique where the precise nature of the questions have not been predetermined but will depend on the way in which the interview develops. Consequently, although the University of Otago Human Ethics committee is aware of the
general areas to be talked about, the Committee does not know exactly what questions will be asked.

Two people will be conducting the interviews - Carmen Petersen and Nicola Atwool. You will have a choice about which one you talk to.

I will let you know what I found out by doing this project.

**Can I change my mind?**
If you agree to take part, you can change your mind at any time.

**What will happen to the information collected?**
The case study data will be used to evaluate the validity of using attachment assessments to facilitate decision-making. The analysis will focus on the initial decision and developments since that time. The evaluation of case study data will pay particular attention to the degree to which stability and consistency of living arrangements have been achieved and the child's progress.

Results will be reported in a thesis that will go into the University library. I may also publish journal articles and present material at conferences. I plan to develop guidelines for best practice in disputed decision-making situations.

**Who will know what I have said?**
The only people who read the information collected are Nicola Atwool, Carmen Petersen (the two people doing the interviews) and my supervisors, Professor Anne Smith and Dr Anne Bray. Your real name will not be used and you can choose how you want to be identified. Every effort will be made to ensure that confidentiality is maintained for all participants. At the end of the project audio tapes will be destroyed immediately. The transcripts will be kept in a secure place for five years, and then destroyed.

**What if I have any questions?**
If you have any questions about this project, either now or in the future, you can contact:
Nicola Atwool, or Professor Anne Smith
Department of Community and Family Studies, or Children's Issues Centre
University of Otago, or University of Otago
by phone at 03 479 9019 or phone 03 479 5087
nicola.atwool@stonebow.otago.ac.nz or anneb.smith@stonebow.otago.ac.nz

This project has been reviewed by the University of Otago Human Ethics Committee
Information Sheet for Supervisors

What is this project about?
This project is for a PhD. The aim of the research is to find out more about the use of attachment assessments when decisions are made for children in care. There are two parts to the research – a survey to ascertain current practice and a retrospective analysis of case studies.

Who do we want talk to?
Supervisors will be asked to complete a national survey to ascertain current practice in relation to the use of Specialist reports in situations where the relevant parties cannot agree about where a child should live.

Telephone interviews will be conducted with Specialist Report Writers to establish the type of assessments being used throughout the country. This will provide a context for the case study part of the research when I will be talking to children, their families, foster parents and social workers about their experience of attachment assessments to assist with deciding where a child should live in conflicted situations.

What will I be asked to do?
If you agree to take part in this project you will be asked to complete a questionnaire. This should take no longer than thirty minutes.

Participation in this project is voluntary and there will be no adverse consequences if you decline.

Can I change my mind?
If you agree to take part, you can change your mind at any time.

What information will be collected and what use will be made of it?
Survey data will be used to develop an overview of practice in relation to decision-making processes when agreement cannot be reached about where a child in care should live. Telephone interviews with Specialist Report writers will supplement this by providing information about the different types of assessment used throughout New Zealand. This data will provide a context for an in-depth analysis of decision-making in specific cases where attachment assessments have been sought as part of the decision-making process.

The case study data will be used to evaluate the validity of using attachment assessments to facilitate decision-making. The analysis will focus on the initial decision and developments since that time. The evaluation of case study data will pay particular attention to the degree to which stability and consistency of living arrangements have been achieved and the child's progress.

Who will have access to the information collected?
The only people with access to the information collected are the researcher, Nicola Atwool, the research assistant, Carmen Petersen and my supervisors, Professor Anne Smith and Dr Anne Bray. Questionnaires will be anonymous. At the end of the project audio tapes will be destroyed immediately. The transcripts and questionnaires will be kept in a secure place for five years, and then destroyed.
What if I have any questions?
If you have any questions about this project, either now or in the future, you can contact:
Nicola Atwool, or Professor Anne Smith
Department of Community and Family Studies, Children’s Issues Centre
University of Otago University of Otago
by phone at 03 479 9019 or phone 03 479 5087
nicola.atwool@stonebow.otago.ac.nz anneb.smith@stonebow.otago.ac.nz

This project has been reviewed by the University of Otago Human Ethics Committee
Information Sheet for Specialist Report Writers

What is this project about?
This project is for a PhD. The aim of the research is to find out more about the use of attachment assessments when decisions are made for children in care. There are two parts to the research – a survey to ascertain current practice and a retrospective analysis of case studies.

Who do we want talk to?
Telephone interviews will be conducted with Specialist Report Writers to establish the type of assessments being used throughout the country. These will be undertaken as a follow-up to a national survey of Senior Social Workers to ascertain current practice in relation to the use of Specialist reports in situations where the relevant parties cannot agree about where a child should live. This will provide a context for the case study part of the research when I will be talking to children, their families, foster parents and social workers about their experience of attachment assessments to assist with deciding where a child should live in conflicted situations.

What will I be asked to do?
Telephone interviews should take no longer than thirty minutes and you will be provided with an outline of topics to be covered in advance.
Participation in this project is voluntary and there will be no adverse consequences if you decline.

Can I change my mind?
If you agree to take part, you can change your mind and withdraw at any time.

What information will be collected and what use will be made of it?
Telephone interviews with Specialist Report writers will supplement survey data by providing information about the different types of assessment used throughout New Zealand. Together this data will be used to develop an overview of practice in relation to decision-making processes when agreement cannot be reached about where a child in care should live. This information will provide a context for an in-depth analysis of decision-making in specific cases where attachment assessments have been sought as part of the decision-making process.

The case study data will be used to evaluate the validity of using attachment assessments to facilitate decision-making. The analysis will focus on the initial decision and developments since that time. The evaluation of case study data will pay particular attention to the degree to which stability and consistency of living arrangements have been achieved and the child’s progress.

Who will have access to the information collected?
The only people with access to the information collected are the researcher, Nicola Atwood, the research assistant, Carmen Petersen and my supervisors, Professor Anne Smith and Dr Anne Bray. Participants in telephone interviews will not be identified. The transcripts, questionnaires and notes taken during telephone interviews will be kept in a secure place for five years, and then destroyed.

You are most welcome to request a copy of the results of the project should you wish.
What if I have any questions?
If you have any questions about this project, either now or in the future, you can contact:
Nicola Atwool, or Professor Anne Smith
Department of Community and Family Studies, Children's Issues Centre
University of Otago University of Otago
by phone at 03 479 9019 or phone 03 479 5087
nicola.atwool@stonebow.otago.ac.nz anneb.smith@stonebow.otago.ac.nz

This project has been reviewed by the University of Otago Human Ethics Committee
Who cares? The role of attachment assessments in decision-making for children in care

CONSENT FORM FOR CHILDREN

I have been told about this project and understand what it is about. All my questions have been answered in a way that makes sense. I know that I can ask any other questions at any time. I know that:-

1. It is up to me whether or not I take part;

2. I can stop taking part at any time;

3. The audio tapes will be destroyed at the end of the project but the write up of what I say will be kept locked-up for five years, and then it will be destroyed;

4. I will not be asked a lot of set questions. What we talk about will depend on me and the person I am talking to. If I feel uncomfortable or unhappy with any questions I don't have to answer them.

i. I can ask for the tape to be turned off at any time while I am talking. If I become upset or unhappy I can talk to the person I am with or ask them to get someone I trust so that I can talk to them.

ii. I can stop taking part at any time and do not have to give a reason

iii. I will receive a gift voucher as thanks for taking part and will be given this even if I change my mind and decide later that I don't want to take part.

8. The results of the project will be written up in a book and put in the university library. The people doing this project will make sure that no-one knows that it was me who spoke to them or knows exactly what I said. My identity will be protected.

I agree to take part in this project by:

- Letting Nicola Atwood read my file
- Talking to Nicola Atwood or Carmen Petersen

..........................................................................................................................................

(Signature of participant) ...........................................................................

(Date)

This project has been reviewed and approved by the University of Otago Human Ethics Committee
Who cares? The role of attachment assessments in decision-making for children in care

CONSENT FORM FOR
PARENTS / GUARDIANS/ FOSTER PARENTS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely my choice;

2. I am free to withdraw from the project at any time without any disadvantage;

3. The audio tapes will be destroyed at the conclusion of the project but any raw data (for example, transcripts of interviews) on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed;

4. This project involves an open-questioning technique. There is no set format and the questions asked will depend on the way the interview develops. If I am uncomfortable with the line of questioning or unhappy with what is being asked I can refuse to answer any particular question(s). I may also withdraw from the project without any disadvantage of any kind.

5. The results of the project may be published in journal articles, presented at conferences and also will be available in the University library but protection of my identity is guaranteed.

I agree to take part in this project.

(Signature of participant) (Date)

This project has been reviewed and approved by the University of Otago Human Ethics Committee.
Who cares? The role of attachment assessments in decision-making for children in care

CONSENT FORM FOR
SOCIAL WORKERS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntary;
2. I am free to withdraw from the project at any time without any disadvantage;
3. The audio tapes will be destroyed at the conclusion of the project but any raw data (for example, transcripts of interviews) on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed;
4. This project involves an open-questioning technique. There is no set format and the questions asked will depend on the way the interview develops. If I am uncomfortable with the line of questioning or unhappy with what is being asked I can refuse to answer any particular question(s). I may also withdraw from the project without any disadvantage of any kind.*
5. The results of the project may be published and will be available in the library but protection of my identity is guaranteed.

I agree to take part in this project.

(Signature of participant) (Date)

This project has been reviewed and approved by the University of Otago Human Ethics Committee
Who cares? The role of attachment assessments in decision-making for children in care

CONSENT FORM FOR
SPECIALIST REPORT WRITERS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntary;

2. I am free to withdraw from the project at any time without any disadvantage;

3. Any raw data (for example, transcripts of interviews) on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed;

4. This project involves an open-questioning technique. There is no set format and the questions asked will depend on the way the interview develops. If I am uncomfortable with the line of questioning or unhappy with what is being asked I can refuse to answer any particular question(s). I may also withdraw from the project without any disadvantage of any kind.

5. The results of the project may be published and will be available in the library but protection of my identity is guaranteed.

I agree to take part in this project.

(Signature of participant) (Date)

This project has been reviewed and approved by the University of Otago Human Ethics Committee

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OtÀGO

To Where Unknown - a Otago
Interview outline for Child Participants

Interviewer will introduce themselves and describe the project and an outline of the interview process. There will be an opportunity for the child to ask questions.

Children will be invited to complete a picture of their family to facilitate discussion about where they are living and who they have contact with.

Children will also be asked to draw a self portrait and invited to talk about things they are good at. If they do not wish to undertake this task they will be asked to look at Strengths Cards and select the ones that they identify with. The purpose of this is to gain some understanding of the child's self perception and self-esteem.

The interview will then focus on the assessment process and the following issues will be covered:
Do you remember going to see [name of Specialist report writer]

What can you tell me about this experience?

What did you think the purpose of going to see this person was?

Did you know that person was writing a report?

Do you know what was in the report?

Do you know who has seen that report?

Around that time decisions were made about where you should live. What do you think/feel about the decisions that were made?

Did you have any say in those decisions?

Do you think they were good decisions?

Can you tell me what has happened since then?

Prompts: Are you living with the same people? Do you still see Mum and Dad? Any other changes?

What advice would you give to adults (social workers, lawyers, caregivers, and parents) who are involved in making decisions about where children should live?

What advice would you give to other children who are having an assessment completed?
I am interested in the processes that are used to facilitate decision-making about where children are to live in situations where agreement cannot be reached. For example:

a. Family Group Conferences following a period when a child has been in care while a situation is assessed

2. Planning meetings for children in long-term care where the family wants the child returned home or moved from the current placement.

3. Disputed custody where the Family Court has referred the matter for a Family Group Conference or the child has been made a Ward of court with the Chief Executive appointed as agent.

In particular I am interested in whether children are referred for attachment assessments or other form of assessment as part of that process.

Your assistance in completing this questionnaire is greatly appreciated.

1. Is additional information (in the form of an attachment or other assessment) routinely sought in disputed situations?

**YES/NO/SOMETIMES**

(a) If yes what type of additional information is sought?

(b) If not used routinely in what circumstances is additional information requested?

(c) What (if any) obstacles influence the decision to request assessments?

2. Which of the following professional groups do you request assessments from?

- Child/Adolescent Psychiatrist
- Clinical Psychologist
- Educational Psychologist
- Child/Adolescent Psychotherapist
- Child, Adolescent and Family Mental Health Service
- Social Worker/Counsellor in private practice
- Social Worker/Counsellor employed in a community based agency

3. In your experience who has the most influence on the final decision about where a child should live:

- CYF social worker
- Counsel for child
- Birth parent(s)
- Caregivers
- Child or young person
- Specialist report writer
- Other

4. In disputed situations is the child or young person consulted as part of the decision-making process?

(a) if yes, who speaks with the child and how is his/her view shared with the others involved?
(b) On a scale of 1 to 5 (where 1 represents 'very little' and 5 'a great deal') what weight is placed on the child's view?

5. The Children Young Persons and their Families Act 1989 (plus amendments) provides the legal framework for decisions. Which principles do you consider most important when agreement cannot be reached about where a child should live?

6. On a scale of 1 to 5 (where 1 represents 'very little' and 5 'a great deal') what influence does the United Nations Convention on the Rights of the Child have when decisions have to be made about where children should live.

7. If you consider UNCROC relevant which articles are important?

8. On a scale of 1 to 5 (where 1 represents 'very unsatisfactory' and 5 represents 'highly satisfactory') how would you rate current procedures for decision-making in disputed situations?

9. What changes (if any) would you like to see?

10. I am interested in conducting telephone interviews with other professionals who complete assessments for Child Youth and Family. Can you provide the names and contact details (with their permission) of professionals who may be willing to participate.
Interview Outline for Adult Participants

Introduction
Outline purpose of project using Information Sheet. Respond to any questions participant may have. Negotiate timeframe for the interview.

Aspects to be covered:
What do you remember about the decision-making process when it was decided that [child’s name] should live with [name of people child is/was living with at outcome of process]? 

What did you think of the decision that was made?

What do you remember about the assessment report that was written?
What is your opinion of the recommendations that were made?
Are such assessments helpful/useful? Do you think they should be used more often or less often?
What obstacles (if any) exist to obtaining assessments and implementing the decisions?
Did the report help you understand the child’s perspective?
Did the report help other adults involved in the decision-making process understand the child’s perspective?
Did this make any difference in terms of resolving conflict about where the child should live?

What has happened for [child’s name] since that time?
Any changes of living arrangements or other major changes?

Describe child’s current situation
Who are the people that the child considers most important in their life?
How settled is the child in their current situation?
Who else do they have contact with?
How is the child doing at school?
What social network does the child have?
Does the child have any major problems – health, behavioural, emotional?
How would you rate the security of the child’s attachment with the significant adults in their life (caregivers, parents, and siblings)?

What do you envisage happening in the future for this child?
What changes would you like to see?

What do you think are the most important factors that make a difference for children who are living away from their birth families?
Outline of Interview with Specialist Report Writers

I am interested in the processes that are used to facilitate decision-making about where children are to live in situations where agreement cannot be reached. For example:

- Family Group Conferences following a period when a child has been in care while a situation is assessed
- Planning meetings for children in long-term care where the family wants the child returned home or moved from the current placement.
- Disputed custody where the Family Court has referred the matter for a Family Group Conference or the child has been made a Ward of court with the Chief Executive appointed as agent.

In particular I am interested in situations were children are referred for assessments as part of that process.

Your assistance would be greatly appreciated:

1. Which professional groups do you belong to?
   - Child/Adolescent Psychiatrist
   - Clinical Psychologist
   - Educational Psychologist
   - Child/Adolescent Psychotherapist
   - Child, Adolescent and Family Mental Health Service
   - Social Worker/Counsellor in private practice
   - Social Worker/Counsellor employed in a community based agency

2. What type of assessment reports do you provide? Theoretical base/focus/purpose

3. What process do you follow? Who is interviewed/how often/who has access to the report

4. What importance do you place on the child's perspective?

5. In your experience who has the most influence on the final decision about where a child should live:
   - CYF social worker
   - Counsel for child
   - Birth parent(s)
   - Caregivers
   - Child or young person
   - Specialist report writer
   - Other

6. The Children Young Persons and their Families Act 1989 (plus amendments) provides the legal framework for decisions. Which principles do you consider most important when agreement cannot be reached about where a child should live?
7. On a scale of 1 to 5 (where 1 represents 'very little' and 5 'a great deal') what influence does the United Nations Convention on the Rights of the Child have when decisions have to be made about where children should live.

8. If you consider UNCROC relevant which articles are important?

9. On a scale of 1 to 5 (where 1 represents 'very unsatisfactory' and 5 represents 'highly satisfactory') how would you rate current procedures for decision-making in disputed situations?

10. What changes (if any) would you like to see?
Appendix D: Child Youth and Family Research Access Committee
Application
Application to the Child, Youth and Family Research Access Committee

The people involved

Applicant:
Nicola Atwool, Senior Lecturer, Community and Family Studies, University of Otago, P.O.Box 56, Dunedin.
Phone: 03 479 9019, Fax: 03 479 7653, email: nicola.atwool@stoonebow.otgo.ac.nz

Research assistant: Carmen Petersen, MSW student. Has professional social work qualification and eight years post-qualification experience.

Supervisors: As this is a PhD I have a supervisory panel comprising, Professor Anne Smith, Director of Children's Issues Centre, and Dr Anne Bray, Donald Beasly Institute

Background Information

The 1989 CYP& F Act requires that when concerns about the care and protection of children exist, families are part of the decision-making process. The Act also emphasises children's right to be with family. The aim of the legislation is to obtain agreement at Family Group Conferences involving the family, social workers, foster parents, lawyers and other professionals and lay people involved with the family. It is not always possible to get agreement and in these situations, the case is referred to the Family Court. Evidence is presented to the Judge and assessments of the child may form part of this evidence. Once the decision is made to place a child in care under the auspices of the Chief Executive, social workers are required to prepare plans (six-monthly for children under 7, annually for children over 7) and gain agreement from relevant parties at planning meetings.

Disputes about where a child should live may arise at anytime during the period the child is in care and assessments can be requested when decisions come up for review at planning meetings. Although the principles of the Act provide guidelines tension can arise between the best interests of the child, the child's right to be with family and the principle of minimum intervention in families. Even when there is agreement that the child is in need of care and protection and can no longer live with the birth family, disagreement can arise about where the child should live. For example, a child can be in short-term care while the situation is being assessed and this can become protracted due to disagreement. Once the final decision is made not to return the child to family there may be dispute about whether the child remains with the family who have been caring for them in the interim or is moved to another placement. This is particularly likely to occur if the child is not in a kin placement, the birth parents do not have a good relationship with the foster parents and/or the child is young and the foster parents have formed an attachment to the child.

Decisions about where children should live are emotionally charged (Hindle, 2001) and views frequently become polarised. There is often an assumption that adults will act in children's best interests but there is evidence that both parents and professionals do not always do so (Munro, 2001) and a range of attitudes have been identified (Britner & Mossier, 2002; Thomas & O’Kane, 1999). 'Best interests' is a subjective and contestable concept (Lansdown, 1994; Woodhead, 1990; Butler & Roberts, 1997) and in many cases both parents and professionals assert commonsense as the justification for their position. This calls into question the quality of decisions and gives rise to the possibility that what is done for and to children is more or less guesswork (Flekkoy & Kaufman, 1997). Previous research
demonstrating that children may have multiple placements during their time in State care (McKay, 1981) adds weight to this argument.

Although the legislation allows for children's participation, this is extremely rare in disputed situations. A combination of adult's certainty about their capacity to act in children's best interests and their absence from decision-making forums renders the child invisible (Atwool, 1999; Holland, 2001). Research has also demonstrated that they may have very little knowledge of decision-making processes (Smith, Gollop, Taylor & Atwool, 1999) further contributing to their disempowerment.

In disputed situations, assessments of children are sometimes requested to assist in the decision-making process. The child is referred to a specialist who completes an assessment and provides a report. These reports provide an overview of the situation and pay particular attention to the child's perspective. Recommendations about the child's living arrangements are usually provided and these recommendations may have considerable influence on the outcome (Hindle, 2001).

I have argued that Attachment theory provides a framework which ensures that decision-making is focused on the child's long-term well being (Atwool, 1999). Research on resilience and protective factors for children experiencing multiple disadvantage highlights three factors: Individual characteristics such as self esteem, and internal locus of control, family support, and support from a person or organisation outside the family. These factors can all be linked to attachment (Atwool, 1997) and this understanding informs the assessments I have undertaken. The focus is on the quality of the child's attachments to the significant adults in their lives. Recommendations are designed to ensure that the outcome of the decision-making process offers the child stability and the opportunity to form secure attachment relationships with those people entrusted with their care. Part of the assessment process is to identify who the significant adults in the child's life are, and the nature of their relationship with each of these people. The aim is to ensure that the decision is child focused rather than a compromise designed to appease competing adults. I have undertaken such assessments over a twelve-year period, beginning this work when employed by Child, Youth and Family in the Specialist Services unit of the Dunedin office and continuing since moving to an academic post in 1994.

The aim of the study

This research is designed to explore the impact of attachment assessments on decision-making processes and outcomes for children who come under the auspices of the 1989 Children, Young Persons and their Families Act. This is a multi-method study, combining a national overview of decision-making processes for children in care when agreement is not reached with an in-depth exploration using case studies. The case studies will provide the opportunity to explore the validity of attachment theory in this context including an exploration of the link between attachment and resilience in theory and practice. This research will provide an evaluation of:

- current practice when agreement cannot be reached about where a child is to live
- the theoretical assumptions underpinning an approach based on attachment theory
- the impact of attachment-focused assessments on decision-making processes
- the outcomes of those processes.

The research is designed to contribute to the development of guidelines for best practice for decision-making in disputed situations.
Theoretical and cultural approaches

The objectives of the study are:

• A national survey to ascertain practice in relation to the use of assessments in cases where agreement cannot be reached.
• Telephone interviews with other specialist report writers to ascertain the theoretical base of their assessments and the process used.
• Analysis of decision-making process using case studies
• Evaluate the impact of attachment assessments on the decision-making process
• Evaluate the extent to which attachment assessments give children a voice in the decision-making process.
• Evaluate the outcome of the decision-making process over time, specifically exploring whether or not a focus on attachment increases stability and facilitates improved outcomes.

The social services and counselling fields are frequently criticised for their failure to evaluate the effectiveness of their interventions (Cheetham, 1992; Munro, 1998; Payne, 1997). In particular, despite its long history and prevalence the use of foster care has received very little research attention (Berridge, 1999). The aim of this research is to investigate and evaluate an aspect of care and protection intervention practice, which involves the application of a specific theoretical approach (attachment theory) to that process. Although there is considerable research on attachment very little is focused on the application of attachment theory to practice situations. This research will be of national relevance because these decision-making processes occur throughout the country and are one of the most challenging and contentious aspects of social work practice in the care and protection field. The Department of Child, Youth and Family Services does not have unlimited access to resources and there is a need for research evaluating the effectiveness of resource intensive interventions. This research will contribute to the development of guidelines for 'best practice' in relation to the use of attachment assessments and the supports necessary to ensure that recommendations are implemented.

This research is also likely to attract international attention because the New Zealand care and protection legislation has a high profile due to its emphasis on family involvement in decision-making. Research interest has been focused on the Family Group conference but little attention has been paid to what happens when agreement cannot be reached. Children's minor role in decision-making processes has begun to receive attention (Butler & Williamson, 1994; Smith et al, 1999; Holland, 2001) and this research makes a contribution to this issue though its evaluation of an intervention designed to facilitate the child's voice being heard.

Although research has identified protective factors (Jack, 2000), the development of models of intervention based on this understanding is in the early stages. This research will investigate the possibility that the opportunity to form and maintain secure attachment increases the resilience of children in need of care and protection.

Methodology

This is a multi-method study being undertaken within a constructivist paradigm (Guba & Lincoln, 1994; Schwandt, 1994). The research is based on the understanding that knowledge and meaning are constructed and that participants in social processes may each have a unique understanding of that process. Techniques include a national survey by way of written questionnaire and telephone interviews to develop a national perspective on current practice. In-depth exploration of practice will be conducted through case data analysis, and face-to-face interviews. The aim is to explore the complexity of these situations from the perspective of
those most affected. Attention will be focused on the unique experience of the children and their families. Qualitative research is frequently criticised for the failure to address issues of validity and reliability and a central issue in this project is the definition of outcome. Standardised outcome measures will not be used and this issue will be addressed through triangulation of multiple data sources (Janesick, 1994). Outcome data that demonstrates the basis on which any conclusions are drawn will be provided, rather than superimpose judgements. The understanding that social work can often be about creating potentialities rather than final states or outcomes (Cheetham, 1992) will provide the framework for this analysis. In addition there will be a critical interrogation of the relationship between theory and practice with particular emphasis on attachment theory, the link with resilience and the cross-cultural application of these theories.

The research process will include the following steps:

a. Ethical approval to be sought from University of Otago and research proposal submitted to the Research Access Committee for the Department of Child, Youth and Family Services

b. A literature review exploring the relevance of attachment when making decisions for children in care (including the link between attachment and resilience), research on the role of assessment in decision-making, research on the application of attachment theory in social work practice.

c. Develop and distribute a questionnaire focusing on practice in disputed cases, to be completed by Senior Social Workers supervising teams with responsibility for care and protection and long-term care. (Draft copy attached)

d. Analysis of data from questionnaire

e. Telephone interviews with other specialist report writers to obtain information about the theoretical base of their assessments and the process used.

f. Identification and analysis of case studies:
   • Identify those cases where an attachment assessment has been requested in collaboration with the Dunedin branch of Child, Youth and Family
   • Select ten suitable cases and negotiate consent
   • Track the decision-making process and outcomes for each case study
   • Analyse data and identify trends

The analysis of the data will be based on the following research questions:
   • Did the recommendations facilitate an agreed outcome?
   • If agreement was not reached how were the decisions made?
   • Were the recommendations implemented?
   • If recommendations were not implemented, what factors led to different outcomes?
   • How long did it take for decisions to be made?
   • Was the child's voice heard in this process?

7. Obtain information about the current situation and present status of the children. This will be achieved by:
   • Analysis of case records
   • Interviews with children's current social workers
   • Interviews with birth parents and caregivers.
The analysis of this data will be focused on the following research questions:

- What changes in living arrangements have occurred since the decision was made?
- What is the nature of the child's attachment relationship with significant adults in their life?
- Was the goal of stability and the opportunity to form secure attachment relationships achieved?
- If so, has this resulted in positive outcomes?
- If this goal was not achieved what factors contributed to further disruption?

8. Interviews with a selected sample of young people drawn from the ten case studies. (Outline of semi-structured interview is attached).

- Interviews will be taped, transcribed and analysed thematically in relation to the research questions.

Informed consent from all participants will be obtained before any interviews are undertaken and interviewees will have their transcripts returned to them for checking and amending. Transcripts and data collected from files will be given anonymous identifiers and kept in secure filing cabinets at Community and Family Studies, University of Otago. A list of codes and names will be kept separately from the questionnaires. Audiotapes will be wiped at the completion of the project and transcripts will be destroyed after five years.

Cultural appropriateness

This proposal has been referred for Māori consultation in accordance with University of Otago requirements (Copy attached). There are Māori children in the sample group and this is an issue of particular concern to Māori. The cross-cultural validity of attachment theory will be explored in this research with particular attention to the issue of cultural identity and placement implications.

Ethical Considerations

Some aspects of this have been covered in the methodology section. Consent will be sought from guardians, current caregivers and children before inclusion in the sample. Participation will be entirely voluntary. It is envisaged that guardians and current caregivers will be approached only after consultation with the social worker and senior social worker currently involved and that initial contact will be made by CYF. Attached are copies of information sheets and consent forms. I have also attached a copy of my application to the University Ethics committee.

Safety issues could arise for child participants if unresolved issues are triggered in the course of the interview. Another potential difficulty could be the disclosure of abuse or other problems within their current placement. Both researchers are qualified and experienced social workers. If any issues arise in the course of the interview, the researcher would negotiate with the child how best to resolve these. Any disclosure of abuse would result in notification to Child, Youth and Family. When discussing confidentiality with child and adult participants they will be advised that should any information concerning safety come to light it will be necessary to notify CYF. All participants will be advised if it is deemed necessary for information to be passed on.
Child, Youth and Family involvement

I would like to circulate the questionnaire to a sample of 50 senior social workers with direct responsibility for social workers involved in the decision-making processes that are the focus of this research. Sample to be nation-wide and include sites from large cities, provincial centres and rural areas. I envisage that it would take a maximum of thirty minutes to complete.

The case studies will be drawn from the Dunedin office, although some families may have moved out of the district. Their assistance in recruiting participants would be needed. The District Manager is supportive of this research.

I would need access to the case records of those children included in the research sample and plan to interview the social workers of children in the case study group. I envisage that this would take no more than an hour.

Project Timetable

January - March 2004:
Ethical approval application to the University of Otago and access to CYF files negotiated.

January - April 2004:
Literature review completed.

April - May 2004
Distribution and collection of survey
Identification of case studies
Negotiation of consents

May 2004 - June 2004
Identification and documentation of decision-making process in case studies
Analysis of data pertaining to decision-making process
Gathering data from case records on changes subsequent to decision-making
Analysis of questionnaire data
Telephone interviews with other specialist report writers

June - July 2004:
Analysis of data from telephone interviews
Interviews conducted with social workers, parents, foster parents and children
Interviews transcribed and checked

July - September 2004:
Analysis of data obtained from case records and interviews

September 2004 onwards:
Writing the thesis.

References


5 March 2004

Nicola Atwool
Community and Family Studies
University of Otago
PO Box 56
DUNEDIN

Dear Nicola

Who Cares? The role of attachment assessments in decision-making for children in care

Thank you for submitting an application to the Research Access Committee (RAC) for access to Child, Youth and Family staff and files. Your application was discussed at the RAC meeting on 18 February 2003.

In order to make a final decision on access, RAC would like you to provide the following information and an amended proposal.

- Please provide a more detailed time frame for your research, identifying exactly what month you intend to carry out the specific tasks.
- Your contact method: CYF will forward your information to people and they can then contact you if they wish. You will be provided with a liaison person at CYF and they will help you with this process.
- Your consent forms need to be targeted at the age group you will be interviewing, and provide more of an assurance to protect the respondent’s identity. Please provide a draft consent form with your amended proposal.
- To protect confidentiality, a list of codes and names needs to be kept separately from the questionnaires. That is, names removed from files and an identifying number used and recorded in a separate document stored in a different place.
- A copy of the University Ethics approval must be provided to RAC before access approval is granted. RAC members have asked me to clarify with you that it is an access committee and not an ethical approval committee.

You have indicated on page 6 of your application that you would like to send a questionnaire to all CYF senior social workers. This would be a huge undertaking (see bullet point 2 above) from CYF, which as you know already has huge demands on it. RAC suggests that you reconsider and identify whether or not a different approach focusing on a smaller sample would meet your project’s objectives. Please also note a cost for CYF administering and managing this part of your project could be incurred.
Access to CYF files is contingent on you and your research assistant/s signing the attached Deed of Confidentiality as an acceptance of the way in which information held by the Agency will be used by you. It also reflects the seriousness of any breach of the information privacy principles contained within the Privacy Act 1993.

Draft report
You have agreed to send to the Chairperson of Child, Youth and Family Research Access Committee at National Office Wellington the penultimate draft of your report to ensure that legal, ethical and matters-of-fact are adequately addressed. RAC will also be seeking an update from you every six months as to progress on your research.

In addition to this, RAC makes the following recommendations which it feels will be useful to your study:

- It suggests there needs to be more work on your questionnaire design - layout, formatting, etc. - to make it easier to read.
- Adapting the length of your information sheet to one page, so that its focus is on the respondent and the benefits of the study rather than the student.
- There are several Masters of Social Work theses on aspects of attachment, completed in New Zealand in recent years, which you may find useful. RAC noted your references did not include much New Zealand material.

Finally, RAC would like your comment on why the tapes will be held for 5 years. RAC recommends one or two years.

Liaison with the Department
Your contact within the Department is the Secretary of the Research Access Committee, Ruth Findlay (04 918 9244) and/or the Chairperson.

We look forward to receiving an amended proposal from you incorporating the conditions outlined above.

Yours sincerely

Ruth Findlay
Secretary
Research Access Committee
23 March 2004

Ruth Findlay
Secretary
Research Access Committee
Department of Child, Youth and Family Services
P O Box 2620
WELLINGTON

Dear Ruth

Who Cares? The role of attachment assessments in decision-making for children in care

I have addressed the issues raised in your memo 5 March 2004 as follows:

• Enclosed is an amended proposal that includes a more clearly defined time frame. It is a little difficult to provide a definite finish date, as I will be returning to full-time duties from July 2004. However, I hope to be completed by December 2006.

• Enclosed are amended consent forms and Information Sheets. It was not possible to reduce the Information Sheets to one page because the University Ethics Committee determines the format.

• I agree to keep a list of codes and names separately to protect confidentiality and have amended the proposal to reflect this.

• I have also enclosed the approval letter from the University of Otago Ethics Committee. Please accept my apology for inferring that the Research Access Committee provided ethical approval.

• I accept that a survey of all senior social workers is not realistic and have amended the proposal to a national survey of fifty Senior Social Workers covering large cities, provincial centres and rural sites. The aim is to provide a national context and practice is likely to differ depending on resources available but I am happy to negotiate if this is felt to be too large a number. It has been noted that a cost for CYF administration and management for this part of the project may be incurred.

• Deeds of Confidentiality signed by myself and Carmen Petersen are enclosed.

• I am happy to provide six-monthly progress reports.

• The comments on the questionnaire are accepted – it was a draft only and should have specified this.
• I am aware of relevant Masters theses by Anne Doree and Shirley-Ann Chinnery as I was the external marker for these. I will ensure that relevant New Zealand material is included in the literature review.

• The audiotapes will be destroyed at the completion of the project. Only the transcripts and questionnaires will be retained for five years in keeping with University policy.

Your assistance in this matter is greatly appreciated. Please let me know if any further information or amendments are required.

Yours sincerely

Nicola Atwool
Senior Lecturer
23 April 2004

Nicola Atwool
Community and Family Studies
University of Otago
PO Box 56
DUNEDIN

Dear Nicola

**Who Cares? The role of attachment assessments in decision-making for children in care**

Thank you for your letter of 23 March 2004, addressing the issues raised by the Research Access Committee (RAC). Your amended application was discussed at the RAC meeting held on 21 April.

Before access is finally approved, would you please provide the following additional information.

- You have identified a problem on page 6 in your paragraph on cultural appropriateness. Would you please explain how you will address this issue.
- The Information Sheet needs more information on the issue of disclosure, so that all participants – young people, parents and caregivers – are aware that any disclosure of abuse would result in notification to CYF.
- Participants must be informed that their identity will not be revealed in any publication resulting from the research.

RAC also suggests the use of age-appropriate language in your information sheets.

In your proposal, you have asked for access to a sample of 50 senior social workers, and what sites can be used. The Chairperson of the Research Access Committee is meeting soon with a representative from National Services to discuss your request and other similar requests which the Committee has recently received. There is a need to monitor carefully which sites are used, given the huge number of unallocated cases and the work pressure of CYF social workers. Once this is determined and approval is granted I will advise you who to contact in CYF National Office.

I look forward to receiving an amended proposal and information sheet as outlined above.

Yours sincerely

Ruth Findlay
Secretary
Research Access Committee
28 April 2004

Ruth Findlay
Secretary
Research Access Committee
Department of Child Youth and Family Services
P. O. Box 2620
WELLINGTON

Dear Ruth

Who cares? The role of attachment assessments in decision-making for children in care

I have addressed the issues raised in your letter of 23 April as follows:

• I have enclosed a copy of my amended proposal and a copy of the letter received from Te Runanga o Otakou as a result of the consultation process. I will be seeking appropriate cultural supervision prior to interviewing any Māori participants and during the data analysis.

a I have amended the Information Sheets to include a stronger statement about disclosure of abuse resulting in notification to Child Youth and Family

• I have amended the Information Sheets to strengthen the statement that participants' identity will not be revealed in any publication resulting from the research. Copies of amended Information Sheets are enclosed.

• The Information Sheet for children was designed with children over ten years of age in mind. I have included a second Information Sheet for younger children who will not be interviewed. I trust that this address will the issue of age appropriate language. All of the children will have participated in an assessment and will have some familiarity with the focus of the research. I will be ensuring that an adult goes through the Information Sheet with them to make sure that child participants understand what is being asked of them.

Because I am operating under time constraints your urgent attention to these amendments is requested.

Yours sincerely

Nicola Atwood
Senior Lecturer
Appendix E: Māori Consultation Documents
Responsiveness to Maori Form

1. Research Title (if known)

Who Cares? The role of attachment assessments in decision-making for children in care

2. Principal Investigator

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
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<td></td>
<td>Nicola</td>
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<td>Atwool</td>
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3. Division & Department

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<th>Division</th>
<th>Humanities</th>
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<tr>
<td>Department</td>
<td>Community and Family Studies</td>
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4. Concise description in lay terms of the proposed area of research.

Evaluate the use of attachment assessments in decision-making processes for children in care in situations where agreement cannot be reached. The research includes a national overview of practice via a questionnaire, telephone interviews with Specialist report writers, and in-depth exploration using case studies. Both the theoretical assumptions underpinning the use of attachment theory and the outcomes achieved for children will be evaluated.

Please do not delete this line

5. Concise description in lay terms of the Potential Outcomes of the area of research.

A national overview of current practice in situations where agreement cannot be reached about where children should live combined with an evaluation of the theoretical basis for using attachment assessments, including an exploration of cross-cultural validity. Evaluation of the impact of attachment assessments. In particular whether they give children a voice in the decision-making process and whether they facilitate improved outcomes for children. Development of guidelines for best practice.

Please do not delete this line

6. Potential areas that are of interest to or concern for Maori

Māori children are over-represented in the population of children in care. The group from which case studies will be drawn includes Māori children and there are specific issues that arise for Māori. For example, conflict about the placement of Māori children with non-Māori foster parents. The implications of cross cultural application of attachment theory also is likely to be of interest to Māori, especially in relation to the link with cultural identity and the implications for decisions about placement of children in care.

Please do not delete this line

7. Research Collaborators for this Project

Carmen Petersen, research assistant. Supervisors, Professor Anne Smith and Dr Anne Bray
8. Potential Funding Bodies (e.g. HRC, FRST, Marsden) for this project.

Child Youth and Family
1 March 2004

Ms Nicola Atwool
Community and Family Studies
University of Otago

Tena koe Ms Atwool

RE: Research Proposal
Title: Who cares? The role of attachment assessments in decision-making for children in care

The Ngāi Tahu Research Consultation Committee met to discuss your research proposition in February 2004. The Committee acknowledges that this research proposition will include a national overview of practice via a questionnaire, telephone interviews with Specialist report writers, and indept exploration using case studies.

Your research proposition outlines the group in which case studies are to be drawn from include ‘Māori children with non-Māori foster parents or outside the iwi’ therefore the potential for Māori participation in your study is stated and that is important. The Committee have encouraged researchers to consider adopting the Census 2001 ethnicity question as a tool for recording and/or revisiting the ethnicity of participants. Some researchers are asking the Census question at the end of their demographic questions as this has improved the response rate of participants in answering this question.

The Committee acknowledges that the research proposition has outlined the sensitive nature of this research project and the cultural issues that may need to be considered for the potential Māori participants. Some of the broader issues could include Māori language and pronunciation for example. The 'cultural safety' of Māori children in care with reference to the aims and objectives of this study may need to be considered with regards to the processes when working with children in care. The ability to contribute to Māori knowledge in this area of research is highly acknowledged.

Finally, the Committee would like to recommend that Māori organizations, Māori health professionals and researchers be included in the dissemination of your research findings. The Committee would also value receiving a copy as well.
The Committee also supports the University of Otago training and education programmed offered to researchers and academic staff in Māori research. The training courses associated with the Treaty of Waitangi (i.e. Te Reo, Treaty of Waitangi, Treaty of Waitangi and research) are available through the University of Otago HEDC programmed each year.

Nakau noa, na

Christine Rimene
Administrator
Ngāi Tahu Research Consultation Committee
Appendix F: Questionnaire for Supervisors
Appendix F: Questionnaire for Supervisors

Who Cares?

The role of attachment assessments in decision-making for children in care

I am interested in the processes that are used to facilitate decision-making about where children are to live in situations where agreement cannot be reached. For example:

1. Family Group Conferences following a period when a child has been in care while a situation is assessed

   (h) Planning meetings for children in long-term care where the family wants the child returned home or moved from the current placement.

   (i) Disputed custody where the Family Court has referred the matter for a Family Group Conference or the child has been made a Ward of court with the Chief Executive appointed as agent.

In particular I am interested in whether children are referred for attachment assessments or other form of assessment as part of that process.

Your assistance in completing this questionnaire is greatly appreciated.

1. Please indicate which type of location you work in:

   [ ] Large city   [ ] Provincial city   [ ] Town   [ ] Rural

2. Is additional information (in the form of an attachment or other assessment) routinely sought in disputed situations?

   [ ] Yes   [ ] No   [ ] Sometimes

   (a) If yes what type of additional information is sought?
(b) If not used routinely, in what circumstances is additional information requested?

(c) What (if any) obstacles influence the decision to request assessments?

3. Which of the following professional groups do you request assessments from?

- Child/Adolescent Psychiatrist
- Clinical Psychologist
- Educational Psychologist
- Child/Adolescent Psychotherapist
- Child, Adolescent and Family Mental Health Service
- Social Worker/Counsellor in private practice
- Social Worker/Counsellor employed in a community based agency
- Other

4. In your experience who has the most influence on the final decision about where a child should live:
5. In disputed situations is the child or young person consulted as part of the decision-making process?

☐ Yes  ☐ No

(a) If yes, who speaks with the child and how is his/her view shared with the others involved?

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a. On a scale of 1 to 5, what weight is placed on the child’s view? (please circle one):

1 very little  2 some  3 not sure  4 quite a lot  5 great deal

6. The Children Young Persons and their Families Act 1989 (plus amendments) provides the legal framework for decisions. Which principles do you consider most important when agreement cannot be reached about where a child should live?

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7. On a scale of 1 to 5, what influence does the United Nations Convention on the Rights of the Child have when decisions have to be made about where children should live? (please circle one):

1 very little  
2 some  
3 not sure  
4 quite a lot  
5 great deal

8. If you consider UNCROC relevant, which articles are important?

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9. On a scale of 1 to 5, how would you rate current procedures for decision-making in disputed situations? (please circle one):

1 very unsatisfactory  
2 unsatisfactory  
3 not sure  
4 satisfactory  
5 highly satisfactory

10. What changes (if any) would you like to see?

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11. I am interested in conducting telephone interviews with other professionals who complete assessments for Child Youth and Family. Can you provide the names and contact details (with their permission) of professionals who may be willing to participate.

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Thank you for taking the time to complete this questionnaire.

Nicola Atwool
Department of Community and Family Studies
University of Otago
PO Box 56
Dunedin
Phone: 03 479 9019
E-mail: nicola.atwool@stonebow.otago.ac.nz
Appendix G: Social Work Practitioner Information Sheet
Information Sheet for Social Workers

What is this project about?
This project is for a PhD. The aim of the research is to find out more about the use of attachment assessments when decisions are made for children in care. There are two parts to the research – a survey to ascertain current practice and interviews with social workers, supervisors and an FGC coordinator.

Who do we want talk to?
I am interested in talking to social workers, supervisors and FGC coordinators about their experience of attachment assessments to assist with deciding where a child should live in conflicted situations.

Supervisors will also be asked to complete a national survey to ascertain current practice in relation to the use of Specialist reports. Telephone interviews will be conducted with Specialist Report Writers to establish the type of assessments being used throughout the country. This will provide a context for the information gained from interviews with social workers, supervisors and an FGC coordinator in which you are being asked to participate.

What will I be asked to do?
If you agree to take part in this project you will be interviewed about:
• Your experience of being involved in a decision-making process where an attachment assessment was requested
• Your views of the decision and the way it was made
• What has happened to the child or children involved in the assessment since then
Interviews will be approximately one hour.
You do not have to take part in this project and there will be no adverse consequences if you decline.

What will happen if I agree to take part?
If you agree to be interviewed, an audio tape will be made and transcribed. This will be checked with you to make sure that the record is correct and that it is okay to use what you have said. You can identify any material that you do not want to go in the write up of the project.

You can decline to answer any questions and can ask that the tape be turned off at any time.

This project involves an open-questioning technique where the precise nature of the questions have not been predetermined but will depend on the way in which the interview develops. Consequently, although the University of Otago Human Ethics committee is aware of the general areas to be talked about, the Committee does not know exactly what questions will be asked.

Two people will be conducting the interviews - Carmen Petersen and Nicola Atwool. You will have a choice about which one you talk to.

I will let you know what I found out by doing this project.

Can I change my mind?
If you agree to take part, you can change your mind at any time.
What will happen to the information collected?
The information obtained from the interviews will be used to evaluate the validity of using attachment assessments to facilitate decision-making. The analysis will focus on the initial decision and developments since that time. The evaluation of interview data will pay particular attention to the degree to which stability and consistency of living arrangements have been achieved and the child’s progress.

Results will be reported in a thesis that will go into the University library. I may also publish journal articles and present material at conferences. I plan to develop guidelines for best practice in disputed decision-making situations.

Who will know what I have said?
The only people who read the information collected are Nicola Atwool, Carmen Petersen (the two people doing the interviews) and my supervisors, Professor Anne Smith and Dr Anne Bray. Your real name will not be used and you can choose how you want to be identified. Every effort will be made to ensure that confidentiality is maintained for all participants. At the end of the project audio tapes will be destroyed immediately. The transcripts will be kept in a secure place for five years, and then destroyed.

What if I have any questions?
If you have any questions about this project, either now or in the future, you can contact:
Nicola Atwool, or Professor Anne Smith
Department of Community and Family Studies, Children’s Issues Centre
University of Otago University of Otago
by phone at 03 479 9019 or phone 03 479 5087
nicola.atwool@storebow.otago.ac.nz anne.b.smith@storebow.otago.ac.nz

This project has been reviewed by the University of Otago Human Ethics Committee.
Appendix H: Social Work Practitioner Consent Form
Appendix H: Consent Form

Who Cares?

The role of attachment assessments in decision-making for children in care

CONSENT FORM FOR SOCIAL WORKERS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:
1. My participation in the project is entirely voluntary;
2. I am free to withdraw from the project at any time without any disadvantage;
3. The audio tapes will be destroyed at the conclusion of the project but any raw data (for example, transcripts of interviews) on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed;
4. This project involves an open-questioning technique. There is no set format and the questions asked will depend on the way the interview develops. If I am uncomfortable with the line of questioning or unhappy with what is being asked I can refuse to answer any particular question(s). I may also withdraw from the project without any disadvantage of any kind.
5. The results of the project may be published and will be available in the library but protection of my identity is guaranteed.

I agree to take part in this project.

(Signature of participant)                          (Date)

This project has been reviewed and approved by the University of Otago Human Ethics Committee
Appendix I: Social Work Practitioner Interview Outline
Appendix I: Social Work Practitioner Interview Guideline

**Background data:**
- gender
- age (5 year age brackets)
- number of years employed as CYF social worker
- other social work experience
- qualifications

**The use of attachment assessments:**
How many cases have you been involved in where an attachment assessment has been requested?
In what general situations are attachment assessments requested?
What specific examples can you give from your own experience?
Who was involved in the decision to request an attachment assessment?
Was the assessment completed by a specialist within CYFS or by referral to an independent person?

In what forum was the attachment assessment presented?
e.g. Planning Meeting, Family Group Conference, Family Court
Who had access to the report?
What impact did the report have on the decision-making process?
How did the different parties (family/foster parents/lawyers) respond to the report?
Did the report help other adults involved in the decision-making process understand the child's perspective?
Did this make any difference in terms of resolving the conflict about where the child should live?
Was the decision made consistent with the recommendations of the assessment?

Did you find the report helpful?
If yes, in what ways?
If no, what would have been helpful/how could it have been improved?

What are the advantages of obtaining an attachment assessment?
What are the disadvantages?
Do you think the current level of requests is:
• about right
• should be used more often
• should be used less

Are there any barriers to accessing attachment assessments?

Do you think that social workers could complete these assessments?

**Long-term impact of attachment assessments:**
What has happened to the child(ren) since the assessment was completed?
Any changes of living arrangements or other major changes?
How settled is child in their current situation?

How is the child doing at school?

What social networks does the child have?
Does the child have any major problems – health, behavioural, emotional
How would you rate the security of the child’s attachment with the significant adults in their life (caregivers, birth parents, and siblings)
What do you envisage happening in the future for this child?
What changes would you like to see?
What do you think are the most important factors that make a difference for children who are living away from their birth families?