

Providing a secure base: Parenting children in long-term foster family care

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Abstract

This paper reports on a longitudinal study of children growing up in long-term foster family care. It focuses attention on the challenges for foster carers in providing a secure base for foster children in middle childhood and early adolescence, who have come predominantly from backgrounds of abuse, neglect, and psychosocial adversity. Separation and loss in the children's lives, often through multiple placements, increase the likelihood of difficulties across a range of development. These children tend to be wary, distrustful, and controlling when they enter foster placements, but need from their carers many of the caregiving qualities most commonly described as providing a secure base in infancy. This study describes a model of parenting which uses four caregiving dimensions that are consistent with attachment theory and research: promoting trust in availability, promoting reflective function, promoting self-esteem, and promoting autonomy. A fifth dimension, promoting family membership, is added, as it reflects the need for children in long-term foster family care to experience the security that comes from a sense of identity and belonging. Qualitative data from the study demonstrates the usefulness of this model as a framework for analysis, but also suggests the potential use of such a framework for working with and supporting foster carers.

Keywords: *attachment, secure base, long-term foster family care, parenting, family membership*

Introduction

For foster children from high-risk birth family backgrounds of adversity and maltreatment, the hope is that parenting provided by foster carers will reverse developmental damage and enable them to achieve good outcomes in adult life. In spite of this undeniably challenging task, foster carers in the UK, the USA, and many other countries continue to be ordinary families in the community with very variable levels of skill, training and support (Colton and Williams, 1997; Schofield, Beek, Sargent, & Thoburn, 2000; Sellick, 1999; Sinclair, Wilson and Gibbs, 2000). Research suggests that there are nevertheless foster carers able to offer sensitive caregiving to even the most damaged and vulnerable of children (Beek & Schofield, 2004; Stovall & Dozier, 1998), but concerns about the mental health and well-being of children who remain long-term in the care system persist (Meltzer, Corbin, Gatward, Goodman, & Ford, 2003). This paper discusses a model of foster parenting that uses caregiving dimensions from developmental attachment theory (Ainsworth, Bell, & Stayton, 1971; Ainsworth, Blehar, Waters, & Wall, 1978) to make sense of research data from a study

of children and parenting in long-term foster families. The model is designed not only as a framework for analysis, but also as offering the possibility of developing constructive ideas based on attachment theory which can be of assistance to the wide range of professionals who work with and support foster carers and their children.

The meaning of a secure base and its relevance for long-term foster parenting

Bowlby's contention in attachment theory is that the quality of early experiences in relationships with caregivers, and the experience of separation and loss of those relationships, shape the self and the quality of later relationships in distinctive ways (Bowlby 1969/1982, 1973, 1980). The starting point of Bowlby's theory is an evolutionary one, in that infants are said to have a biological drive to seek proximity to a protective adult, usually the primary caregiver, in order to survive. Attachment behaviour is most in evidence when the infant feels "threatened, endangered, or stressed" (George, 1996, p. 412), at which point they will rely on the caregiver to provide a secure base to which they can return. The infant's confidence in the secure base will determine the extent to which they feel free to explore, play, and learn. Facilitating the success of this exploration will be the fact that the available, containing, reflective mind of the secure caregiver enables the child to develop a mind that can regulate affect, manage behaviour, achieve autonomy, and develop a sense of self (Fonagy, Target, & Gergely, 2002). It is this liberating consequence of sensitive care, intrinsic to the concept of a secure base, which is so helpful in thinking about the parenting task of foster carers. The importance for foster children of rediscovering, or discovering for the first time, the pleasures of exploration and learning in the context of reliable close relationships lies in the increased likelihood that they will both fulfil their potential and find rewarding relationships in the social world beyond the family.

An important challenge in the application of attachment theory to foster parenting arises from the fact that the theory and research have focused traditionally on parenting in relation to attachment formation in infancy, whereas many children forming new attachments in long-term foster families are in middle-childhood and even adolescence (Schofield et al., 2000; Triseliotis, 2002). It is therefore necessary to identify the similarities and differences between providing a secure base for infants (Bowlby, 1988) and for older children. In parenting older foster children there is a constant tension, for example, between responding sensitively to children's specific emotional needs generated by gaps and distortions in their earlier development, while also promoting their age appropriate academic and social competence in the current world of school, the peer group, and the community. Thus a further element in this analysis of foster parenting must be the conjunction of the inner and outer worlds of the foster child (Schofield, 1998), for which using an ecological framework (Bronfenbrenner, 1979) is most helpful. This psychosocial approach would be entirely compatible with Bowlby's original, and in his time revolutionary, premise that understanding and promoting children's development needs not only to take into account the processes in the unconscious mind, but also the reality of the everyday world. Foster children need help in managing both.

Maltreatment, disorganization and foster care

Also essential to the understanding of what children bring to foster placements and the implications for foster parenting is Bowlby's account (1969/1982, 1973, 1980), since elaborated by Ainsworth et al. (1971, 1978), Main and Solomon (1986), and Crittenden (1995), of the different ways in which from infancy children learn to organize their behaviour

around the caregiving they receive, to *adapt* to the relationship environment in which they find themselves. Maltreatment requires the child to adapt in order to survive the consequences of abusive and neglectful caregiving. True disorganization in behavioural terms in infancy evolves into a range of controlling, survival strategies as children move through childhood (Crittenden, 1995; Lyons-Ruth & Jacobvitz, 1999). The major challenge in parenting maltreated children entering foster care is their profound lack of trust and their need to control others. Such children have often adapted to the previous lack of a secure base and the distorted caregiving of frightening or frightened caregivers by becoming warily self-reliant. They monitor the environment (especially the face and mood of the caregiver) closely, but are highly resistant to accepting or learning from new experiences of responsive and secure caregiving.

“The individual may so distrust both affect and cognition that even discrepant information may not trigger the mind to re-explore reality. Instead the mind may determine that this too is trickery and deception or that the risk of mistakenly responding as though it were true is too great to be tolerated. In such cases, the representation of reality is like a false, inverted mirror image in which good and bad, true and false are reversed” (Crittenden, 1995).

Children who have adapted to maltreating environments in this way find it hard to process information about a different reality in the foster home. Paradoxically, the more the parents may try to offer good care the more devious they may appear to the child and the more likely they are to be treated with fear and contempt. Thus new carers who attempt to provide a secure base are often viewed with distrust and suspicion as people to be controlled, as sources of anxiety and deception rather than sources of security.

Research using attachment theory to help explain difficulties in parenting in foster care suggests that, even in infancy, previous adverse experiences may lead to behavioural strategies that reject or alienate the foster carer (Stovall & Dozier, 1998). These researchers contrast the fact that in most intact mother–infant dyads, it is the caregiver’s contribution that will be more significant in determining the infant’s secure or insecure attachment pattern, with the fact that fostered infants bring adaptations to their past which will have a significant impact on the quality of the new attachment relationship.

“A foster child comes to the relationship with his or her own caregiving history to which he or she has learned to adapt. These strategies, though, are developed under desperate conditions to help protect the child from further insult. As a result some infants may come to the foster care relationship ill-equipped for eliciting or responding to sensitive, involved care” (Stovall & Dozier, 1998, p. 65).

They go on to suggest:

“Some infants’ histories placed them at risk for failing to develop secure relationships with even the most available and responsive caregiver” (Stovall & Dozier, 1998, p. 67).

This is a most significant finding since in long-term foster care, as in adoption, the expectation is that the new caregivers will be able to offer secure relationships in spite of previous adverse care. In addition, if there is this degree of difficulty for infants then the likely problems for older children are clearly multiplied. There is increased risk in terms of the length of exposure to adverse caregiving experiences, the likelihood of multiple moves,

and unsatisfactory previous placements and, very often, a strong emotional connection to the birth family that also needs to be managed. There is little research or guidance from the attachment literature about how caregivers might be expected to provide a secure base for such children. However Steele and her colleagues have found in their longitudinal study of older children placed for adoption (Steele, Hodges, Kaniuk, Hillman, & Henderson, 2003), that the state of mind of the mothers, as judged on the AAI, will have a significant effect on the state of mind of the child, as revealed in story-completions. The link between parents' minds and children's minds will be influential in adoption and foster care as it is in intact families, since the attachment and caregiving systems will be activated by similar evolutionary needs for proximity and safety.

The study

This paper draws on the findings of a longitudinal study (funded by the Nuffield Foundation) of 52 children placed under the age of 12 (range 4–11, mean age 10) with a plan for long-term foster care in 1997–1998 (Phase 1, Schofield et al., 2000). For these children, return home to the birth family had been ruled out and the plan was for them to grow to adulthood in this foster family. They were followed up 3 years later in 2001–2002 (Phase 2, Beek & Schofield, 2004). It is intended that the sample will be followed up into adult life.

At Phase 1, questionnaires and social work interviews provided data on the children's histories, development, foster placements, birth family contact, and the professional support services. The children were found to be almost all from high risk backgrounds, with 90% having experienced maltreatment and 76% having mothers with two or more from a list of risk factors including mental health problems, learning difficulties, drug and alcohol problems, offending behaviour, physical illness, and being brought up in care. At placement, 93% of the children were rated as having emotional and behavioural difficulties and 64% scored as abnormal or borderline on the Goodman's Strengths and Difficulties Questionnaire (Goodman, 1997). Separation and loss was a universal experience, with the mean number of changes of main caregiver prior to this placement being 4.24 (range 2–10).

Interviews with children at both phases focused on eliciting their view of their family relationships, school, friendships and activities. At Phase 2 we used the Family and Friends Interview (Steele & Steele, 2000), which focuses particularly on children's capacity to reflect on their own minds and behaviour and the minds and behaviour of others. For all but the oldest children (i.e., up to 13) we also used story stems (Bretherton, Ridgeway, & Cassidy, 1990; Steele et al., 1999, 2003). We were aware that the older age range meant that we could not formally classify the children in attachment terms using this method (usually reserved for children aged 4–8), but we did find that some of the children who were otherwise presenting as relatively controlled and coherent in the interview used the hypothetical nature of the stories to give us glimpses of frightening inner worlds with no available protection by caregivers. These included, for example, a preoccupation with dead babies, repeated mention of dead parents and one story arising from the spilled drink scenario which resulted in exploded body parts circling the universe. These seemed in keeping with what we knew of these children's highly anxious and aggressive behaviours.

Interviews with foster carers at Phase 1 focused on the children's behaviour patterns and relationships, and their own parenting responses. Questions about other relevant issues were included, such as school and activities, contact with birth families, and support for the placement from professional agencies. The children were reported to have multiple

difficulties with behaviour and relationships inside and outside the family, which was not unexpected given their histories. Such accounts were confirmed by the children's social workers. Children's defensive controlling strategies included closed, compliant, withholding, contemptuous behaviour; extreme, manipulative, and explosive patterns of switching between coy/seductive and coercive/punitive behaviour, and for a small number, worrying evidence of fragmented and frightened selves who were variously described as empty and burnt out or actively frightening to the carers. For some of these more fearful children, self-harm, harming animals, enuresis and encopresis, deceit, and theft were significant problems when placed with their foster carers.

At Phase 2, the Experience of Parenting Interview (ExPI) (Steele, Hodges, & Kaniuk, 2001) was used with foster carers to explore changes over time and current behaviours and relationships, with some additional questions added to cover issues specific to foster care, such as birth family contact. This instrument invites parents to reflect on the child's behaviour and mind in addition to reflecting on their own ideas, feelings, and parenting behaviour. As in the Adult Attachment Interview (Main & Goldwyn, 1987), parents are asked for examples that illustrate their responses and it is this material primarily which has informed this paper. Although it would have been preferable to have full AAI information and classification of foster carers in terms of attachment patterns, these interviews do allow for some coding of coherence and reflective capacity.

Given the age range and various degrees of learning difficulty in the sample, assessing children's progress between Phase 1 and 2 was not straightforward. We therefore decided to review the information from the carers, social workers, and children and rated their progress in three key areas of their lives.

Secure base: Behaviour and relationships in the foster family. Was the child moving towards a greater sense of security, relinquishing some of their more destructive defensive behavioural strategies and becoming better able to use foster carers as a secure base?

Social functioning outside the foster family. Was the child functioning satisfactorily (taking into account their difficult starting points) at school, with their peers and in age appropriate activities?

Sense of permanence. Was the placement stable? Was the foster family offering, and the child taking up, family membership?

Carers rated as highly sensitive at Phase 1 (see below for discussion of sensitivity) were more likely to have children making good progress (83% of foster children in their care) as rated across these dimensions than less sensitive carers (50% of foster children in their care). This is a small sample but the picture is consistent with a transactional model of development which values sensitive parenting but accepts the role of other factors. The mediating effect of sensitivity in promoting security remains controversial, what is known as the transmission gap (De Wolff & van IJzendoorn, 1997). This article and the model it discusses is a tentative attempt to capture a complex and dynamic process of caregiving in foster care that needs to be further tested in future research and practice interventions.

The parenting model

In analysing the parenting of these challenging children in the early stages of placement we used the dimension of sensitivity and the related dimensions of acceptance, co-operation, and accessibility, which were proposed by Ainsworth and colleagues (1971, 1978) to explain

the roots of secure and insecure attachment patterns in infancy. Since it was the impact of parenting on children's development that was of significance for the study, we reframed these dimensions to focus on the links with specific developmental benefits for children. This gave us four key caregiving dimensions that linked with developmental goals that are central in attachment theory, but also link well with theories of resilience (Gilligan, 2000; Rutter, 1999; Sroufe, 1997).

- Promoting trust in availability
- Promoting reflective function
- Promoting self-esteem
- Promoting autonomy

These are also core concepts that are recognizable for social workers, although reflective function is perhaps only beginning to be understood and used in practice (Howe, Brandon, Hinings, & Schofield, 1999). Affect regulation was conceptualized as deriving from a combination of felt security and reflective function. The choice of dimensions and language was primarily made to highlight the differences and similarities between Ainsworth's original model of parenting in intact dyads in infancy and the very different context of caregiving for unrelated and previously maltreated foster children in middle childhood and adolescence.

To these four dimensions we added a fifth:

- Promoting family membership

Although security in attachment relationships and in the mind of the child is a key goal of a long-term foster placement, belonging to, identifying with, and feeling part of the family are also necessary for children to gain a sense of psychosocial security within the home that translates into the world outside the family (Schofield, 2002, 2003). Since promoting family membership for foster children with complex birth family ties requires sensitivity and acceptance towards the child as well as the birth family, this dimension fitted well with the overall attachment based model.

As Figure 1 demonstrates, these five dimensions interact and reinforce the experience of a secure base in the mind of the child. In addition to setting out parenting dimensions, it was important to model the *process* of interaction between parent and child. Because of the emphasis in attachment theory on mental representations and internal working models it seemed helpful to generate a model (Figure 2) that gave particular emphasis to the links between cognition and behaviour, thinking and doing. As elsewhere (e.g. Fahlberg 2002; Marvin, Cooper, Hoffman, & Powell, 2002), a cyclical model was used to reflect the interaction between parenting and children's behaviour and development over time. *Thinking* stages for children and carers have been incorporated, since it is the content of the mind of the carer and of the child and the way in which they process information about self and other that will influence behaviour and the quality of relationships. The emphasis in using this simple model is on making sense of the cognitive processing of information that precedes behaviour in both carer and child and how minds communicate and interact through behaviour. Each of the five parenting dimensions can be plotted against each stage in this cycle (see Appendix 1, Table I). Each dimension also contributes to and interacts with the others (see Figure 1) both as parenting qualities and as developmental outcomes. Thus being available for the child and reflecting on the child's experience are linked by sensitivity in the carer, while self-esteem and self-efficacy will very

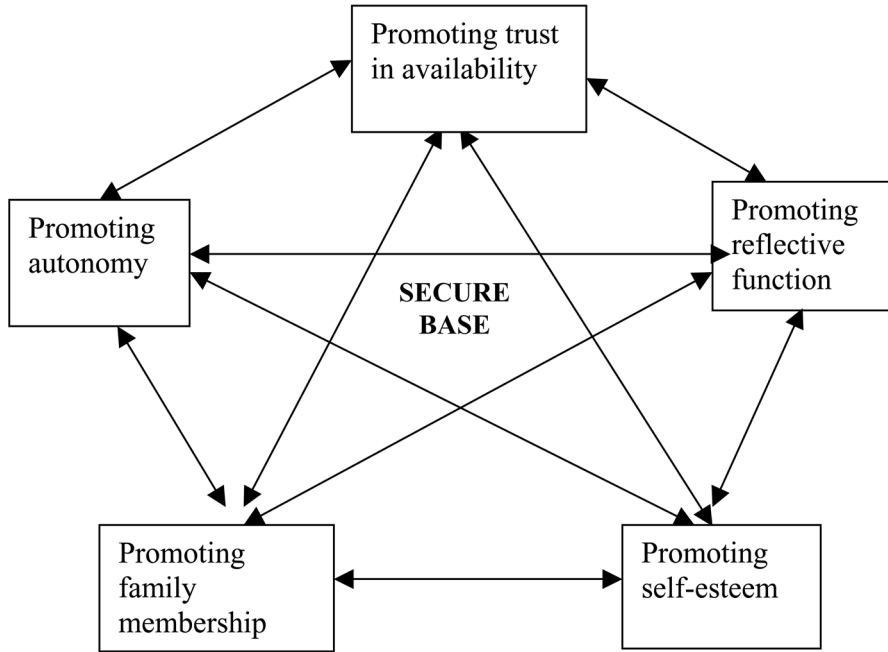


Figure 1. Providing a secure base

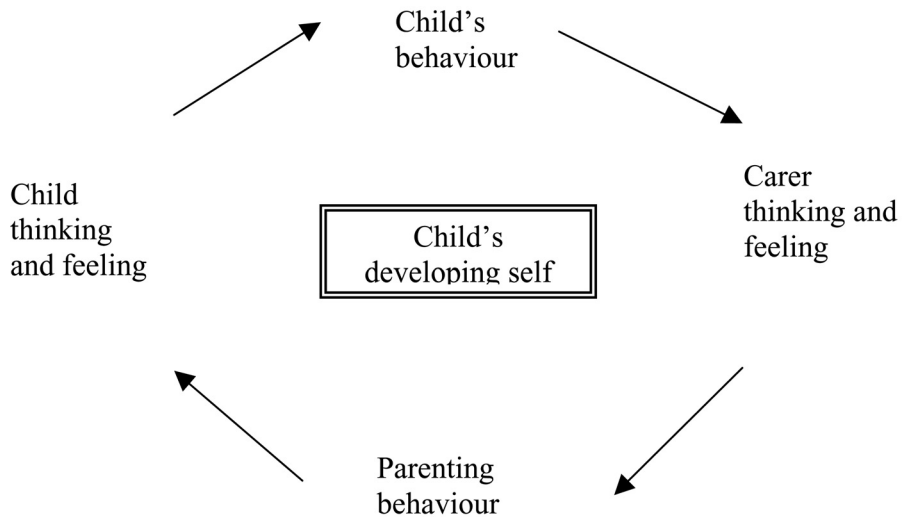


Figure 2. Parenting cycle

often go hand in hand for the child. Although this cycle could apply to parenting in any family, it is used here to focus on the way in which particular kinds of foster carer thinking and parenting behaviour are required to meet the special needs of older foster children, in particular to compensate for past adversities and to succeed in the face of children's defensive wariness and distrust. In the placements where children were judged to have

made good progress in the three areas identified above (i.e., secure base, social functioning, and stability/sense of permanence), this ‘therapeutic’ parenting occurred across the five caregiving dimensions, with degrees of overlap and mutual reinforcement. Children’s participation in activities, for example, was both a consequence of security and parental availability and a contributory factor to raised self-esteem. Shared activities also often sealed the bond of family membership, which in turn increased felt security.

Each parenting dimension in turn will be explained and then brief anonymized examples from the research data will be used to illustrate specific aspects of more successful parenting for older children in long-term foster families. However, it should be remembered that since these are *dimensions*, in any group of foster carers there will be a range of parental thinking and behaviour and it will always be important to identify strengths and weaknesses across that range.

Promoting trust in availability

For healthy emotional development, all children need to trust in the availability of a caregiver who is accessible but not intrusive, dependable, and alert to signals of need, ready to provide whatever nurture and protection is needed. The liberating consequence of trust in the availability of this secure base, as described by Bowlby (1969/1982, 1988), is that children can explore, learn, thrive, and manage anxiety. The challenges of providing secure base availability for children whose experiences have taught them to see hostility and anticipate rejection are great. In this study, the challenges were escalating as the foster children moved through middle childhood and on to an age when increasing degrees of separation and independence are the norm. Emotionally and cognitively younger than their chronological age, these children often simultaneously craved and resisted, needed and resented, demanded and rejected the care and concern of their foster parents.

Carer thinking and parenting behaviour

Sensitive carers in the study were very focused on the children and had the ability to keep them constantly in mind even when they were apart. They believed that their foster children needed them to be consistently available to meet their needs, because the children had not had this experience before. Carers described themselves as feeling central to each child’s well-being—they were acutely aware that the child was dependent on them for physical and emotional health. For some carers, the intensity of their constant mental awareness and availability was very similar to that of the *maternal preoccupation* described by Winnicott (1965) in relation to newborn infants. Carers talked of being preoccupied with thoughts of the child during the school day, spending hours talking to partners, or lying awake at night trying to think through how best to tackle problems for the child. Because of the children’s ages (most were in late middle childhood/early adolescence at follow up), the intense preoccupation and concentrated parenting normally associated with the dependence of an infant arose here often because of the vulnerability of even teenage children and because of the amount of change that was needed in a short period of time.

“Sometimes when Darren (13) is in bed at night and he’s asleep he really is a little boy and I very often look at him and think he’s had no control over his life and he is very vulnerable. Well, I feel protective”.

“I just hope I’ve got enough time to help Tania (13) on her way, that’s my fear. Will I have enough time to make the difference so that she can grow and move on into adulthood you know? That’s the little cloud”.

Anticipated concern and availability into the future was a key part of offering security, but so also was anticipated enjoyment. Danielle’s carer captured the pleasure that she and her husband took in their relationship with Danielle (11).

“We, you know, we hope we can help her for as long as possible and still be somewhere in her life for as long as she wants us to be. Like I said, we’re so glad that she found us and we found her you know. We couldn’t imagine life now without Danielle”.

Availability was communicated in a range of verbal and non-verbal ways to ensure that children could learn to trust. Often carers were aware that parental availability that might seem ordinary for some older children would have additional meanings for their foster children. In particular, children valued the small but important signs of availability and ritual around bedtime.

“Jerry (10) always wants cuddles. He likes to be tucked up at night. I do occasionally put his clothes on for him, to make him feel a bit special. He likes that” (Phase 1).

“At bedtime, if I don’t come back and say ‘Don’t let the bugs bite’, Alanna (11) says ‘Mum, you forgot!’” (Phase 2).

Being met reliably from school had been a foundation for building intimacy and trust at Phase 1, but was still seen as a shared special moment at Phase 2.

“Whichever one of us picks Sean (8) up from school, his face lights up. He’ll see you across the playground. And he’ll run up to you and wrap his arms around you—it’s lovely” (Phase 1).

“I think it’s like I’m standing there with no other reason to be there than to be there for her and I think that Hayley (10) feels that that’s special, you know” (Phase 2).

Both children had been emotionally neglected and rejected in their birth families, but had built close affectionate relationships in their foster families.

Being held in mind while apart gave a powerful message for children. One foster carer instituted a special tub in which she placed small treats for Marie (13) to enjoy when she returned from school. As well as helping with Marie’s tendency to ‘steal’ food and other items from around the house, this foster mother used the tub as a concrete reminder to Marie that she was being held in mind affectionately during the day.

Many of the children liked their new parents to be available and offer physical care that was more suited to a younger age, but which provided valuable and necessary opportunities for safe physical intimacy. Teenage girls were described as enjoying having their hair washed and dried by the foster mother. One teenage boy used to hold his foster father’s hand when they walked the dog. As the foster father put it, “It can be a bit embarrassing, but you give him more because he needs it”.

Child thinking and feeling/child behaviour

The message to the child of this sensitive availability was a growing sense that he or she mattered to the carers and that the carers could be trusted always to be there to support them. Anxiety was reduced and the certainty of the secure base meant that the child was freer to explore, to grow, and develop. Michael's carers said that during the difficult times early in placement they had become his 'safe harbour', which he was then able to use as a secure base for exploring the world. They recalled how on his first day at secondary school they had waved him off and he had paused to look back to them for extra reassurance. Dangers had abounded in Michael's mind when he arrived in this home at the age of 9 from a background of neglect and sexual abuse, but at the age of 12 he could demonstrate his capacity to mentally represent the carers as available and protective, as he turned and walked comfortably off to school—where he settled without difficulty, much to everyone's surprise.

The link between security and exploration was evident in the way some children impressed everyone by their progress at school, while others were 'exploring' by participating in an increasing range of activities as the placements had gone on.

"Alan's industrious. He finds lots of things to do. He likes reading and he collects Pokemon cards. He works at the car boot sales on Sundays. He's been buying and selling things. He's only been making sort of a pound on them but he's got a very, very active mind and he's very intelligent, a little entrepreneur already. He's never inactive, never".

This was in complete contrast to Alan's behaviour 3 years previously:

"He couldn't get interested in anything. He had this terrible shake as well so that he couldn't co-ordinate, he was very clumsy. He was very slow as well and he seems to have speeded up. He's so enthusiastic now, just can't wait to get back to what he's got to do. Just normal really".

'Normal' things, such as enthusiasm, were a sign that these older children were engaging more confidently in their worlds, finding energy and interest which enabled them to get past previous experiences of anxiety and failure.

Promoting reflective function

Available caregiving, keeping the child in mind and containing the child's anxiety, is important and liberating for the child, but needed to be linked to the carer's ability to reflect, to think flexibly and empathically and to enable the child to do the same. A fundamental task for parents, from infancy onwards, is to help their children make sense of themselves, other people and the world around them. The child's emerging ability to think about his or her own mind and the minds of others has come to be called *reflective function*.

"Reflective function enables children to conceive of others' beliefs, feelings, attitudes, desires, hopes, knowledge, imagination, pretence, plans and so on ... Exploring the meaning of the actions of others is crucially linked to the child's ability to label and find meaningful his or her own experience. This may make a critical contribution to affect regulation, impulse control, self-monitoring, and the experience of self-agency" (Fonagy and Target, 1997, p. 165).

Children (and adults) who can think in this way are more resilient and better equipped to deal with the varied life events that they will encounter, especially those that are stressful (Rutter, 1999). The capacity to reflect enables children to review the origins of a challenging or distressing event and the effect that it has had on themselves and others involved. They can regulate their feelings, take a step back, and plan a response. Children are then better able to make informed and strategic choices about how to behave, whether in the family home, the classroom, or the playground. Foster children have often lacked opportunities to acquire these skills and they may have developed confused and distorted understandings of how to express and regulate their needs and feelings. In this sample, previous birth family caregivers with high levels of anxiety had often not been able to contain and moderate the anxiety of these children, leading them to be readily engulfed by rage or despair. Children with such adverse beginnings had difficulty in *mentalizing* (Fonagy et al., 2002), in predicting the responses, imagining the feelings or taking the perspective of others. Foster carers, therefore, face the dual tasks, firstly of making sense of the children and then of helping the children to make sense of themselves and others. They must attempt to understand the contents of their children's minds and then help them to express their needs and feelings, to contain and contextualize chaotic thoughts and emotions. They must reflect a more ordered and manageable version of the world back to the child. There is a need to provide cognitive scaffolding that gives shape to experience. Beyond this, the child learns, through gaining access to the mind of the carer, how to understand and think about the feelings, goals, and intentions of others. This is a considerable challenge for older children from maltreating or neglectful backgrounds, yet it is only if this difficult process can be achieved that foster children will be able to regulate feelings and behaviour and so move towards greater social and interpersonal competence.

Carer thinking and parenting behaviour

Carers in our study who were able to help children think and reflect often started by developing ideas and theories about the children's past that helped them to explain the present. Chantelle (14) was rejected by her mother from infancy and she left the family at 2 years of age. There followed numerous foster families and a failed adoptive placement. Her carer had a strong sense of the profound impact of the past and this enabled her to accept that some aspects of Chantelle's recovery would be painfully slow. She used a striking image of a tree (not unlike the tree metaphor in Sroufe, 1997) to convey her thinking about Chantelle's developmental pathway:

“But there's parts of her which are reaching forward into adolescence while other parts I believe have been stunted in their growth because of the damage, like a tree that has had various branches sawn off and those don't extend further because they've been hurt in that way. Those things are taking more time, some more than others, to heal and get sorted”.

Making such connections allowed carers to understand, tolerate, and work with difficult behaviours. James (11) found it hard to look forward to things and often spoiled a treat or an outing by being oppositional. His foster mother linked this with his previous physical and emotional deprivation.

“James was isolated for a long time. He was denied food, proper food. He was isolated in his room for hours on end when he was very little, the formative years, 4 years old, 5 years old. He was left out of things. He was scolded continuously. He was never welcomed. He

was never allowed to be a baby. Not being specially trained or anything, I just think it's a protective mechanism".

Foster carers who developed such theories were then better able to manage their own strong feelings of sadness and anger and then to help children think about their behaviour. They used their understandings to help shape the children's daily life so as to reduce anxiety. The gift of being *understood* for children whose previous realities had been so comprehensively distorted and who must have felt at times as if they were going mad was a very significant one. Carers then moved on to provide scaffolding for everyday living in which both predictable practical routines and more subtle emotional education played a part. Even teenage foster children still needed carers to provide the running commentary that parents most commonly provide for infants and young children, so that the children could begin to make sense of their own and other's minds, relationships and social expectations.

Child thinking and feeling/child behaviour

Some children responded in very specific ways to having their experiences thought about and talked through. Sam (15) was known affectionately in his foster family as 'Mr. Theory Man'. His carer gave the example of how after a rather angry outburst Sam explained why he reacted in this way and what he needed to do about it.

"Sam now has a theory about why he gets like that sometimes and his theory for that one is that it all builds up and if he doesn't let it out or doesn't say anything then it builds up and he really loses it and so what he's got to do is to tell people that they've upset him".

More commonly it was simply the reduction in children's anxiety and increased ability to talk about their difficulties, rather than explode or withdraw, which suggested an increased ability to reflect on and manage feelings and behaviour.

Children's self-awareness and increasing ability to think about and articulate ideas and feelings in an appropriate way were further significant developments across time in these placements. Even children with a degree of learning difficulty were able to think about what they liked about themselves. Tessa (12) said:

"Probably that I make my friends laugh. I always have fun with my friends and that's probably one of the good points about me".

But Tessa could also now comment on what she was not so keen on and how that had changed over time.

"I think cos I'm very bossy and short-tempered, I don't like that about myself. I try not to be bossy. I'm not as bad as I used to be. I used to be very bossy towards my friends and everything but I just find I don't need to be now".

It was impressive to find from the interviews that some children in this study were able to demonstrate some elements of metacognition, especially when contrasting their current thoughts, feelings, and behaviour with the past. Laura (14) gave this account of thinking about her own mind and the mind of her sister.

“I used to hit her (my sister) all the time, but I don’t anymore cos then if I went, if I hit her or if I’m really nasty to her if I go to bed that night I’ll think, I’ll make myself cry cos I’ll be thinking how she’s my little sister and how she must look up to me and that and how I’d feel if I had a big sister and she did that to me”.

Promoting self-esteem

As these quotations from the children suggest, as they developed the capacity to think about the self, they then moved to evaluate or, for these children, re-evaluate the self. Self-esteem has an important part to play in managing new challenges and is a key area of thinking with direct behavioural consequences.

From the earliest interactions with their new born infants, parents begin the process of conferring a positive sense of self. If they provide full and unconditional *acceptance*, loving words, gestures, and tones of voice, they convey to their child the sense that he or she is loved and loveable, a subject of interest, joy, concern, and value to others. As children grow and develop, parents will continue to generate environments in which children can feel a sense of achievement, accomplish tasks, receive praise, and experience themselves as valued and special. At the same time, sensitive parents are realistic about their child’s potential and unconditional in their acceptance of both positives and negatives. Thus, children can learn to tolerate a degree of failure and to know that they are loved and valued for who they are. They learn to accept that everyone has different strengths and difficulties. They experience themselves as needing to receive help and support at times, but also as robust and able to deal with adversity. They learn to care about and accept themselves and to care about and accept others, to give and receive love, affection, and warmth.

For most foster children in our study, early lives had been pervaded by experiences of loss and inadequate caregiving which had left them feeling unloved and unlovable. Care and interest shown by previous birth family caregivers had been sporadic, unpredictable, or conditional on particular behaviour or responses from the child. Family life had been frightening at times, and the tendency of young children to see themselves as having a magical responsibility for negative events had led some children to experience themselves as dangerous, bad, and worthy only of punishment.

Foster carers were usually aware of the importance of fully accepting the children and the urgent need to help older children in particular build a more positive sense of themselves. Providing this help could be hard when children were displaying provocative behaviour, which invited negative responses, or when praise, warmth, and affection were rejected or misinterpreted. Great patience and skill were required to both deal with these behaviours effectively, but at the same time help children to understand that they were accepted and valued for who they were, for better and for worse. This formed the foundation from which self-esteem could develop. But foster parenting for these troubled older children needed also to be geared up to enable them to be acceptable and accepted in the world outside the family if self-esteem was to be raised.

Carer thinking and parenting behaviour

Foster carers talked of their pride in the children and found particular satisfaction in the progress they had made. Colin’s carers took much pleasure in sharing their home with him. The foster mother told the researcher that life with Colin (15) could be a ‘laugh a minute’ and described him with great warmth:

“He’s funny, he’s fun, and very rewarding in the fact that he has made such good progress. That’s a good reward, because when I think of what he used to be, all the trouble he used to be in, and now I think he’s sort of quite a confident young man”.

The carers’ accounts frequently demonstrated the ways in which they were able to fully embrace and accept both the positive and negative attributes of their child, with their descriptions often juxtaposing the two.

“Gina’s a very bubbly, caring, sharing little girl, who can explode at any second if things don’t quite go the way she wants”.

Carers were extremely active in channelling such ‘bubbly’ energy and managing the explosions, both inside the home and outside. Facilitated activities provided opportunities for building self-esteem, but also kept unfocused children rather more focused and promoted acceptance in the peer group.

“Since Gina’s come she’s learned to swim, she’s learned to ride a bike, and she couldn’t do any of these things when she came and she now can. And she loves swimming, she loves going out on her bike. She likes ice-skating, she likes bowling, she likes activity clubs, and she goes to basketball on a Saturday”.

Child thinking and feeling/child behaviour

Their carers’ confidence in them and their abilities (and the carefully orchestrated experiences of success) gave the children greater confidence in themselves. Megan’s positive approach to her new school was part of an overall shift described by her carer.

“Megan’s a much more confident child than she was before, much more. She’ll take part in classroom activities. She’ll be the leading role in the play; she’ll be the leader of the gang of children rather than the one that tags on the end”.

Other children were described in similar terms.

“Dean’s got much more belief in himself, much more commitment in himself and much more self-discipline”.

“Emma feels good about herself. It’s a good thing. We’re pleased that she feels like that—she has got so much self-confidence”.

In Emma’s own interview, as in Tessa’s interview above, it was also possible to see her healthy, balanced belief in herself. Emma was in all the top sets at school and hoped to be a lawyer. She described herself as ‘brainy’, but was able to accept that she had to learn from other people sometimes.

“And cos Mark (friend) was really, really good at drawing and writing and I was totally rubbish at it . . . and he helped me to be able to be so good at it”.

Children were learning important lessons about accepting themselves and others, which not only reflected greater self-esteem but also suggested a greater capacity to forgive themselves and others when things went wrong and to find positive ways of restoring their sense of self.

Promoting autonomy/self-efficacy

Confidence as a result of raised self-esteem has important links developmentally with self-efficacy. From soon after birth, sensitive, reflective, parents create opportunities for their infants to feel influential and effective. They react promptly and predictably to signals of distress, loneliness, pleasure, or sociability and babies come to realize that it is their own behaviour that brings about such responses. From these early beginnings, young children learn that they can rely on their own resources to ensure that their needs are met and also that they can have some control over their environment. Sensitive parents provide a secure base by ensuring that they are physically and emotionally available, enabling children to explore the world with confidence. Such parents are also willing to support this exploration, to offer choices, to help their children to become more autonomous, and to promote a wider range of independent behaviours. They have the capacity to co-operate with their children's needs and accomplishments and they feel comfortable about sharing influence and control through negotiation. From these foundations, children become increasingly socially effective and competent and are likely to show greater resilience in the face of adversity (Rutter, 1999; Sroufe, 1997).

The long-term foster children seldom arrived in their foster families with age appropriate levels of autonomy. Their expectations of themselves and others in this area had often been affected by earlier negative experiences. Previous caregivers had often evaded their parenting roles and required children to be too independent. Alternatively, caregivers had been over-involved and intrusive, denying children the opportunity to define and understand their own experiences. In some cases, both children's expressions of need and attempts at autonomy had been controlled or punished if they created anxiety or distress for the caregivers themselves. Often there had been mixed, frightening, and fragmented experiences of caregiving, causing children to feel confused and uncertain about appropriate power balances between themselves and adults. The move into and moves in foster care had often increased children's sense of powerlessness, although some children felt frighteningly powerful as they resisted care and forced the breakdown of a series of placements.

Carer thinking and parenting behaviour

Carers had to think about ways of promoting autonomy that took into account each child's specific needs and capabilities. Lucy (14) had moderate learning difficulties and her sense of self had been fragmented by abuse and neglect in her birth family, followed by multiple placement moves. In the following extract, the carer described both her *thinking* (she believed it important for Lucy to be able to make sensible decisions about her clothing), and also her *parenting behaviour* (she gave her opportunities and was warmly enthusiastic when Lucy succeeded) in relation to promoting autonomy. She also conveyed Lucy's raised self-esteem at having achieved this step.

“Because I do say to her ‘you choose’, and I try to let her have the choice as much as possible. If she comes downstairs and she's dressed appropriately, then I say ‘Oh, don't you look smashing, oh, that's just the right thing for what you're going to be doing’. And then she beams and she's happy”.

For these foster children, self-efficacy in relation to academic work was very necessary, given their age, but was often hard to achieve. Homework could be a problem area, especially since so many of the children had learning difficulties or poor concentration. Children were often tired and stressed at the end of a school day, particularly those with learning difficulties that were coping with a mainstream environment. Parents recognized this and were willing to help them, but at the same time had to resist pressure to take over and do the work themselves. Often a subtle compromise was reached where children would make their own efforts, alongside active support and encouragement from a parent.

“Ashley (13) gets frustrated and cross with himself sometimes and says ‘I can’t do that’, but he’s also quite determined and if you sort of spend the time with him and say ‘Well of course you can. Just try a little bit harder, you know this is what you’re doing wrong, if you do it this way’, then he’ll do it and he’ll see it through and he’s got a sense of achievement once he’s done it”.

Child thinking and feeling/child behaviour

As children started to get the message that their ideas and wishes were valued and that they could make choices they began to develop a range of skills. These were often skills in being more effective in *social relationships*, but here too the role of *activities* was significant, as becoming competent in activities was playing an important part in increasing a number of children’s sense of mastery and efficacy.

As stressed above, children needed to operate in the outside world, to be accepted and to feel competent and confident. Foster carers who were churchgoers often found that their church communities were particularly welcoming and could provide an atmosphere in which the children felt responsible and special. However, ‘letting go’ of a child with complex behaviour problems, even in this safe setting, could mean an element of tension and risk for the carer. But children were seizing these opportunities and feeling the rewards, as the foster mother of Fiona, a normally restless, clumsy and tempestuous child, described proudly:

“At the church Fiona’s in charge of the overhead projector. She puts up all the songs and she’s got really quick and good at it . . . and people are beginning to say ‘Isn’t Fiona good at doing that?’ you know”.

A reasonable balance needed to be achieved for children between confidence in activities in the company of others and the ability to occupy themselves effectively. This was especially important for adolescents.

“Colin (14) likes his own space. He quite likes his own company. And other than TV and computer games, he likes to go into the garden and obviously his fishpond is a big influence in his life. He loves it. He’ll be out there for hours with his pond, cleaning it out and just generally pottering around”.

Again appropriately for a teenager, Colin was encouraged to work and earn money for items and activities which he wanted. As his foster father described, Colin had very much taken on board the family tradition of hard work and found it satisfying. Colin was a boy of limited academic ability and he was also rather limited in his relationships, in his ability openly to express or accept affection. However, it was possible to feel rather optimistic about a teenager who would get out of bed at dawn to go fishing with friends and was also patient

and determined enough to work and save up for weeks to get the best personal stereo in the catalogue.

An important consequence of the combination of secure base availability, reflection, self-esteem, and self-efficacy was the increased likelihood of negotiation and compromise. This was another apparent paradox which was logical developmentally—the more confidence a child had in their personal power the more able they were to compromise on individual matters in dispute. Thus many children were finding it easier after several years in placement to be appropriately assertive, but also to compromise. As part of this negotiation, children were showing an important ability to say sorry, to make reparation for harm done.

“There was a few harsh words and then Jon (14) went up to bed. He come down next day and said, ‘Sorry about last night’. He knows how to say sorry”.

The experience of making reparation had become quite a theme of Jon’s placement and was felt to be a major shift in his behaviour and foster family relationships. In placements which had been dominated by control and discipline issues in the early days, this was a big step.

Promoting family membership

The reduction in anxiety and the increased sense of focus and direction in life was built on the quality of children’s relationships, primarily with foster carers but also with other family members and friends. But the growing sense for the children of belonging to and being part of the family appeared also to be having a stabilizing and reassuring effect that went beyond the quality of individual relationships.

Family membership is conferred on children by their parents and other relatives from the moment of birth and it is a vital strand of healthy emotional and psychosocial development. It is recognized, initially, by observations about appearance and inherited features, then developed as the child is initiated into the culture of the family and has the family identity affirmed by recognition from the wider community. Family membership provides a set of expectations, norms, and values and it implies certain duties and responsibilities operating in both directions between parents and children. In a family based society, a child who feels they have no right to belong to a family or lives in a family of which they do not feel fully a part will carry a powerful sense of psychological and social dislocation. In contrast, the certainty of unconditional family membership can provide anchorage and the reassurance of practical and emotional solidarity and support through life (Allan 1996; Schofield 2002, 2003).

For long-term foster carers, there are two challenges in this dimension. First, there is the challenge of including the child in a family where there are no biological or legal ties and in the context of some scepticism, both among professionals and in the community, about the possibility of foster care being more than temporary. Second, there is the challenge of including older children in their foster families while at the same time acknowledging the extent to which the children feel themselves also to belong to their birth families.

Carer thinking and parenting behaviour

Foster carers in the study expressed in many different ways how much they regarded their foster children as full family members.

“I think it’s just a normal parent – child relationship with Nina. I think she’s become quite you know as much part of the family as our own children”.

“Oh most definitely I don’t see Ann as a foster child; she is part and parcel of my family”.

In these quotations it is possible to see how carers’ thinking had to redefine the child, i.e. as ‘not fostered’ in the way other people might understand it, in order to explain the depth of their commitment to the child as member of their family.

Observing family rituals was often a testing ground, with greetings cards and the way in which they were worded often seen as important indicators of family membership. There was significance in the cards that were given to the child by close and extended family members.

“Gina’s been with us so long she is part of the family. All my family treat her as family, you know she gets presents and things for birthdays and Christmases just like them and she gets sister cards from them and daughter cards from me and you know, that sort of thing”.

Those cards which were received from the child often reflected the more gradual emotional and cognitive process of joining the family:

“Her cards have moved on from ‘from Sophie’ and now they’re ‘love from’. I know it’s a silly thing but it was very difficult for her to write ‘love’ in a card. Birth Mum always got that and her brother always got that and now my daughters get it and my husband gets it and I get it. You know I think it’s accepting that you can love lots of people; it’s a bit of a step”.

As a result of this shared identity in the foster family, carers could feel more confident and take active steps to ensure that the children gained the maximum enjoyment and benefit from their birth family contact (Beek & Schofield, 2004b; Neil, Beek, & Schofield, 2003). Jess and Rosie’s carer described, for example, the way in which she had encouraged the children to celebrate their birth mother’s 30th birthday by helping them to buy and wrap 30 small gifts. This pleasurable shared activity underlined the children’s sense of belonging in both families and provided the message that both sets of relationships were to be valued and enjoyed.

“And you know Jess loved wrapping them up and Rosie did so they were all wrapping them up and anticipating you know. Jess put the numbers on all of them and they had a lovely time. And that was nice, but I suppose the thing is I feel totally secure with the girls”.

Child thinking and feeling/child behaviour

Not all children felt equally settled as members of the foster family and some were further along this road than others. But children often talked readily about their lives with their families and gave a sense of how much they valued being part of it all. They enjoyed family rituals around birthdays and Christmases and showed in their behaviour a strong sense of absorbing the foster family norms and values, as the example above of Colin and his care of the fishpond demonstrated. It was not always easy for children to communicate in interviews their view of family membership, but what came across was the way feeling at

‘home’ rather than in ‘a placement’, ‘belonging’ with the carers mattered to them. Barry, a 14-year-old boy with learning difficulties, summed up the links between belonging and a sense of security:

“I’ve fitted in really well. I can trust the people that foster me”.

Laura (14), who had spent her early chaotic years with a drug addicted mother, gave a similar verdict on her secure base in her foster family, when she was in the family car on the way home after a gathering of the extended family.

“I like being in foster care. You know where you are”.

Conclusion and implications for future research

Concerns are widespread internationally about the uncertainty and variable outcomes facing the many children who remain in the care of the state (Colton & Williams, 1997). The critical importance of increasing the provision of good quality foster care, which can offer sensitive responsiveness, stability, security, and family membership, is undeniable. From this study it is possible to see ways in which foster carers can offer a secure base of this kind. The use of developmental attachment theory to think about how security and permanence in foster care is provided has led to a multi-dimensional model of caregiving. The model draws on established developmental research into aspects of parenting which are likely to promote security and resilience in children (see Cassidy & Shaver, 1998; Goldberg, 2001; Howe et al., 1999, for reviews) and so its theoretical foundations are evidence based. However, although this model was useful in making sense of the research data, in order for such a model to be helpful in practice it needs to be expanded, tested and translated into training materials which can themselves be piloted and evaluated.

Other attachment-based models that target related aspects of caregiving which promote security are currently being developed and tested, for example the circle of security (Marvin et al., 2002). Of particular relevance for our work in foster care of older children is the recent study by Dozier and her colleagues (in press), who report on a successful intervention with foster carers of infants. This intervention is based on the principle that what needs to be offered is therapeutic caregiving that repairs previous damage. It accepts that there will be a range of states of mind in respect to attachment among the caregivers, but offers a programme to increase each carers’ capacity to promote security in their child. Their findings are promising and suggest that carefully targeted, theoretically sound interventions can make a difference to the quality of caregiving and to the development of foster children. It will be important to test such interventions with older children in the light of ours and other studies of the complex caregiving task in foster care and adoption.

Finally, it must be acknowledged that there is a major policy and practice challenge for the future, in the UK and internationally, in promoting the accurate use of attachment theory by the diverse professional groups across the range of family placement work who would describe themselves as working in an attachment framework. Developing models that make a bridge between attachment theory and research on the one hand and family placement practice on the other is essential, since attachment theory continues to offer a scientifically rigorous and yet potentially practical framework for making sense of children’s troubled and challenging behaviours and for supporting caregivers in providing them with a secure base.

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Appendix 1

| | Promoting trust in availability | Promoting reflective function | Promoting self-esteem | Promoting autonomy/self-efficacy | Promoting family membership |
|----------------------------|--|---|---|--|---|
| Parent thinking | Has a focus on child's needs | Puts themselves in the shoes of the child—thinks of their mind and experience | Accepts child holistically—strengths and difficulties | Recognizes child as separate person | Values family life/membership |
| | Keeps child in mind even when apart | Reflects on the impact of the child on the self as parent Generates theories—why does the child feel/behave like this? | Understands child's need for self-esteem | Accepts, values, promotes child's need to be effective/autonomous | Has flexible and permeable family boundaries |
| | Feels central to child's well-being | Makes connections e.g., past and present | Takes pleasure in child | Trusts in child's potential to be active/make their own decisions | Believes that neither blood nor legal ties are necessary and that children can belong to more than one family |
| Parenting behaviour | Remains alert and available, physically, emotionally, and mentally | Observes and listens to child closely | Trusts in the child's potential for good. | Respects and promotes child's exploration | Offers full inclusion e.g., family rituals |
| | Signals availability to the child in age appropriate ways. | Responds flexibly and empathically | Promotes positives and enables child to be and feel successful—inside and outside the home. | Sets safe boundaries without being intrusive | Promotes child's understanding and acceptance of foster family norms and values |
| | Uses availability to reduce stress and anxiety for the child. | Provides cognitive scaffolding for the child | Tackles difficulties and enables child to repair damage | Promotes child's acceptance/ensures age appropriate behaviour. | Helps child manage membership of foster and birth families. |
| | | Helps child make sense of experience, past and present. | | Offers choice, allows child to take some risks and accepts assertiveness, even defiance, as healthy. Uses negotiation and co-operative measures to manage behaviour—not punishment. | |
| | | Promotes mind-mindedness | | | |

(continued)

| | Promoting trust in availability | Promoting reflective function | Promoting self-esteem | Promoting autonomy/self-efficacy | Promoting family membership |
|------------------------|---|---|---|--|---|
| Child thinking | I matter | I am known and understood | I am accepted and valued for who I am. | My views are important | I belong to this family, now and in the future. |
| | I am safe | I can know and understand myself and others | I accept and value myself. All people have some good and some bad parts | I can have personal power, make choices and achieve things for myself. | I have rights and responsibilities as a member of this family |
| | I can trust and rely on my carer | I can think about my own mind and the minds of others My anxieties can be contained | Repair/forgiveness is possible | I can get my needs met through co-operation I can make myself and others feel good. | I can love/belong to more than one family. |
| Child behaviour | Exploration, learning, and activity | Reflects on self and others | Approaches and enjoys activities/relationships with confidence | Makes choices and decisions. Co-operates and negotiates | Incorporates the foster family into a public identity |
| | Takes appropriate risks | Is more empathic | Copes with failures and disappointments | Appropriate levels of self-reliance | Shows a commitment to the family culture |
| | Uses carer as a secure base when stressed | Thinks and plans Puts feelings into words Regulates affect Regulates behaviour | Shows realistic but positive appraisal of self | Becomes proactive rather than reactive | Manages contact |

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