

Risk and protective factors affecting the development of children in foster care: systemic approach

Why do children in foster care show higher proportions of emotional and physical problems, higher levels of behavioural problems, lower academic achievement, higher levels of delinquency and, as adolescents and young adults, higher mortality due to substance abuse compared to other children (Rosenfeld et al 1997; Kalland et al 2001)?

But before even trying to answer that question, I would like to emphasise that when talking about **higher proportions** we still talk about minorities on most of these indicators. Especially when talking about higher mortality we are talking about very small numbers of unexpected deaths compared with standard mortality ratios. And I emphasise this, because in the daily press we have read articles citing our research in which our results seem to indicate that most of the foster children enters a cycle of bad development.

Depending on who is answering that question, and maybe also where and when it is answered, the answer might be formulated in the following different ways:

It is because of early experiences in the child's birth family

It is because foster care is bad for children

It is because the child has a genetic disposition for problems

Especially the second answer, that foster care is potentially bad for children, has been popular in Finland during the last years. This might be the result of a romantic and rigid view of the family, where birth parents are seen as the natural and therefore the best parents for every child. Parental rights have been more emphasised than children's rights and conflicts between "innocent" parents and "evil" social workers have been emphasised in media. Trends like these tend to polarise the debate into a struggle where birth parents are seen as either devils or angels and in consequence, the foster care system as either the heaven or the hell on earth. What is forgotten is that there are indeed different kinds of birth parents as well as of foster parents. And even worse, very often the child with his needs of emotional and physical security and his needs of a stable and predictable environment is entirely forgotten.

Today, my aim is to present some risk- and protective factors for children in foster care. I might not be able to answer the initial question about why children in foster care may enter a cycle of poor educational achievement, drug misuse, behavioural problems and so forth. But I will ask two more relevant questions, and present a model that provides a deeper understanding of how different factors on different system levels separately and together supports or threaten the development of children.

Urie Bronfenbrenner (1979) conceptualised an ecological model of human development. According to this model, both distal and proximal factors influence the development of children. This framework recognises the dynamic interplay between distal and proximal factors affecting child development. This transactional model strives to investigate the multiplicity of different influences. Thus biological, emotional, interpersonal, societal and cultural are mutually interacting systems. The child is not only influenced by environmental inputs (reactive interaction), but also elicits caregiver responses (evocative interaction) and finally becomes proactive in forming his environment. The child is affected by the environment, and the environment is affected by and responds to the characteristics of the child. We know, for example, that full-born and "chubby" babies elicit more positive responses from parents than premature children do (Kelley et al, 1996).

Bronfenbrenner identified four different system levels in human ecology: the macro level, the exo-level, the meso-level and the micro level. Later Jay Belsky (1980) added the ontogenic system to this model, which includes factors within the person that contributes to development and adaptation. The macrosystem level includes social and political values but also cultural beliefs that are often based on assumptions and tradition rather than on science. In this macrosystem values about family are contained. For example, in some societies women marry young and give birth to many children, whereas for example in southern parts of Finland women give birth the their first child at age 30 and tend to have only one or two children. A teenage mother therefore breaks the cultural norm in Finland, and her child is in fact at a higher risk for future foster care than a child born to an adult mother is.

The exosystem includes aspects of the community in which families reside, social structures such as the neighbourhood, employment opportunities, and the availability of service. What is emphasised on the macrolevel, is brought into practice in the exosystem level. The mesosystem reflects the interconnections among community settings and different components of the exosystem, for example how the family or individual can interact with the school or day-care and how these are connected to each other.

The microsystem level is not limited to the family, but represents the interaction between the individual and his immediate environment. This environment can be the family, but also the day-care school or work setting. Here I will restrict my focus on the family system, and within this system especially the quality of attachment between the child and his parents is essential.

Finally the ontogenic level means that each individual has an impact both on his environment and on his own development. Ontogenesis is defined as the development of the self through self-regulation, which means that development is more than the resultant of the interaction between nature and nurture, more than the sum of environment and genetic disposition, and will to some extent remain a mystery. This model is also transactional, which implies that not only the child is influenced by his environment, but also the environment is affected by the characteristics of the child (Cicchetti & Toth, 1999).

A closer look at these system levels will reveal both protective and risk factors:

Macrosystem

Protective factors are democracy, equality, and especially gender equality, for example women's access to education. In fact, infant mortality is lowest in countries where women are highly educated and their representation in the parliament is high. Risk factors are economic recession, war, inequality and an acceptance of corporal punishment of children.

Exosystem

Here we can identify the impact of housing conditions, social networks, employment opportunities, access to social- and health service, violent versus non-violent neighbourhoods, quality of schools and day-care.

Microsystem

One of the most vulnerable groups of children is a child that have been abused and /or neglected by their own parents. The outcomes of maltreatment are developmental in nature and affects different aspects of personal and interpersonal functioning at different points of time. While maltreatment has an impact on both cognitive and emotional development in childhood, it is related to marginalisation and criminality in adolescence and adulthood. (Glaser, 2000; Haapasalo, 2000). It is also connected with serious parenting difficulties later in life (Rutter, 1997). One attempt to break the cycle is to place children in foster care. Children in foster care have often a background with multiple problems, including family violence, substance abuse, mental health problems, abuse and neglect only to mention the most frequent.

According to attachment theory, experiences of care provided by attachment figures (typically parents) are encoded as internal representational models, which will influence an individual's capability of parenting in the future (Bolwby 1988; Crittenden & Ainsworth, 1989). Therefore, parents most likely to maltreat their children are those who have been physically or sexually abused by their own parents or who have been rejected and treated with emotional cruelty (Kaufman & Zigler, 1997). Also the opposite is true, which means that a person with a secure attachment to his parents in childhood is not likely to maltreat his own children.

These factors work as cumulative factors, which means that the more risk factors in a child's life and the less protective factors, the greater the risk for entering a cycle of negative development. Proximal factors are more important than distal, which means that even during war or economic recession a child will develop well if protected by family interaction. And, as pointed out earlier, we also know that the characteristics of the child have an impact on the environment, and the child himself on his own development through the process of self-regulation. Genetics play a role, in fact intelligence is one of the protective factors while for example neurological risk adds to the vulnerability for the individual.

This model is not a model of causality. This means that the same experience in childhood, for example maltreatment, may lead to different solutions in adulthood: not every maltreated individual will maltreat his own children (multifinality). It also means that different experiences may lead to the same result: some of the parents that are good enough-parents for their own children have good experiences in childhood to rely on, but some have not (ekvifinality). (Figure 1) This fact makes it possible to identify protective and risk factors on a more sophisticated level, and these thoughts will be developed further in a workshop later today.

Implications for children in foster care

The following description is based on both international research and on our own results from a foster care project conducted by Save the Children, Finland.

Risk factors

To start with the beginning, the high-risk pathway may look like this:

The birth mother is young, single, smoking and misusing drugs and/ or alcohol during pregnancy. The mother may also give birth to many children. Her educational level is low and work history unstable. She herself has experiences of abuse and neglect in childhood, and often these problems are transmitted from generation to generation. - In a workshop later today, I will present the life history of these parents, and they are often dramatic and very touching. So the point here is not blaming the parents, but to investigate risk factors for a better understanding of what could be done, and when.

The pregnancy may be unplanned, and if the mother is living in a relationship it tend to be unstable and/or violent. The baby may be born early, is small and vulnerable, and may have developmental risks due to maternal substance use during pregnancy. Smoking during pregnancy is connected to not only physical risks for the baby, but has been proved to be connected with later aggressive behaviour and criminality when adjusting for maternal social class and high risk, according to recent publications (se Wakschlag 2002 for a review). (These factors are working on the ontogenesis of the child).

During infancy and early childhood the child is experiencing maltreatment. He does not get proper food or clothes, there are a lot of accidents, and he is both emotionally and physically abused. (micro-system). Social workers are worried (exo-system level) and try to help the family, but the mother or the family moves often, so that nobody gets really a chance to take responsibility for the situation (breakdown of meso-system level). Finally, the neighbours are calling the police due to high volume in the apartment, and when the police find the seriously neglected child in a corner among drunk and aggressive adults, the child protection service is called and the child is taken into care. The child is initially placed in a crisis-family care or in an institution, while authorities try to find foster parents for the child. After 6 months, the child is placed in a foster family. However, the mother is now sober, has broken the relationship to her violent and substance-abusing male friend and wants her child back. This happens for several reasons: she can see that her child develops well in the new family, which may awake her own feelings of that she never got what she needed when she was a child. She would like to get what her child gets now, but instead she unconsciously wants to take it away from him. It also triangulates the foster parents and the birth parent: she feels hurt, because they seem to be better parents than she is. And then we have a real longing for the child in addition with unrealistic thoughts about how things will be better now. For example, one mother said during the interview that she had certain routines in the morning, and now when her child is taken away she doesn't even know why she had to wake up for this new day.

The foster family wants to keep the child, but after one year in the foster family, the mother gets the child back. (This is where the macro system shows its power: the best interest of the child is not taken into account). Several months later, the child is taken into care again, again placed in an institution and thereafter in a new foster family. However, this child is now quite difficult to handle, and the placement breaks down. The child is placed in an institution while the authorities search for a new family. From here on the child is experiencing placement after placement, and will have neither possibility nor any will to attach to anybody. In adolescence the child is placed in an institution, and shows serious behavioural problems, substance misuse at an early age, becomes a young criminal, violent, does not finish school and is at a serious risk for

marginalisation. Do I need to go on with this story? Have you ever heard a life story like this? I hope not, but I'm sure you have. And this is not one of the worst stories we have found during our research project; in fact it is fairly common.

So what went wrong? Is it the birth parent? Or the foster care system? Or the characteristics of the child? The answer must be yes, on all these questions. This child has multiple risk factors on every system level, but in fact the macro level had the most impact in this case: if the social policy aims to reunify children and parents as soon as possible without enough consideration if this is in the best interest of the child (UN Convention on the Rights of the Child, Article 3) this may in some cases leave no chance for the child to get the predictable, protective and emotionally warm environment he needs. This child and many of these children are also especially vulnerable to environmental risks due to own neurological and developmental risk, because of maternal substance abuse during pregnancy.

Protective factors

The second important question: If this model does not work, what works? What is critical for resiliency for children in foster care? The most dangerous thing would be to think, "nothing works" when the outcomes of foster care are not what we wished for or expected them to be. Protective factors seem to be that the child is small (according to some research under one year) when placed in foster care (Stovall & Dozier 2000); that the child is placed in a foster family, not an institution (Rutter 1997); and that there are few placements, preferably one. The foster parents play also an equally important role as the birth parents, which means that there should not be family violence, substance misuse, abuse or neglect in the foster family. Good outcomes are connected with foster parent training and stipends as well as with the degree of contact with the caseworker (Chamberlain et al 1992).

According to some research, foster placements tend to be more stable in infertile foster families and if siblings are placed together (Triseliotis 1992). Child adaptation to the placement and child's view of foster mother is connected with a positive view of the birth mother

Contributions from attachment theory

The third question: How do we explain these results? Why is early placement better than later, why are foster parents better than institutions, why is it so important with stable and predictable relationships? And why does violating these principles place the child in such a high risk for marginalisation and early death?

These results are very reasonable from an attachment theory point of view. The unique nature of an attachment relationship is demonstrated by the child's tendency to prefer their attachment figures to other adults and to seek comfort and closeness from them during distress. The most important feature of attachment relationships is therefore preference. In an evolutionary sense a secure attachment, both among human beings and mammals increases the chances of survival, and the lack of a primary attachment relationship means increased risk for early death. According to attachment theory, experiences of care provided by attachment figures (typically parents) are encoded as internal representational models, which will influence an individual's capability of forming attachment relations in the future. These internal working models are furniture of the inner world, in which the child forms representations of self, of others and of how interaction works. A securely attached child regards himself as lovable, worthy of care and of interest to others. He regards others as loving, caring, responsive and trustworthy. He feels free to show true emotions and needs and expects caregivers to respond to these. In adulthood he feels free to evaluate attachment-related experiences in a balanced way, and to reflect on bad and good times.

However, in cases of maltreatment the source of distress and pain is the parent, who in the same time is the only source for comfort and protection. This situation leads to an internal working model containing representations of self as unlovable, unworthy of comfort, care and protection. Significant others are seen as rejecting, neglectful, hostile and untrustworthy. True feelings and needs must be hidden, instead the child minimizes the attachment needs and avoids closeness. Or, with John Bolwby's words, we can imagine a

strategy like this: “Whatever we do, do not let us care too much for anyone. At all costs let us avoid any risk of allowing our hearts to be broken again.”

If, however, the caregiver has been unpredictable and unresponsive, the child maximizes the attachment behavior and becomes demanding and difficult to handle. The child is openly aggressive and provocative and is likely to elicit anger and frustration from new caregivers. Non-normatively insecure attachment relationships as well as disruptions in attachment relationships may therefore affect the child’s capability to form future attachment relations. Children in foster care have experienced extreme threats, because they have experienced abuse and/or neglect and the loss of their primary caregiver. Therefore the child will develop different patterns of attachment disturbances. Charles Zeanah has, together with his colleagues, identified two different patterns of non-attachment among children in foster care (see Zeanah 2000). The first pattern includes indiscriminate sociability, a behaviour that has been previously described by adolescent thieves by Bowlby and among Romanian orphans. The child shows no stranger anxiety and is only afraid of being left alone, but seems indifferent to who is taking care of him. Even infants may reach to be held by a stranger and cry in response to the stranger leavetaking within minutes of meeting the stranger, or a child might prefer strangers to provide comfort in distress. Kathleen Albus and Mary Dozier (1999) have also described what they call the flip side of this reaction, the terror of strangers among children in foster care.

The other kind of non-attachment is non-attachment with emotional withdrawal: it is difficult to get in contact with the child, and the child shows little positive affect. The child does not ask for or accept comfort and is indifferent to his caregivers. Children with severe attachment disorders are at risk for developing self-endangering behaviour: since they haven’t internalised a protecting adult, they cannot protect themselves. They are at risk of developing substance misuse and other self-endangering behaviour later and at higher risk for suicide. What these children need is an adult that provides them with what they don’t ask for nor accept: sensitive care provided by a responsive and emotionally warm adult. They need experiences that do not fit into their internal working model – they need new furniture in their inner world.

Risk is not the same thing as causality

However, these results must be interpreted with caution. Risk, or even high risk, is not the same thing as cause-effect relationships. Looking back, we can see that many or even most of the individuals that have behavioural problems or criminality in adolescence or adulthood have life histories that include abuse, neglect and/ or attachment disruptions. But doing it prospectively, looking forward means that we will notice that many of the individuals with different risks will not attend the pathway of behavioural problems and self-endangering behaviour. Therefore, on the individual level, making a prognosis is difficult and may be dangerous.

Feeling at home

The theme of this congress is feeling at home. I find this theme extremely important, since feeling at home is the essence of human living. You can in fact live anywhere, sleep anywhere, but if you don’t have a home, you are alone. Feeling at home means that you have important relations to the other individuals in your home – in adulthood maybe only to yourself. Home has to do with relationships, not only with having a place where you sleep. Feeling at home means feeling that you belong somewhere, to somebody. Belonging means also that you can identify physical features, habits and talents from your relatives. And belonging means that you have a shared culture or subculture within the society. Feeling at home is therefore something that is more complicated for children in foster care than for children living with their birth parents. Feeling at home means including the past, the present and the future to a maybe complex, but true whole, picture. And even when foster care works at its best, it will not protect the children from pain and difficulties. The longing for belonging is one of the most important longings for children in foster care, and it is our task to have compassion for the pain that longing creates for them. Secure attachment is not about living a happy life, secure attachment is about being honest and brave enough to live with the life you have and to help your children to deal with the fact in their lives and with the emotions connected with them. Only by accepting the complexity of their life we can give these children the strength to live with pain and difficulties and to build hope for the future.

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