

Foster Caregiver Motivation and Infant Attachment: How do Reasons for Fostering Affect Relationships?

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ABSTRACT: This study reports the results of the effects of types of caregiver motivation to foster parent on the security of attachment of infants in care. Using the Motivations for Foster Parenting Inventory and the Ainsworth Strange Situation Procedure, the differences in motivation of kin and non-kin caregivers and the effects of motivation on security of attachment of 46 infants is reported. Result found that motivations to foster, such as the desire to increase family size, and social concern for the community, were significant predictors for secure attachment; while reasons for fostering such as spiritual expression, adoption, and replacement of a grown child, were predictors of insecure attachment. Research and practice implications are discussed.

KEY WORDS: Motivation; Attachment; Foster caregiver; Infant.

Introduction

For all children, the first year of life is important for developing the positive relational bond between infants and their primary caregivers for protection and nurturing, known as secure attachment (Kochanska, 2001; Sroufe, 2002). Secure attachment provides the basis for optimum growth in all areas of infant development. Because of the high prevalence of developmental and medical problems in infants entering foster care (Berrick, Needell, Barth, & Reid, 1998; Leslie et al., 2005), and the multiple placements they may

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experience before being placed in permanent homes (Dozier, Stovall, Albus, & Bates, 2001; Stovall & Dozier, 1998), they are at special risk for developing insecure attachment. Insecure attachment relationships not only affect the quality of future intimate relationships, but the cognitive and motor development of the child as well. Secure attachment relationships are especially important for the infants with multiple problems who enter foster care. They need the best environment possible to maximize their developmental potential.

The instinctive drive to promote the human species prompts parents to provide relational environments that promote secure attachment with their infants (Bowlby, Dozier, 2000). Studies highlight how positive contextual factors (i.e., positive spousal support, low stress, resolution of childhood trauma) support development of secure infant–parent relationships, that in turn promote positive developmental outcomes (Belsky, 1996; Sroufe, 2002). The adverse effects of lack of support (Belsky, 1984, 1996, 1999), depression (Hipwell, Goossens, Melhuish, & Kumar, 2000) and unresolved trauma (Main & Hesse, 1990; Main, Kaplan, & Cassidy, 1985; van Ijzendoorn, 1995; van Ijzendoorn, Goldberg, Kroonenberg, & Frenkel, 1992), on infant attachment and development have also been studied. Other research revealed the negative effects of contextual factors such as lack of support, poverty, poor health and maternal depression on security of attachment (Cicchetti, Rogosch, & Toth, 1998, Duggal, Carlson, Sroufe, & Egeland, 2001; Eamon, 2001; Essex, Klein, Miech, Smider, 2001; Kurstjens & Wolke, 2001; Peterson & Albers, 2001; Shiner & Marmorstein, 1998). The effect of caregiver characteristics on security of attachment in the foster–infant relationship has been studied less extensively (Cole, 2005; Dozier et al., 2001). However, both related and non-related caregivers can develop a secure attachment relationship with the infants in their care (Cole, 2005).

The motivations that influence individuals to provide foster care and how these motivations affect the development of secure attachment are not known. Prospective related and unrelated caregivers are drawn to the foster care system for multiple and diverse reasons. These reasons vary from the desire to provide protection and a safe home for children to the desire for the flexibility of working out of the home. Relative foster caregivers are often drawn into care for children because they want to keep children within the kinship network and out of the foster care system (Testa & Shook, 2002). Unrelated foster caregivers are often drawn into caregiving because they

want to provide nurturing they did not have as children, see the need for foster parents, or are unable to have biological children of their own (Cruse et al., 2000) or wish to remain at home (Andersson, 2001). Child welfare studies of foster parents report the importance of caregiver training (Cruse et al., 2000), satisfaction (Fees et al., 1998), recruitment (Cox, Buehler & Orme, 2001), payment level (Kirton, 2001), and generosity (Testa & Shook, 2002) in promoting positive outcomes for children in foster care.

Limited research describes how foster caregiver motivation positively and adversely affects placements for children (Dando & Minty, 1987; Miller, 1993). In attempting to identify characteristics of good foster care providers, Dando and Minty (1987), found that there are often conscious and unconscious motives for foster caregivers providing care. There were two motives identified that were related to positive outcomes for the children: the caregiver's desire to parent linked with the inability to conceive birth children; and the ability to identify with the child in care because of the caregiver's own experience of childhood deprivation. Miller (1993) found that while instrumental motivations to care for children were associated with placement stability, caregivers motivated by their own needs or the perceived needs of their birth children were more likely to transfer children or have them removed from their homes.

These two studies point to important ways that caregiver motivation affects outcomes for children in care. However, no studies have investigated the effect of foster caregiver motivation on the attachment relationship of the *infants* in their care. This article reports the results of a study that examined different caregiver motivations, and the effects these motivations have in predicting secure attachment of the infants in care. The study provides information that can be used for foster caregivers to examine their reasons for caregiving and to enhance the opportunity of infants to develop secure relationships with their foster caregivers.

Method

Design

The reported study of motivation of caregivers is embedded in a larger cross-sectional study of factors that affected security of attachment of infants in foster care (Cole, 2005). It included two contacts

with the infant and caregiver. The first contact with the infant and caregiver occurred in the foster caregiver's home and included administration of standardized instruments assessing infant development the home environment, caregiver sensitivity, and caregiver motivation. During this first contact items in the Motivations for Foster Parenting Inventory (Yates, Lekies, Stockdale, & Crase, 1997) were used to assess type and degree of motivation. The second contact occurred in a child psychology laboratory for administration and videotaping of the Ainsworth Strange Situation Laboratory Procedure (Ainsworth, Blehar, Waters, & Wall, 1978) to assess infant-caregiver attachment. To limit the number of factors that could confound the results of the Ainsworth Strange Situation Laboratory Procedure (Ainsworth et al., 1978) in assessing security of attachment, an "infant" was defined as a child 10-15 months of age without severe developmental, neurological or medical problems at the time of the interview and observation. "Caregiver" was defined as the person designated by the county department of children and family services (DCFS) as the adult responsible for the care of the child.

Sample

All foster caregivers in the county with infants meeting the criteria identified were eligible for study participation. Of the 172 caregivers invited to participate, 69 agreed to participate in the study, 48 completed both sections of the study, and due to videotaping problems of the Ainsworth Strange Situation Laboratory Procedure for two participants, 46 were used for the analysis in this paper.

Concepts and Measures

The following concepts and measures formed the basis for the study of caregiver motivation in foster care.

Motivations for Foster Parenting Inventory. "Motivation," or the reason (s) underlying the decision to become a caregiver, was measured using the Motivations for Foster Parenting Inventory (Yates et al., 1997). It included 10 items that assess general motivations for becoming a foster/adoptive parent: rescuing abused and/or neglected children; financial gain; increasing family size; social concern for community; helping special needs children; companionship for self; spiritual expression; adoption; replacement of grown child; and

companionship for own child. The items, based on Bouchillon and Martin's (1992) research on motivation to foster, were developed for use as part of a foster caregiver training inventory. Each item is rated on a 5-point Likert scale (1 meaning "strongly disagree" and 5 meaning "strongly agree"). The 10-item scale has been used to compare the motivation of those entering foster care as adoptive and non-adoptive foster parent trainees (Gillis-Arnold, Crase, Stockdale, Shelley, 1998). The tool queries caregivers regarding their initial motivation for choosing to care for children.

Ainsworth Strange Situation Laboratory Procedure. The concept "attachment," or the relationship of the infant to a specific, primary caregiver for protection and nurturing, is specified in this study by the dependent variable "security of attachment." Security of attachment is the pattern of proximity seeking and the exploratory pattern of behavior displayed by the infant in relation to his or her primary caregiver in the Strange Situation Laboratory Procedure (Ainsworth et al., 1978). General categories (styles) of attachment are: "A"—avoidant (relatively indifferent to separation from parent, actively avoids and ignores parent on reunion); "B"—secure (shows signs of missing the parent upon separation, then seeks interaction and/or contact upon reunion; distress readily soothed by caregiver, and infant returns to play); "C"—resistant (focused on parent throughout the situation, shows strong distress on separation, not soothed or settled by caregiver upon reunion, strong fear/anger with stranger or fear of new environment, displays subtle-to-strong anger) (Ainsworth et al., 1978); and the more recently identified "D" category—disorganized/disoriented (behavior appears to lack observable goal, intention, or explanation and a diverse array of fearful, odd, disorganized or overtly conflicted behaviors exhibited (Main & Solomon, 1990)). Infants are assigned to A, B, or C and then assigned to D if they display these behaviors in the observation session.

Videotaping in an observation room of the child's reaction to situations that parallel experience in the normal life of the child (an unfamiliar environment with interesting toys with their caregiver, the introduction of a stranger, the caregiver leaving the child with stranger, reunion with caregiver, child alone, introduction of stranger in room with child, and second reunion with caregiver) provided the data for the analysis of security of attachment.

Procedures

After passing all protection of human subject requirements of the research institution and DCFS, the study was initiated. To insure caregiver and infant confidentiality, DCFS mailed all eligible caregivers two letters (one from DCFS and another from the researcher) inviting the caregiver's participation. If interested, the prospective participant was asked to complete the enclosed form and return it in a self-addressed, stamped envelope to the researcher. Within 1 week of the receipt of the form, the researcher contacted the prospective participants by telephone to assure their continued interest and to obtain permission for the initial interview. If the respondents agreed to participate in the study, they signed a written consent that included information related to the study, contact information for further questions or concerns, and that reinforced participants' freedom to withdraw at anytime without prejudice. Participants received a stipend of \$20 at the end of the first and second parts of the study.

Data Analysis Method

Data obtained in this study from standardized instruments were coded and analyzed by the author, using the established protocol for each measure and procedure. The videotapes from the Ainsworth Strange Situation Laboratory Procedure were coded by reliable experts in the field who did not participate in the study. A logistic regression model (Menard, 1995; Neter, Kutner, Nachsheim, & Wasserman, 1996) was developed that tested the proportional predictive significance of the 10 types of motivation on the dependent variable of security of attachment.

Results

Caregiver characteristics

Of the 46 caregivers in the study in the group, 98% (45) of the respondents were female. Thirty-two (69.6%) of caregivers self-identified as "Black" or "African-American." Approximately 28% (13) identified themselves as "Caucasian." One caregiver self-identified as "Mixed race/ethnicity." Twenty-two (47.8%) of the caregivers were

married while 24 (52.2%) were not married. The ages of caregivers ranged from 28 to 75, with a mean age of 46 ($S.D. = 12.51$). Caregivers' level of education ranged from 10 to 18 years, with a mean level of education 13.24 years ($S.D. = 1.85$). A majority of respondents (26, 56.5%) were not employed outside the home. Twenty (43.5%) were employed outside the home for 20 hours or more per week. Household incomes ranged from a low of \$325 per month to a high of \$6500 per month. The median income was \$2550, which is below the projected median monthly income of \$5357 for families of four residing in the state in which the foster families lived (U. S. Census Bureau, 2001). Although 34 (74%) of the caregivers in the study were not related to the infants in their care, 12 (26%) of the caregivers were related to their infants.

Infant characteristics

The mean age of children in the study was 12.57 months ($S.D. = 1.61$). Age in the group varied from 10 to 16 months. There were 25 female infants (54.3%) and 21 males (45.7%) in the study sample. In the study group, 87% of the infants were identified as "African-American" and 13% as "Caucasian."

Caregivers reported that although most infants were healthy and within normal developmental range at the time of the caregiver interview, the infants entered care with multiple problems. Caregivers reported that only (13%) of the infants in the study sample were without problems upon entering care. Infants had an average of three physical problems. The problems most often reported were prenatal substance exposure (74%), prematurity (30%), and respiratory difficulties (26%).

Motivation

The 10-item Foster Parent Inventory assessed the initial motivation of caregivers to provide substitute care. The motivation for initially providing care for children varied for the kin and non-kin subjects in the study sample. The three reasons most often reported included rescuing abused or neglected children, increasing family size, and social concern. Rescuing abused or neglected children was a motivator for both kin and non-kin providers. However, the strength of the agreement with this reason varied among kin and non-kin, caregivers, with 66.7% of the non-kin caregivers as opposed to 38.2% of the kin caregivers strongly agreeing with this reason. Increasing family size was not

a strong motivator for kin, with 66.7% of the kin caregivers strongly disagreeing with this reason. Social concern in general (there are many children who need care and a safe home) was a strong motivation for non-kin caregivers with about 50% strongly agreeing with this motivation for providing care. About 33.3% of kin caregivers strongly agreed with this motivation. A majority of both kin (91.3%) and non-kin caregivers (79.4%) strongly disagreed that financial gain was a motivation for providing substitute care. Table 1 summarizes the results of the total sample (46) for kin and non-kin caregivers.

The strength of motivation of kin caregivers and unrelated foster caregivers in the 10 categories identified was not significantly different except for the item relating to family size. Increasing family size was a significantly stronger motivation for non-kin caregivers ($p = .003$) when compared to kin caregivers.

In addition to the motivations assessed in the Foster Parent Inventory, all caregivers were asked if there were other reasons that they had for deciding to provide foster or kinship care. An important factor for kin caregivers in agreeing to care for the infant placed with them was to not lose the child to the foster care system. Kin caregivers also saw caring for the infant as a way to give the infant a good start in life. The responses of all caregivers are summarized below:

- (a) No other reason—kin = 7% (1), non-kin = 54% (20)
- (b) Love children/infants—kin = 14% (2), non-kin = 24% (9)
- (c) Provide a good, stable start in life—kin=28% (4), non-kin = 11% (4)
- (d) Keep them in the family/out of the system—kin = 50% (7), non-kin = 0% (0)
- (e) History of fostering in the family—kin = 0% (0), non-kin = 3% (1)
- (f) Improve the image of fostering—kin 0% (0), non-kin = 3% (1)
- (g) Loneliness, grief, loss—kin 0% (0), non-kin = 5% (2)

Security of attachment

An infant's security of attachment to the caregiver was measured using the coding results of the videotaped Ainsworth Strange Situation Laboratory Procedure (Ainsworth et al., 1978). Sixty-seven percent of infants were classified as securely attached. This percentage is similar to the 60–75% of securely attached infants found in the general population. Only 1 kin and 1 unrelated foster caregiver had

TABLE 1
Motivation of Caregivers (N = 46)

Item (Range from 1 = strongly disagree to 5 = strongly agree)	Mean	Median	Mode	S.D.	t	Sig
1. Rescuing abused/neglected children: (N=46)	3.61	4.00	5	1.53		
Kin (N=12)	3.83	5.00	5	1.80		
Non-kin (N=34)	3.53	4.00	5	1.44	-5.88	.559
2. Increasing family size (N=46)	2.54	2.00	1	1.46		
Kin (N=12)	1.50	1.00	1	.90		
Non-kin (N=34)	2.91	3.00	2	1.44	3.163	.003*
3. Social concern (in general) (N=46)	3.74	4.00	5	1.44		
Kin (N=12)	3.17	3.00	5	1.64		
Non-kin (N=34)	3.94	4.50	5	1.32	1.635	.109
4. Financial gain (N=46)	1.37	1.00	1	.90		
Kin (N=12)	1.08	1.00	1	.29		
Non-kin (N=34)	1.47	1.00	1	1.02	1.286	.205
5. Social concern for community (N=46)	2.61	3.00	1	1.44		
Kin (N=12)	2.67	3.00	1	1.67		
Non-kin (N=34)	2.59	2.50	1	1.37	-1.61	.873
6. Helping special needs children (N=46)	3.26	3.00	1	1.54		
Kin (N=12)	3.08	3.00	5	1.68		
Non-kin (N=34)	3.32	3.00	S	1.51	.460	.648

TABLE 1
Continued

Item (Range from 1=strongly disagree to 5 = strongly agree)	Mean	Median	Mode	S.D.	t	Sig
7. Spiritual expression (N=46)	3.22	3.00	5	1.58		
Kin (N=12)	3.25	3.50	5	1.82		
Non-kin (N=34)	3.21	3.00	5	1.51	-.082	.935
8. Adoption (N=46)	3.04	2.50	5	1.84		
Kin (N=12)	2.75	1.50	1	2.01		
Non-kin (N=34)	3.15	3.00'	5	1.79	.639	.526
9. Replacement of grown children (N=46)	1.43	1.00	1	.91		
Kin (N=12)	1.00	1.00	1	.00		
Non-kin (N=34)	1.59	1.00	1	1.02	1.986	.053
10. Companionship for own chin (N=46)	1.93	1.00	1	1.37		
Kin (N=12)	1.83	1.00	1	1.53		
Non-kin (N=34)	1.97	1.00	1	1.34	.295	.770

*Significant $p < .05$.

organized, insecure attachment styles. A larger than expected proportion of infants were classified as disorganized/disoriented/cannot classify (28%).

Motivation and Security of Attachment

Table 2 summarizes the results of testing the effects of types of motivation on the security of attachment in the infants in the study sample.

Positive motivational predictors for secure attachment include the desire to increase family size and social concern for the community. The desire to increase family size was a significant predictor ($B = 1.1879$; $p = .031$) for a secure attachment relationship between the foster care provider and the infant in care. The foster caregivers who desired to increase their family size were three times more likely to have a secure attachment relationship with the infant in their care than those for whom this was not an important motivator.

Although the variable social concern in general was not a significant predictor for secure attachment, social concern for the caregiver's specific community was a significant predictor of security of attachment for the infants in care ($B = 1.939$; $p = .007$). Foster caregivers who were motivated to accept children into foster care out of concern for their community were about six times more likely to have a secure attachment relationship with the infants in their care.

Three aspects of motivation—spiritual expression, adoption, and replacement of a grown child—were found to be predictors of insecure attachment relationships. The stronger the spiritual expression motivation was for foster caregivers, the less likely their relationship with the infant was secure. Foster caregivers for whom spiritual expression was the motivating factor were 67% less likely to have a secure relationship with the infants in their care ($B = -1.107$; $p = .015$).

Similarly, the stronger the motivation to adopt the infants, the less likely the foster caregivers were to be securely attached to the infants in their care. Those whose primary motivation was adoption ($B = -.794$; $p = .040$) were found to be 55% less likely to be securely attached to the infants in their care.

Finally, as replacement of grown children became a stronger motivation to foster, the less likely the foster caregiver and infant were to be securely attached ($B = -1.405$; $p = .032$). Those caregivers who wanted to replace grown children were 68% less likely to have secure relationships with the infants in their care.

TABLE 2
 Results—Motivational Factors Affecting Security of Attachment (*N* = 46)

Variable	<i>B</i>	<i>S.E.</i>	df	Sig	Exp (<i>B</i>)	95% C.I. for Exp (<i>B</i>)	
						Lower	Upper
1. Rescuing abuse/neglect child.	-.164	.365	1	.653	.849	.415	1.736
2. Increasing family size	1.1879	.550	1	.031*	3.282	1.116	9.655
3. Social concern	-.041	.352	1	.907	.960	.482	1.912
4. Financial gain	-.816	.572	1	.154.	.442	.144	1.357
5. Social concern for community	1.939	.713	1	.007*	6.953	1.718	28.143
6. Helping special needs children	-.361	.356	1	.311	.697	.347	1.402
7. Spiritual expression	-1.107	.455	1	.015*	.330	.135	.806
8. Adoption	-.794	.387	1	.040*	.452	.212	.965
9. Replace, grown children	-1.405	.655	L	.032*	.245	.068	.887
10. Companionship for own child	-.416	.438	1	.342	.660	.280	1.556

*Significant at $p < .05$.

Discussion

The results of this study indicate the importance of considering the motivation of prospective foster caregivers for accepting infants into their homes. Certain motivational factors, such as increasing family size or social concern for the community, lead to the secure attachment of infants in care. The caregivers who have these types of motivations seem able to translate their motivations into a positive caregiving relationship with the infants that led to development of secure attachment relationships. On the other hand, certain motivational factors, such as spiritual expression, adoption, and replacement of grown children, led to the insecure attachment of infants in care. The caregivers who had those motivations seem unable to put the needs of the infants above their own concerns.

Interestingly, although caregivers who were fostering to increase their family size were able to develop secure relationships with the infants in their care, those who were strongly motivated by adoption were less likely to develop secure relationships with the infants in their care. It seems counter-intuitive that caregivers who agreed to foster infants with the ultimate goal of adoption, thereby leading to an increase in their family size, would be less likely to have secure attachment relationships with the infants in their care. However, the foster-to-adopt relationship is fraught with a high degree of uncertainty. When caregivers accept the infants for care, they do not know if the children will remain in their care, be reunited with the birth mother, be given to an extended family member, or placed in another foster home. Caregivers who did not know the ultimate disposition of the child that they wished to adopt, verbalized a high degree of concern about what would eventually happen to the child. Several expressed their concerns that extended family members had been located, and would be given the opportunity to adopt the child after a year or more with the foster family. Their concerns also included the fact that these extended relatives were unknown to the child. The uncertainty and lack of control over the ultimate disposition of the child may have prevented some caregivers from making the emotional investment necessary to develop a secure attachment with the infant. It may be more difficult to securely attach if the possibility of adoption is so uncertain.

It may be easier to connect with each child in care when caregivers are motivated by the welfare of the child. Caregivers committed to fostering specific infants in their care for the good of the

community also were able to establish secure attachment relationships with the infants in their care. Some of these caregivers were older women who had been fostering for many years and were exclusively committed to providing a good first year for each successive infant in their care. They wanted to provide a good bridge for infants who would return to birth families or move on to adoptive families. At the time of the placement, knowing that the children ultimately would not remain with them, may have allowed the caregivers to establish a secure relationship with the children.

Caregivers who were attempting to replace a grown child by fostering infants were less likely to establish a secure relationship with the infants in their care. These caregivers may be less able to read the cues of the infants due to their own needs. In attempting to replace the grown child, caregivers may be focusing on their own grief and loss of past relationships with their birth children. This may make it difficult for them to develop secure relationships with the infants in their care.

Caregivers who were fostering from motivation based on religious conviction or spiritual values were less likely to develop a secure relationship with the infants in care. Many churches in the study area were promoting fostering and adoption as a way to keep children in the community. Some caregivers (kin and unrelated) may have felt compelled initially to respond to the call to provide care and found the fostering relationship more difficult than anticipated. This may cause the caregiver to be less able to establish a secure relationship with the infant in care.

Although the results of this study indicate important motivational factors that need to be considered in placing infants with foster caregivers, there are limitations in the study design that must be considered. These include sample self-selection and the cross-sectional, retrospective nature of the study design. The results were from a limited self-selected sample and cannot be generalized to a wider population. Also, this study asked caregivers to remember and identify their motivation for providing care at one point in time, approximately a year after they accepted the infants into their homes. Caregiver memory and perception may change over time.

Implications for Further Research and Practice

Caregivers accept infants into their homes motivated by many different reasons. If motivation is assessed before placement, the

child placing agency can better understand which types of placements may be best for which infants, and which caregivers. Unfortunately, child welfare workers often find themselves in difficult situations. They know the importance of early, stable placements for infants but are often overwhelmed by their work load. They may be unable to provide caregivers with the screening and orientation necessary to ascertain those best able to care for infants.

Caregivers need help to examine their own motivations to foster, and to clearly understand demands and requirements of the fragile infants coming into their care. Many people are drawn to providing care for dependent infants. The reason for initially choosing to foster may not be sufficient to support the development of a secure infant-caregiver relationship through the multiple and varied demands of the infant's first year of life. Caregivers may need additional training and ongoing support in order to develop secure attachment relationships with the infant in their care. Foster caregivers who wish to adopt may need additional assistance in coping with the uncertainty of foster-to-adopt situations. Previous studies found that the contextual factors such as support in the caregiving environment (Belsk, 1984, 1996, 1999), and the caregiver's response to the developmental needs of the child, increased the possibility of developing secure relationships with infants (Cole, 2005). This information can be used by child welfare workers to provide caregivers who choose to foster with more directed and appropriate support.

Clearly, additional study is needed to ascertain if the motivational factors identified in this study that affected the security of attachment affect infant-foster care relationships generally. Since it is not known if the motivation that is reported at one year is an accurate reporting of the actual, initial motivation to foster, a study that assesses motivation pre-placement and post-placement is needed to better ascertain specifically how initial motivation affects security of attachment.

Infants in foster care need secure relationships with their caregivers to attain optimal development. Caregivers are drawn to foster by many and varied motivations. Helping foster caregivers examine their reasons for caregiving, can better support them to develop the secure relationships that the infants in their care need to develop their greatest potential.

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