

CHAPTER ??

DENIAL OF DEVELOPMENTAL NEEDS OF FOSTER CHILDREN BY DUTCH YOUTH CARE SERVICES

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INTRODUCTION

In the two preceding chapters in this volume, explorations and analyses are presented on forms of denialism regarding children (by Dwyer) and their relation to prejudice and discrimination against children (by Willems).¹ Willems argues that violence against children should be seen as a form of discrimination against children for similar reasons and on similar grounds as violence against women is seen as a form of discrimination against women. According to Willems, these reasons and grounds are related to prejudices against children as an age group, such as childism and juvenile ageism, and to exclusion or discrimination perpetuated by cultural denial of harmful adult privileges ('parentarchy') and, as a consequence thereof, a lack of political will to address the large-scale transgenerational transmission of attachment insecurity and childhood trauma ('transgenerational discrimination' or 'transism'), in both developed and developing states.² In this chapter, it is argued that this transgenerational transmission is negatively impacted by interpretive denial within the child protection system. According to Cohen, in interpretive denial, facts are given a different meaning.³ For the purposes of this chapter, interpretive denial refers in particular to the interpretation and application of the principle of 'the best interests of the child' without acknowledging the state of the art of the science of early childhood and more specifically the research of the past half century on attachment security. Willems labels this form of denial as 'the blood-tie myth,' which he briefly addresses in the section on 'child abuse denialisms.' In this chapter an illustration of this 'myth' will be presented based on the general literature on attachment security and several master theses in which research is reported on the treatment of foster children in the Dutch youth care and child protection system (hereafter: youth care services).

Interpretive denial affects both children and caregivers over the generations. It may thus be seen as a form or expression of transgenerational discrimination, or transism (see Willems's chapter). Transism has deep and complex roots and ramifications in tradition, belief systems, culture, legislation and politics. Nonetheless, it is rather surprising that youth care services, as professional institutions, do not take the lead in transforming the 'blood-tie' paradigm into a 'science of early childhood' approach to child protection in general and to foster care in particular. Many organizational and other interests **may ??** prevent this, and many forms of denial **may ??** be at work. Social welfare institutions and courts have an enormous power over both children and their caregivers in the interpretation and application of the best interests principle. It is

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James G. DWYER, Diagnosing and dispelling denialism regarding children; Jan C.M. WILLEMS, Too close to home: the denial of prejudice and discrimination against children (preceding chapters in this volume).

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WILLEMS, Too close to home (section 1, Introduction; section 2.3, Official denial: descriptive denialism and transism).

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Stanley COHEN, *States of Denial; Knowing about Atrocities and Suffering*, Cambridge, Polity Press, 2001, p. 7.

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therefore of special importance to scrutinize any prejudice and denial that may interfere with the correct use of this principle, and thus with children's basic emotional developmental needs, of which attachment security, as our first developmental task in life, is the most outstanding one. Especially in relation to foster care children, who often come from vulnerable families, it is of crucial importance that youth care services are both attachment and trauma informed, and act accordingly. The policies of Dutch youth care services do not bear witness to this, as will be illustrated in this chapter. Therefore, Cohen's concept of interpretive denial, as contextualized above, will be used here in order to attempt to shed light on these policies.

The policies of Dutch youth care services appear to be based on the presumed importance of the parent for the child, that is, the importance of the blood-tie between the parent and the child. The question is, however, whether policies based on this presumption actually create better conditions for the healthy development of foster children. For more than four decades the problems of foster children, their parents and their foster parents in the Netherlands have been studied at the Department of Orthopedagogics at Leyden University.⁴ Every child needs loving care and guidance in order to grow up to become a well-functioning adult. Neglect of those basic developmental needs is not easy to see by the eye alone. One has to *know* which signs in the child's behaviour are to be interpreted as a disturbance in the development of the child, now and/or in the future. A disturbed development affects at least four generations: the neglected child; his⁵ parents, who are not able to give proper care to their child; the grandparents of the child, who did not give the child's mother or father proper care; the child's children. When the neglected child grows up, he will most likely not be able to raise his own child adequately because he has not experienced that sufficiently himself. The need to break this transgenerational cycle – lack of proper care and affection from one generation to the next – is obvious. When a child is placed in foster care, the opportunity presents itself to improve his possibilities for an adequate development. Interpretive denial seems to stand in the way of adequately using this opportunity. Several decades of 'attachment science' both internationally and in Dutch settings have not succeeded in changing this situation.

However, a model has been developed which might persuade youth care services to follow a different path. It **can** be seen as no less than a breakthrough that this model is now being tested **by one Service for Foster Care together with a Youth Care Service (Care orders) , operating in three cities** in the Netherlands. Therefore, it may be justified to pay attention to this model, **(stukje weggelaten)** at the end of this chapter. (Volgende stukje **Dit stukje weglaten; waarom staat het er. Schept twijfel**) **This model** will be preceded by **five** sections following this introduction. In the **next section (2)** some results are presented of the research conducted at the Leyden University Department of Orthopedagogics on the development of foster children for whom Dutch youth care services bear responsibility. In

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See P.M. VAN DEN BERGH and A.M. WETERINGS (eds.), *Pleegzorg in perspectief*, Assen, Van Gorcum, 2010. Master theses on this theme have been supervised by both editors. In most of these theses, the children were 0-11 years old, entering foster care at an average age of 4. They stayed with the same foster parent(s) for an average of two to three years, varying from a few months to ten years. Boys and girls were about evenly divided. None of the statistical analyses showed any gender-related differences.

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To avoid using he/she in every other sentence, the child and his parent will be referred to as 'he.' The parent, mother or father, is always the biological (legal) parent. Foster parents will be named as such.

section 3 the relevance of the attachment theory for the development of children is explained. Section 4 deals with research on attachment specifically in relation to foster children. In section 5 a child's loyalty to his caregivers is discussed, and in section 6 contra-indicators for reunification with his parents are mentioned. In section 7, the above mentioned model is presented; it is submitted in this section that working according to this model could break the transgenerational cycle of neglect by giving the foster child new opportunities for development. The chapter closes with a short conclusion (section 8).

2. RESEARCH ON FOSTER CHILDREN SHOWS THE START OF THE TRANSGENERATIONAL CYCLE

Problems in a family may be seen by neighbours, family of the parents, the school, a social worker, another professional, or the parents themselves. Youth care services may be alerted. One of their professionals (hereafter: practitioners) may then provide some form of support, once or twice a month. The more problems, the more help and support may be given. But with what result?⁶

Extensive knowledge on foster care has been obtained by research on dossiers and second analyses on data acquired by the *Pedagogisch Signalerings-Instrumentarium* (Pedagogical Signalling Instrument, hereafter PSI).⁷ The children had lived an average of three quarters of their lives in a (multi-)problem family. Their parents had received help by an average of seven or eight institutions during an average of five and a half years. All this help did not prevent the out-of-home placement of the child.⁸ In the PSI questionnaires the foster parents tell about the development of the children in the first few months of their stay. Their development gave many problems, e.g. on health (80%), social functioning with peers (62%), or emotional development (95%).⁹

Descriptions of the development of some children shortly after their arrival in foster families

- Girl, 5 years old. She behaved like a three-year-old and did not speak. She could not handle things by herself; was always cheerful but could scream and cry without reason; displayed strange behaviour. 'Everyday, we [the foster parents] watched her behaviour with astonishment.'

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This question was also put – and answered with: 'No benefit for the child' – by E. MONCK, J. REYNOLDS & V. WIGFALL, *The role of concurrent planning; Making permanent placements for young children*, BAAF, British Agencies for Adoption and Fostering, London, 2003.

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The PSI has been developed by Weterings and Van den Bergh between 1996 and 2012. It consists of 12 to 14 questionnaires with 'half open' (fixed) questions. These questions are asked by the practitioner for a particular (foster) family. The parent, or the foster parent, can give answers in his own words, written down by the practitioner and afterwards scored by a researcher (a psychologist) who does not know the (foster) family or the child. If there are specific problems, 1 point is given, and if not, 0 points. The validity of the PSI as an instrument to make a *risk assessment (taxation)* of the (foster) family's environment has been examined. The development of the child is related to 10 different factors (questionnaires). Every questionnaire (factor) correlated significantly with (an average) 5 of the 10 other questionnaires. See A. SITSKOORN, *De validiteit van het PSI voor Pleeggezinnen*, Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2011.

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See L.M. KASTELEIN, *Van probleem tot uithuisplaatsing*, Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2010; and M. MOENE, *De beleving van ouders (van het pleegkind) van de problematische opvoedingssituatie*, Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2011.

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In the PSI, seven areas of development are questioned: physical development, motor skills, language, contact with peers, social functioning, emotional development, and mental or cognitive disability. (The last one was left out in the analyses; in most cases the foster parent was not given much information about the mental abilities of the child, neither of the circumstances of the child when living with his parents). H.J.H. VAN DUIJN, *Groeien in een pleeggezin*, Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2009.

- Boy, 3½ years old. Did not want to eat; uncoordinated movements; did not speak; did not feel pain; struck himself; claimed unlimited attention from everyone; had tantrums.
- Girl, nearly 8 years old. Stopped defecation for extremely long periods. Her attitude: ‘I am a nobody, so tell me what you want me to do for you.’ She could handle things by herself very well: she had had to care for a complete household.

These kind of problems are caused by a lack of affection, attention and care from their parents (and sometimes also in institutional care after out-of-home placement). Another thesis showed that once the problems started (in 50% of the cases when the child was 0-1 years old), the lack of care for the child *continued* over the years, until the out-of-home placement.¹⁰ In an analysis of 150 dossiers, the main reasons for placement in foster care were parent related problems (30%-61%), while only in 2%-4% of the cases child related problems were mentioned. And although in 25% of the cases child abuse was suspected or proven, only 2 of the 150 children were placed out of home explicitly for that reason. **Another research on dossiers of 130 foster children gives similar results.**¹¹

In PSI and dossier research, about 60% of the foster children still had problems in three to six areas of development, after an average of two to three years in their foster family. After three years in the same foster family their problems diminish significantly.¹² In the first two years problems decline, but after two to three years they increase (this is understandable since after the first adaption period the child feels gradually accepted and dares to act out his anxieties and frustrations). After three years the problems gradually decrease. Children who stayed up to three years with their foster parents had significantly more problems than children who stayed five years or longer.¹³

Reflection

The nature and scope of the above mentioned symptoms of conduct disorders are not simply to be qualified as ‘these children are a bit lagging behind’ or ‘a bit slow.’ **These disorders** are to be considered as a *disruption* of their development. (**Stukje weggelaten**) Supporting the parent was necessary of course. But although an approach to give more and more help to the parents seems logical, progress, if any, proved to be slow and took years, at best. Because of the complexity of the family problems, often with roots in the past of the parents, this is (**however weggelaten**) to be expected. (**volgende zin weggelaten**) To go on with supporting parents, and interpreting this as being in the best interests of the child, while failing to see that the development of the child worsens, may be seen as *interpretive denial* in relation to the child and his behaviour, minimizing or overlooking the well-being of the child. One can understand, of course, the predicament of youth care services, since they have to deal with the parent, who has parental authority and legal rights. (**Privileges weggelaten**). The services do

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See S. HELDER, *De relatieontwikkeling tussen ouder en kind en de zorg in het dagelijks leven bij ouders met een kind in een pleeggezin of in een internaat*, Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2007.

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See V.A.C.B. DALM, *Netwerkpleeggezinnen en bestandspleeggezinnen*, Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2009. **K.Dankaart. Besluitvorming en het beëindigen van pleeggezin plaatsingen. Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2011.**

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See A.A.M. HUIJG, *Pleegzorg, de ontwikkeling van pleegkinderen, de relatie-ontwikkeling tussen pleegkind en pleegouders en de invloed van het oudercontact*, Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2010. Examples are: health problems decrease from 80% to 54%; language problems from 66% to 41%; social functioning with peers from 62% to 56%; emotional problems from 95% to 89% (see A.M. WETERINGS, *Ontwikkeling van pleegkinderen volgens 61 PSI's (in 2008/2009)*, Internal paper, Department of Orthopedagogics, Leyden University, Leyden, 2010). Also see VAN DEN BERGH and WETERINGS (2010), see above note 4.

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See VAN DUIN, above note 9.

not confer with the child, who has no power and is not given a voice. After all, ‘the parent has the right to raise his child’ (although **the law on youth protection refers to a ‘duty and a right’ and a responsibility**). This interpretation of the parent-child relationship, as if the child is a parent’s property, and not a subject of rights, is hampering the development of the child. The problems of foster children are often far more severe than institutions (youth care services, child protection agencies, family courts) are inclined to assume [as several Inspections reports have shown]. Foster children clearly benefit from their stay in a foster family. Because their problems usually start at the most vulnerable period of their lives – the preschool years – they often only benefit after many years in a foster home as their problems are severe and emotionally profound. Their developmental problems are mainly caused by long-lasting insufficient care by their parents. Still, youth care services and courts aim at reunification of parent and child as the preceived ultimate benefit for the child. **They follow the law for child protection to the letter (parents should be responsible), in spite of the fact that in the research on 98 foster children nearly 25% of reunited children had to be placed out of home again and in a research on 130 foster children even 33% of the reunited children were out-placed again. This last research looked as well for child-related indicators for reunification. Not any were found.**¹⁴

Considering the above mentioned research on foster children, one can deduct a considerable attention to the parents, and a focus on their needs, neglecting to look into the signs for a adequate development of the child, looking into factors such as: years of support of the parents while the child may continue to live in an insecure environment with too less care and attention, out-of-home-placement because of prblems of the parent, a very du isturbed development when the child is eventually places in foster care; no emotional security for the fosterchild with his fosterparents because 'every year' the youth care agency will consider if reunification is possible; they live in 'endless temporariness; no child-related indicators for reunification; a considerable amount of reunited foster children are placed out of home again.

These reflections do raise the question as to how youth care services and family courts interpret the extensive knowledge on early child development.

First, a brief look at the literature on adequate child development.

3. ATTACHMENT SECURITY IS NECESSARY FOR ADEQUATE DEVELOPMENT

For over half a century research has been conducted on the development of deprived children in children’s homes, children fostered during the war, and adopted children. This research has clarified the conditions for development. Secure attachment of the child to someone who cares and provides for him on a permanent basis, is the most important factor for stimulating development. Bowlby (1966)¹⁵ has conducted extensive research on this subject. Van IJzendoorn

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See E.J. PEUCHEN, *Een kind in de pleegzorg: ontwikkeling, relaties en terugplaatsing*, Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2012, a research on dossiers of 98 fosterchildren; **K. DANKAAERT. *Besluitvorming en het beëindigen van pleeggezinplaatsingen*. Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2011, a research on 130 dossiers of foster children. Foster parents qualify the Youth Care Service as: Parent-protectors. The interest of the child is not taken into consideration. See P.M. VAN DEN BERGH, *Pleegouders, een investering waard; een onderzoek naar redenen voor beëindigen van het pleegouderschap*, Dickhoff Design, Amsterdam, 2013.**

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BOWLBY J., *et al.*, *Maternal care and mental health and deprivation of maternal care*, Schocken Books, New York, 1966. Bowlby used studies of other researchers on (early) hospitalism as well (e.g. W. GOLDFARB, Effects of early institutional care on adolescent personality, *Journal of Experimental Education* 1943, pp. 106-129; R. A. SPITZ, Hospitalism: An inquiry into the genesis of psychiatric

(1994; 2006; 2010)¹⁶ and Juffer (1993 and 2010)¹⁷ have developed his theory further by research on adopted children. Oosterman (2007)¹⁸ has shown in her research that the (secure) attachment of the child to his foster parents is the main factor for developmental success. Bokhorst (2004)¹⁹ showed – in a twin-study – that the environment, i.e. maternal care, is the main factor for the child's (secure) attachment to the mother, and not his genes and blood-tie.

Attachment is based on the *biological drive* of the fully dependent young child to survive (Van IJzendoorn, 1994). The young child is not able to survive on his own. He needs care and support from a caregiver. When this caregiver meets the needs of the child, the child will develop 'attachment behaviour' such as smiling and 'crying, clinging and following' in order to get the proximity of that specific person. The brain of a young child, the nerves and the connections between the cells, are yet to be developed. The way the brain will develop depends on the way the signs of the child to get attention for his needs are understood by his carers (*sensitivity*) and met by them (*responsiveness*). When the needs of the child are met consistently and the child can rely on his carer, he can develop trust – trust in others and in himself as well (he does the 'right' things to get attention). The child will seek out this caregiver and develop a '**secure selective** attachment relation' to this person. At the same time, the child will 'bid to the wishes' of this caregiver and listen to him in order to keep his attention. That means that the child can be influenced – and thus raised, accepting the given structure, and learn how to control his feelings of greed, anxiety or stress. His experiences will lead to a particular set of mental representations, beliefs and ideas about himself and others, what Bowlby called 'the internal working model.'²⁰ This is the basis for a mentally healthy personality. (**volgende stukje weggelaten – staat er later nog een keer.**) About 90% of the brain of a child is developed when he is about 6 years old.²¹ This means that the early years are the most important stage in human development.

Usually, the main caregiver is the parent. That is why the prevailing idea is that a blood-tie is necessary for development. But, as pointed out above, this is not the case. The child should get love, attention and guidance in order to be able to learn how to behave towards others and to control his own wishes and desires. In *interaction* between the child and his main caregiver, now and in the future, the child can build up enough trust to accept his caregiver's guidance. When the parent does not see and meet the needs of the child, the brain will not develop in a consistent way. The connections between the nerves will not be adequate. Brain pictures of severely neglected children (as in the Rumanian institutions) show a smaller brain and empty

conditions in early childhood, *Psychoanalytic Study of the Child* 1945, pp. 53-74), especially in World War II, such as D. BURLINGHAM, A. FREUD, *Young children in wartime*, Allen & Unwin, London 1942.

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M.H. VAN IJZENDOORN, *Gehechtheid van ouders en kinderen*, Bohn-Stafleu-Van Loghum, Houten, 1994; M.H. VAN IJZENDOORN & F. JUFFER, Adoption as an intervention, Emanuel Miller Memorial Lecture, *Journal of Child Psychology and Psychiatry* 2006, pp.1228-1245; M.H. VAN IJZENDOORN, Gehecht aan pleegouders, in VAN DEN BERGH and WETERINGS (2010), see above note 4, Chapter 2.

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F. JUFFER, *Verbonden door adoptie*, Utrecht University (Ph.D.), Utrecht, 1993; F. JUFFER, *Beslissingen over kinderen in problematische opvoedingsituaties; Inzichten uit gehechtheidsonderzoek*, Raad voor de Rechtspraak, Research Memoranda no. 6, 2010.

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M. OOSTERMAN, *Attachment to foster parents*, Ipskamp, Enschede, 2007.

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C. BOKHORST, *Attachment in twins*, Mostert & Van Onderen, Leyden, 2004.

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See G. SCHOFIELD, M. BEEK, K. SARGENT and J. THOBURN, *Growing up in Foster Care*, BAAF, British Agencies for Adoption and Fostering, London, 2005.

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See D. VAN DEN BOOM, *Ouders op de voorgrond*, Sardes, Utrecht, 1999.

spaces within the brain.²² Attachment security thus is also the basis of healthy brain development as well as the foundation for lifelong health (see Willems's chapter).

A child who often changes from caregiver, does not know how to react and respond to all these different caregivers. It makes him very insecure. Apart from that, the child cannot build up a bond with caregivers because they will change too often. How can a child in those circumstances develop consistent behaviour? His brain develops erratically, with no clear patterns. The child cannot build up trust. After each replacement his problems increase.²³ Foster children without replacements had less problems than replaced children.²⁴

Research on the development of children deprived of adequate parental care has made clear that, apart from affection, the parent needs to give the child adequate structure and stimulation. The concept 'attachment' between parent and child (**affection and care**) is specified (**by the author**) in the term 'attachment and parenting relationship' (in Dutch: *gehechtheids- en opvoedingsrelatie*), **because in youth care one focus mainly on affection, while not paying sufficient attention to the necessary guidance and stimulation, necessary for an adequate development.**²⁵ Thus, the conditions for the development of a secure relationship are:

- **Love.** The main caregiver reacts sensitively and responsively to the needs of the child to live in a secure world, feeling understood and supported **by lasting love, care and attention.**
- **Guidance.** This caregiver **gives guidance and structure, 'raises' the child, and is available when needed, now and in the future, so that the child can build up trust.**

If the child is securely attached to his caregiver, the loss of this person will shatter his world, because he lost the person who provided security by love and structure. This loss is a trauma which deeply affects the development of the child. An attachment and parenting relationship of the child with his caregiver can be *seen* in the behaviour of the child:²⁶

- The child accepts authority of the caregiver, the child listens to him.
- The affection of the child is *specifically* given to this caregiver, he seeks comfort especially from this person (a selective attachment and parenting relationship).
- The child expresses himself to this caregiver in an adequate way.

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See A. HAVERMANS, C. VERHEULE, B. PRINSEN, *Gehechtheid in beeld*, SWP, Amsterdam, 2012.

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See S.J. LEATHERS, Placement disruption and negative placement outcomes among adolescents in long-term foster care: the role of behaviour problems, *Child Abuse & Neglect* 1996, pp. 307-324; J. STRIJKER & Tj. ZANDBERG, Breakdown in foster care, *International Journal of Child and Family Welfare* 2005, pp.76-87; S. OIJEN, *Resultaat van pleegzorgplaatsingen*, Rijksuniversiteit Groningen, 2010; M. OOSTERMAN, C. SCHUENGEL, N.W. SLOT, R.A.R. BULLENS, T.A.H. DORRELEIJERS, Disruptions in foster care, *Children and Youth Care Services Review* 2007, pp. 53-76.

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See PEUCHEN, above note 14. Dossiers of 98 foster children. Not-replaced: after 2-3 years 11% had problems in 4-5 areas of development; re-placed: 27% had problems in 4-6 areas. The correlation between 'Development' and 'Attachment and Parenting Relation' of the not-replaced child with his foster parents was high: $r(52) = .70$. This correlation was lower for the re-placed children, although significant as well: $r(24) = .55; p < .01$.

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See A.M. WETERINGS, *Het pleeggezin als opvoedings situatie; Een empirisch vervolgonderzoek naar de ontwikkeling van de opvoedingsrelatie van voogdijpupillen van 15-18 jaar*, Ph.D., VRB Drukkerijen, Groningen, 1977. A.M. WETERINGS (ed.) *Pleegzorg in balans*. Garant, Leuven/Apeldoorn, 1998.

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The concept 'Attachment and Parenting Relationship' is operationalized in one of the questionnaires in the PSI and is based on the AACAP as well (Praktijklijn voor de diagnose en behandeling van kinderen en adolescenten met RHS, Reactieve Hechttings-Stoornis van de zuigelingentijd en vroege kindertijd, *Kind en Adolescent Review* 2006, pp. 225-283).

4. THE RELATIONSHIP OF THE CHILD WITH HIS FOSTER PARENTS AND HIS PARENTS

The basic developmental need of and conditions for attachment security now have been discussed. The next question to address is: can a child develop an attachment and parenting relationship with his foster parents and, if so, what effect has such a relationship on his development. Progress in the development of a foster child appears to be best predicted by the relationship between the child and his foster parents.²⁷ A decrease in the amount of problems in this relationship also shows a decrease in the problems of the child. The relationship proved to be a predictor for the development of the foster child as well.²⁸ The outcome of the questionnaire *Interaction between the child and his foster parents* correlates significantly with the problems in the development of the child as well.²⁹ These findings are in accordance with the literature on attachment.

Influence of 'parent contact'

In none of the studies, nor in the literature, contact of the foster child with his parents was found to be beneficial for the child, although in some individual cases it was. In the majority of cases the development of the foster child is influenced negatively by contact with his parents.³⁰ Huijg analysed the influence of contact of the foster child with his parents.³¹ 'Mother contact' gave problems for 70% of the foster children. The correlation between 'Mother contact' and 'Relationship with foster parents' is significant.³² Problems mentioned were: the mother does not give sufficient attention to the child; the child does not listen, is avoiding the mother or does not like to be cuddled **by her**. The more problems in the contact with the mother, the more problems in the relationship of the child with his foster parents. For young children this connection is even stronger. 'Mother contact' – as well as 'Father contact' – are significantly correlated with 'Development of the child': the more problems in the contact, the more problems in the development of the child.³³

The *frequency of the contact* does not correlate with any of the used variables and neither with the age of the child nor the length of his stay in his foster family. Analysis of the answers of the foster parents revealed that the nature of the visits is the problem. When the visits are just that: a visit, than it is OK. If the visits reactivate earlier bad experiences with his parents or are the start of reunification, the relationship of the child with his foster parents will be threatened. When, e.g., the mother says that the child will come and live with her in the near future, the child will feel threatened. He is afraid to loose his foster parents, and is also afraid

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HUIJG (2010), see above note 12; SITSKOORN (2011), see above note 7; VAN DUIJN (2009), see above note 9.

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For foster children of 1-5 years old, the relationship with the foster parents predicts 44% of the their development. Each of the six areas of development had a significant correlation with the relationship of the child with his foster parents, varying from $r = .24$ to $r = .40$ (HUIJG, 2010).

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VAN DUIJN (2009), see above note 9.

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See M.W.E. LAMBERMON, *Onderzoek in de pleegzorg, Ouderschap en Ouderbegeleiding* 2005/8, pp.11-12; A.M. WETERINGS, W.A. BLOEMBERG, H. PRUIJS & W. POOL, *Pleegzorg in balans*, Garant, Leuven, 1998.

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In 90% of the cases the parents do not live together. About 80% of the children had contact with the mother and 45%-60% with the father (HUIJG 2010, see above note 12; PEUCHEN 2012, see above note 14). For this reason most of the analysis has been conducted with regard to the mother.

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Correlation for the whole group is: $r(105) = .20, p < .05$; for the 0-5 years old: $r(42) = .40, p < .01$ (HUIJG 2010, see above note 12).

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HUIJG (2010), see above note 12; WETERINGS (1977), see above note 25; S.J. LEATHERS, Parental visiting, conflicting allegiances and emotional and behavioural problems among foster children, *Family Relations* 2003, pp. 53-63.

to go and live with his parent, a person he does not know well or with whom he has had nasty experiences.³⁴ Contact with the parent often makes the child insecure because he does not know what the contact means.³⁵ This insecurity obviously affects the young child. Often the foster parents called the services ‘parent protectors’ and ‘no child protectors.’³⁶ The prevailing opinion of these services appears to be: a child is always loyal to his parents and therefore a foster child should have contact with his parents, and eventually be reunited with them (the ‘blood-tie myth’). As seen above, nearly 25% **or 33% respectively** of reunited children had to be placed out of home again.³⁷ This raises the question what ‘loyalty to parents’ means for the child, and whether this is different for a foster child.

5. LOYALTY OF THE FOSTER CHILD TO HIS PARENTS

Loyalty refers to a kind of bond. Bonds may have a completely different content and quality. In the Dutch youth care and child protection system the concept of loyalty **is based** mainly on the theory of Boszormenyi-Nagy (or Nagy), who claimed, without any research other than his experiences as a family therapist, that a child is always loyal to his parents.³⁸ Nagy divided ‘loyalty’ into two concepts: ‘existential loyalty’ by birth of the child, and ‘obtained loyalty’ by the parents through their care for the child. Existential loyalty ‘by birth’ exists in the sense that any child, or adult, would like to know what kind of persons his parents are, or were, because he is born out of them, he wants to *know* his ‘roots’ as part of his identity.³⁹ If there has been no or hardly any care, the parents will not obtain much loyalty from their child (although they might think this is a ‘natural’ feature). In the experience of the child there was hardly any care, so no feelings of loyalty have been awakened. Therefore, the author of this chapter proposes a third form or dimension of the concept loyalty: emotional loyalty of the child to his parents. When the parents have given the child love and care, the child will get emotionally attached and will *feel* loyal to them. In the theory of Nagy this concept had no place because the children in his therapy lived with their parents. The ‘existential loyalty’ had always an emotional quality for the child as well – and thus emotional loyalty of the child was not discerned as a separate phenomenon.

‘Emotional loyalty of the child’ comes into the picture for adoptive and foster children. For those children it is not self-evident that they will feel loyal to their parents, sometimes not even knowing them. When considering an increase in frequency of visits of a foster child to the parent or a reunification with the parent, one should consider *the child’s perception* of the parent and of the foster parent. By analysing the PSI Diagram⁴⁰ for children from 6 years on,

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P.M. VAN DEN BERGH & A.M. WETERINGS, *Pleegzorg: jeugdzorg voor het kind*, Agiel, Utrecht, 2007.

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Contact in a divorce case is essentially different. In a foster case the parents could not give the child adequate care, which is usually not the case in a divorce.

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VAN DEN BERGH (2013), see above note 14 (research among 444 foster parents).

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PEUCHEN (2012), **DANKAART, 2011. See above note 14.**

38

I. BOSZORMENYI NAGY & B.R. KRASNER, *Between give and take*, Brunner Mazel, New York, 1986; translated into Dutch by N. BAKHUIZEN, *Tussen geven en nemen*, De Toorts, Haarlem, 1994.

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See P.M. VAN DEN BERGH, A.M. WETERINGS & M. SCHOENMAKERS, Gehechtheid en loyaliteit bij pleegkinderen: een analyse vanuit de theorie en de praktijk, *TOKK (Tijdschrift voor Orthopedagogiek, Kinderpsychiatrie en Klinische Kinderpsychologie)* 2011, pp. 128-143.

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Tamtelahitu discovered that foster children make a clear difference between their foster parents and their parents.⁴¹ Foster mothers were often more important for them than the mother (or father). When the child did not put his mother in the Relation Diagram at all, the relationship of the child with the foster parents raised less problems.⁴²

Analysis of 60 Relationship Diagrams showed that the significance of the parent vanishes gradually, while the meaning of the foster parent is increasing over the years, especially when the child came in the foster family at a young age or/and stayed with them for many years. Nearly half of the children suffered from loyalty conflicts. Those conflicts were related to the vagueness and insecurity of the foster placement. The foster child did not know if he could stay with his foster parent(s) or would go to his parent(s) eventually. But it was not self-evident that the parent was the most important person in the life of the foster child.⁴³ Note that the 'parent-child relationship' is not one and the same entity for the parent **as for** the child. The relationship is not equally strong and of equal quality for the parent as for the child. Usually a parent feels attached to his child because he is born out of him. The child may awaken feelings of protection in the parent. Those feelings do not exist in the child. The child is only reacting to the kind of care he gets. A blood-tie has no meaning to him. **But for the parent it (usually) has, even when he took care of the child for a short time only. His feelings are mixed with feelings of failure and mainly self-centered. That kind of feeling are not beneficial for the child.**

6. CONTRA-INDICATORS FOR REUNIFICATION

Officially, foster care is a temporary support for the parent, until he is able to care for the child himself. Reunification is the ultimate aim – **as mentioned earlier**. However, the question should be asked if and when a reunification is justified in view of the child's development. An adequate development for the child is the core business for youth care services. The foster child is to be considered first of all as a child, **a developing person in his own right**. When he enters foster care, his development usually is disrupted by lack of care by his parents. The first question should not be: when can he return to his parents? But: how can his development be stimulated?

Since an attachment and parenting relationship of the child with a main caregiver is most crucial for his development, it is necessary to analyse the factors which may hamper the development of such a relationship of the child with his foster parents. Those factors can be **considered** as contra-indicators for reunification as well. Five main indicators can be deduced from the information given above.

1. The history of the foster child with his parent

The foster child has lived in an environment **with no** sufficient care, no clear rules for behaviour, little structure, neglect, violence or abuse. It is necessary to know what kind of

On the PSI, see above note 7. The PSI Relationship Diagram consists of four circles around the child, who is in the middle. He can write the person(s) who is (are) most important or valuable to him in the first circle; persons who are next in importance to him in the second circle, and so on.

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N.J.A. TAMTELAHITU, *De beleving van de nabijheid van ouders en pleegouders door pleegkinderen*, Master thesis, Department of Orthopedagogics, Leyden University, Leyden, 2009.

42

SITSKOORN (2011), see above note 7.

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A.M. WETERINGS & P.M. VAN DEN BERGH, De stem van het pleegkind, *FJR (Tijdschrift voor Familie- en Jeugdrecht)* 2012, pp. 12-20.

relationship the child has had with his parents while living with them. He has not had sufficient opportunities to develop a positive ‘working model’ for dealing with himself and others, resulting in developmental problems and conduct disorders. The longer the child has lived with neglectful parents, the more his behaviour is built on an inadequate base. For foster parents it is difficult to understand the child and to react sensitively and responsively to his behaviour and needs when they do not know what experiences he has had (which are usually not ‘normal’ and adequate). Often, information about a child’s life before his out-of-home placement is not given because the privacy of the parents prevails. But the kind of relationship the child has had with his parents concerns the privacy of the child as well. Knowing what has happened to the child is necessary for adequate parenting. During the out-of-home placement the child cannot develop a new attachment and parenting relationship with his parent. Therefore, it is by no means self-evident that the child will develop a positive attachment and parenting relationship with his parent after reunification. Before the start of a reunification program ‘the problems which necessitated removal of the child must be identified and well-documented.’⁴⁴ An assessment should be made. It must be apparent that the parent will be able to change his former way of life and **will be able** to take care of the child.

2. The relation of the child with his foster parents

During his stay the child usually develops an attachment and parenting relationship with his foster parents, especially when he came to live with them at an early age and/or stayed with them a few years (see above section **2 and 4**). When **such a child** might have to return to his parents, his development will be hampered by the created insecurity. If reunified, he will be traumatised because of the loss of his foster parents, who are his ‘emotional’ parents. The parent will have to raise a child he does not know well and who is traumatised on top of that.

3. The relationship of the child with his parent

When reunited, the child has to live with a parent he does not know well. Apart from that, there will be a considerable change in interaction with him, because his parent is not only ‘another person’ but – more often than not – his parent was not sufficiently cared for by his own parents. Often, the parent does not know how to communicate with his child (‘I love him, but I do not know how to do that’). An attachment and parenting relationship of the child with his parent will be severely hampered.

4. Reactions of the child during and after the visits to his parent

The parents have the right to see their child. However, sometimes that right is granted even when, for instance, the child is afraid of his father, and police or other protection is necessary when the father visits the foster family. The question is justified whether those visits are beneficial for the child. Usually the foster child will be attached to his parent **in an insecure way** – because there was no one else when he lived at home. A young child needs to get attached some way or other (secure or insecure) to a caregiver in order to survive. But if there was insufficient care, the relationship of the child with his parent will be disturbed and not secure (insecure or even disorganized attachment). *During* a visit the child may behave decently, reacting to the kind behaviour of the parent, although the child maybe subdued or not paying much attention to the parent. The practitioner who may be present, will report that all is going well. But *afterwards* the impact of the confrontation with his parent might re-awaken bad experiences with the parent in the past and cause fear. The practitioner may prevent uncontrolled behaviour of the parent, but he cannot prevent the negative feelings of the child afterwards.

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MONCK, REYNOLDS & WIGFALL (see above note 6), p. 41.

5. The policy objective that the foster child should eventually return to his parent

When the child has stayed for some time with his foster parents and his development is improving, it means that an attachment and parenting relationship has started to grow. But the policy objective of youth care services – the child should return to his parents – is obstructing the trust of the child in his foster parents, thus blocking his development. The relationship with the foster parents will be hampered as well because they cannot help the child. He will feel abandoned by them. **The longer his stay, the more disturbing the loss of his foster parents at reunification will be because the foster parents may be the first persons he could trust.**

An example of reunification: Ben, 3½ years old

Placed in a foster family by a court order a few months after he was born, Ben grew up to be a cheerful and happy child. After three years Ben's parents wanted to raise him. The family guardian increased the frequency and the duration of the visits to his parents. Ben resisted these visits more and more. After a visit Ben displayed an increasingly difficult behaviour, throwing himself into tantrums for no obvious reason, had nightmares, and behaved as a much younger child, clinging to his foster mother all the time. His parents had said to him that he would come and live with them soon. The foster parents could not reassure him **because of the policy of the family guardian**. The practitioner who supported the parents, said that they did their best and Ben did not cause any problems. Ben went to live with his parents when he was 3½ years old. He could see his former foster parents once a month. After six months the foster parents saw a totally different child. Ben looked miserable, was quiet and did not laugh any more. In a petting zoo, he intentionally stepped on flowers and wanted to harm the animals. The foster parents were shocked about the negative changes in Ben. However, the family guardian felt that the reunification was justified.

The practitioners and/or family guardians often have the idea that those reactions are caused by the foster parents, who want to claim the child for themselves and 'begrudge' the parents their child, while *he* would like to live with them.⁴⁵ But it is quite unlikely that this behaviour should be interpreted as 'the child is missing his parent so much.' When the child would like to live with his parents, he is telling the foster parents gladly about the visits and there will be no signs of conduct disorder **after a visit**. In the next section a model is presented to tackle the interpretive denial exposed above in order to avoid a reunification that is harmful to the child.

7. BREAKING THE TRANSGENERATIONAL CYCLE OF PARENTAL NEGLECT: THE PEDAGOGICAL DECISION MODEL FOR FOSTER CARE

The transgenerational cycle of parental neglect can be broken if youth care services would no longer act along blood-tie and reunification paradigms but according to the scientific knowledge discussed above. The child needs *existential security*, an emotionally secure base, knowing that he can stay with his parents or with his foster parents, who will take adequate care of him. The reunification program of the proposed model outlined in this section aims at a definite decision: the child will stay with his parent until he has grown up, or the child will stay permanently with foster parents. Existential security for the child can be established when a reunification is based on four factors:

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VAN DEN BERGH & WETERINGS (2010), see above note 4; VAN DEN BERGH (2013), see above note 9.

- Adequate functioning of the parent; (**Specifically: weggelaten – soms wordt een ind teruggeplaatst als de ouder is afgekickt , alsof dat het belangrijkste is.**) no addictions to drugs or domestic violence.
- The existence of a bond of **the child with** the parent before the out-of-home placement of the child.
- The development of an attachment and parenting relationship of the child with his parent, as *seen* in observations during the program.
- An attachment and parenting relationship of the child with his foster parents has not yet developed, and/or his development has not yet improved.**The trauma 'loss of his foster parents' can thus be avoided.**

If the child does not accept the attention and guidance of the parent sufficiently, the child should not be reunited with his parents. When he will grow up in a foster family, it is necessary that the parental rights come to an end in order to establish security. Otherwise the parent can stop the foster placement, refuse to give permission for a therapy, a holiday abroad, or enrollment for a certain school. Termination of parental rights will give the child and his foster parent a future together, necessary for development of a healthy relationship.⁴⁶ But it will give the parent a new future as well, not ‘fighting’ all the time to get his child back but trying to create an emotional bond with his child in a new way.

As mentioned in the Introduction, a model has been tested to obtain existential security for a foster child. **The research-project** with this model, the Pedagogical Decision Model for Foster Care (PDM), **started in the autumn** of 2009 with discussions between youth care services in Tilburg and Goirle⁴⁷ and the Expertise Center on Children in Foster Care.⁴⁸ A reunification program was set up and in 2011 the first foster children were enrolled. (**The design of the PDM is given in a note.**⁴⁹

The early results of a program on the basis of this model will be briefly sketched.

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See E.C.C. PUNSELIE, *Voor een pleegkind met recht een toekomst*, Ph.D. Leyden University, 2006.

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The PDM program is designed as follows:

- An accurate assessment of all aspects of parental (in)adequacy or pathology.
- A Care Order and the appointment of a family guardian is necessary because otherwise the parent can stop the program and/or take the child with him at any time.
 - The PDM can best be started within half a year after an out-of-home placement because there may still be an emotional bond with the parent and the child will most probably not yet have an attachment and parenting relationship with his foster parents – which could be a traumatic loss for the child.
 - The practitioner who will support parent and child, starts with an assessment of the relationship between child and parent before the out-of-home placement. He interviews the parent about his experiences (PSI Questionnaires are used (see above section 2).
 - The child visits his parent every week at home, two hours to begin with, increasing up to 6-8 hours. During every visit the practitioner supports the parent, observes and reports.
 - Another practitioner interviews the foster parents about the development of the child, the interaction between the child and the foster parents, and the contact with the parents (PSI Questionnaires are used).
 - After every visit the foster parents fill in an observation form.
 - The data of the PSI questionnaires and observations are analysed by an independent reporter, a psychologist who does not know child, parents and foster parents (in this program, the present author is the independent reporter). The question to be answered is: will reunification be beneficial for the child’s development, now and in the future?
 - After 4-6 months the situation should be clear enough to give an advise about reunification (yes or no).
 - The report and advice of the independent reporter is discussed by the Foster Care Service and the family guardian – who has the authority to decide and to bring his decision to court.
 - When the court decides a yes, the child and his parent will receive support during at least half a year.
 - When the court decides a no, the child will grow up in a foster family – preferably in the same foster family.
 - The family guardian will propose to the court to terminate the parental rights.
 - One or two years after the decision, the reunification or the foster placement will be evaluated.

Early results of the PDM program

Up till december 2014 the data of 43 children were analysed: 31 children of 0 to 5 years old, and 12 children of 6 to 11 years old.⁵⁰ In all cases with a care order but one, the court followed the advise to either return the child to his parent, or not. The duration of the program was on average four months. Ten children were reunited (but only five of them according to the advise given; for four of them **there was no care order**); 15 children remained in the same foster family; 14 children went to another foster family to stay there until their 18th birthday; three children will go to another foster family; one child will stay in a semi-residential setting (but the caretakers will change in 2016).

The average of positive reactions of the child towards his parents were 80% for the reunited children, and 56% for the children who will stay permanently in a foster family. The difference in positive reactions towards the parent of reunited and not reunited children is considerable. Only one (of the 18 items) was scored positively for nearly all the children: 'Doing things together was pleasant.' This should be noted because in many reunification programs this item is considered the most relevant observation and an important reason for the family guardian and the court to decide on reunification.

Existential security was obtained for two thirds of the children, that is, for five children, who were reunited with their parent according to the advise; and for 24 children, the parental rights (of the parents: weggelaten) were terminated. The PDM also gave existential security in other ways. Eight foster children were enlisted for the program, but as the parent could not meet the conditions, was not able to lead a regular life, and cancelled appointments, the court decided that these children will permanently stay in a foster family. Six foster children showed severe regression in conduct after visits to their parents. The practitioners and the family guardian took notice of this behaviour, and the program was stopped after two to three months. The court decided that also these children will permanently stay with their foster parents.

An example: Lisa

Lisa, 1 year and 4 months old. She did not react to any attempt of the foster mother to get into contact with her. She did not cry, did not make any sound, hardly moved. The foster mother did not know what she needed. Lisa seemed mentally disturbed. After three months of affectionate care the girl 'came alive.' After a year she proved to be a 'normal' child, although easily unsettled. When she was three years old, the mother wanted the child back. The court approved a **PDM**-reunification program. After each visit to the mother, Lisa became more and more disturbed, had nightmares, didn't eat, cried, and didn't speak anymore. 'It was terrible to see her suffering,' the foster mother said. The youth care service stopped the program and Lisa could stay with her foster parents.

First evaluation of the PDM program with the PSI-questionnaires

In 2013/2014 an evaluation has been started for six foster children and two children who had returned to their mother (siblings). All foster children still had problems in many areas of their development. Yet the problems had clearly diminished. The behaviour of three children had improved in a spectacular way. The development of one of the two reunited children had clearly improved, the younger one had not had much problems. They were placed out of home

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A.M WETERINGS & M. BAKKER, *Pedagogisch Beslissingsmodel bij Terugplaatsing van pleegkinderen; Bestaanszekerheid voor vier generaties*, Report, Expertise Centrum Kind in de Pleegzorg, Voorschoten, 2014; and an internal paper, Autum 2015 (by WETERINGS).. **The project is partly subsidised bij Stg. Kinderpostzegels Nederland, SKN, Leyden.**

for only half a year when the program started. A remarkable result was that for *all* eight children the attachment and parenting relationship had improved and for four of them this was especially clear. The contact with the father had improved for two foster children, three children did not have contact and for one child the contact gave more problems. All six foster children had contact with the mother. The contact had improved for one child only.

Concluding remarks

The PDM is designed for decision making in accordance with the best interests principle in the Convention on the Rights of the Child (New York, UN, 1989), more specifically its articles 3.1 (prioritization of this principle for, *inter alia*, youth care services and courts), 18.1 (the best interests of their child as the basic concern of his parents), and 20 (continuity in a child's upbringing in case of foster placement, adoption or other care for a child who, in his own best interests, cannot stay with his parents).⁵¹ In order to cut down the 'endless temporariness' for all persons concerned, a definite decision about either living with the parents or living in a foster family should be made (half) a year after the out-of-home placement of a child, including the termination of parental rights when the child will stay in a foster family. A recent study clearly shows the positive effect of this legal support, especially when the foster child will be adopted. When a foster child is adopted, his situation is much more stable, with far less disruptions, than just a 'permanent' foster placement.⁵²

8. CONCLUSION

The objective of youth and foster care is, or should be, to give the deprived child an opportunity to develop adequately – to his benefit and the benefit of society. Often that child is raised in a family where neglect is passed on from one generation to the next. It is necessary to break that vicious circle, and therefore to end youth care services' interpretive denial. Youth care services should do so by a research based reappraisal of their prevailing opinion, namely, that child and parent belong together (the 'blood-tie myth'). This is most evident in foster care. The child is sent to foster parents because of neglect or abuse by his parents, but youth care services are still acting on the principle that the child should return to his parents, although this might never happen. The child is saddled with insecurity, not knowing who will take care of him in the near and far future. This insecurity hampers his abilities to develop and

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Making decisions concerning reunification, youth care services should pay attention to the following indicators and observations.

Indicators for the start of a reunification program:

- The parent leads a stable life and can run a household.
- No drugs or alcohol addiction and no violence.
- The parent has experienced some positive care from his parent (experience of parenting).
- The child has experienced some positive care from his parent as a basis for the development of an attachment and parenting relationship with his parent.

● **The PDM for reunification can be best started within (half) a year after the out-of-home placement.**

Observations during the visits:

- The child shows positive emotions towards his parent (glad to see him; asking to be cuddled).
- He seeks his parent for comfort and help.
- He accepts the authority of the parent.
- After half a year in the PDM program, the parent is able – increasingly so – to understand the behaviour of the child and to act accordingly.
- The child does not show conduct disorders after visits to his parent.

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See J. SELWYN, D. WIJEDASA & S. MEAKINGS, *Beyond the adoption order*, UK Departement of Education, BAAF, London, 2014.

causes conduct disorders. In order to develop healthily, a child needs existential security, living with caregivers who he can trust and rely upon. Acknowledging this is the first step towards policies that are in accordance with articles 3.1, 18.1 and 20 of the Convention on the Rights of the Child.

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