Planning Transitions for Children moving to Permanent Placement: What do you *do* after you say “hello”?
Many years ago I spoke with a young researcher about his findings from a study he had completed about adoptions. He said that one of the conclusions he had reached was that, good beginnings tended to predict good endings and bad beginnings bad endings. This anecdotal conclusion raises the issue of whether there is any connection between how smoothly and well a permanent placement is made and how successful that placement is. This issue is what this paper intends to explore.

Government Statistics show that in 2006 64% of children adopted were aged between 1 and 4, whilst 26% were aged between 5 and 9. The average age for adoption has remained relatively stable for five years at 4 years and 1 month (The Department for Education and Skills, 2006).

There are no Government Statistics for adoption outcomes; however research carried out by the Hadley Centre (2004) and by Alan Rushton (2005) indicate that ‘a third succeed, a third struggle, and a third fail’. From this one can conclude that, of the 3,800 children adopted in 2004/5 more than 1,000 will fail and more than 1,000 will struggle. Obviously outcomes are multi-factorial but it makes sense to consider whether introductions that start well impact on the long-term success of the adoption as a way of trying to improve the outcome for adopted children and their families.

Very little is written down or prescribed regarding how the placement of children into permanent and adoptive families should be accomplished. However most Local Authorities have a custom and practice belief system that is shared by most staff about what and how placement transfers should be undertaken.

Why so fast?

There seems to be some consensus that children moving into permanent placements should have introductions that:

- last 2 weeks or less in the case of a baby placement
- initially take place in the foster home
- progress to overnight stays with the prospective adopters or permanent carers
- if a sibling group, all siblings move together
A changing population

The population of children placed today for adoption or permanent placement as we see from the statistics are older, non baby placements. Because these children are older they have lived in birth family environments that have caused them ‘significant harm’ for longer. This is a very different picture from the ‘voluntary relinquished’ baby placement of yester year. As we know pre-war and post-war thinking about babies was that they were little bundles of joy for whom adoption was a good thing and would have few lasting consequences especially if it was kept secret.

Children placed for adoption now fall into the category who have been described by the National Child Traumatic Stress Network report (2003)¹ as experiencing ‘Developmental Trauma’ during infancy. One consequence of this is that they have attachment difficulties. This is highly significant when thinking about placement transitions which could be described as follows:

the movement of a child who is traumatised but has grown to feel safe in their foster home into a permanent home with a new ‘Mum’ and ‘Dad’ (or equivalent) who are inevitably strangers to this child is another trauma which is made more difficult for the child because their internal working model of parent figures is predicated on their previous relationship with their birth parents.

If one accepts this definition of a placement move one begins to see the complexity of the process and some of the key dimensions of it are exposed i.e. trauma and attachment. This in our view is helpful as it enables us to being to think about the implications of this for the placement move and for how we might create a ‘good start’.

Towards a theoretical underpinning for placement transitions

Tilbury and Osmond (2006)² devised guidelines for moving children into permanency. Drawing attention to the planning phase they stated that rather than about process this should be about relationships, identity, and sense of belonging. Similarly Henry (2004)³ identifies five questions to prepare children approaching transition highlighting the need to consider issues of loss, identity, attachment, relationships and claiming/safety. Though we applaud this analysis of transition in recognising that children have feelings about the experience and feelings about past transitions which will be re-kindled, our own model of trauma and attachment based practice would re-order those issues in terms of how and when they need to be addressed.

The Family Futures approach towards therapeutic intervention with children who are fostered or adopted and have ‘Developmental Trauma’ is as Bruce Perry has described it, ‘Neurosequential’. Therapeutic interventions need to follow the sequence of brain development from brain stem to primitive brain to limbic brain to cortex. Children who are not placed until 2 years or older have already experienced their brain growing physically at the fastest rate it will do in their entire lives; by 4 years a child’s brain is 90% of its adult’s size (Perry, 2006)⁴. The young brain of the adopted or fostered child has therefore been formed by all those early experiences of ‘significant harm’.

This has huge implications for family placement and placement transitions as transitions are taking place at a time when the neural pathways laid down in the earlier years will affect the child’s expectations and reactions to change. At the same time these early neural pathways will be mediated by the child’s current experience of transition. What Bowlby described as Internal Working Models could be described as networks of neural pathways that get triggered and fired at times of change, uncertainty and stress. Unfortunately for the children in the public care system these clusters and networks do not reflect ‘secure attachments’

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**Applying Principles of Neurodevelopment**

(Diagram taken from Perry 2006.) 5

Hierarchical brain function: The human brain is organised from the most simple (e.g. fewest cells - brainstem) to most complex (e.g. most cells and most synapses – frontal cortex). The various functions of the brain, from the most simple and reflexive (e.g., regulation of body temperature) to the most complex (e.g. abstract thought), are mediated in parallel with various areas. These areas organise during development and change in the mature brain in a ‘use-dependent’ fashion. The more a certain neural system is activated, the more it will ‘build in’ this neural state-creating an internal representation of the experience corresponding to this neural activation. This use-dependant capacity to make internal representation of the external or internal world is the basis for learning and memory.
and normative expectations. They reflect the chaotic, the frightening and the disorganised primitive and mid brain reactions that have been laid down during the infant’s formative years. This needs to be factored into planning for placement transitions.

A move of placement to an adoptive home for the child they have fostered, may be seen by the foster carer as a cause for celebration, commonly celebrated by goodbye parties. For the prospective adopters or permanent carers the placement transition will represent a long awaited, much longed for moment in their life when they, in the case of childless adopters, will become parents for the first time after years of longing and frustration. For the child, this change of carer and routine will be seen as a threat to their safety and will inevitably trigger fight, flight or freeze responses of the primitive brain. Unremembered but neurally wired memories of past separations, moves and new carers will be triggered. These traumatic and unresolved past memories will cause a child to act in sometimes strange and unpredictable ways.

In order for this transition to be successful, the adults involved need to think not just about the child but about what is happening inside the child’s brain. They need to think about the hierarchy of brain functioning (see diagram) and realise that the child during this period of high stress will be operating at the brain stem and mid brain (primitive brain) level a lot of the time. Such concepts as ‘forever families’, ‘permanent’, ‘the future’ are beyond the comprehension of a child below the age of 5 years, who has no concept of time. However by association the concept of ‘new Mums’ and ‘new Dads’ ‘families’ may be highly emotive and evocative of past experiences of fear if not terror. In order to cope with this powerful maelstrom of emotion and feeling the child will revert to earlier coping and survival strategies such as dissociation, compulsive compliance, aggression, compulsive care giving, avoidance or some or all of these depending on circumstance. The trauma organised brain of a young child does not conform to the expectations of securely attached adults unless those adults are able to see the child in the context of their history and their neurobiological development.
So, what should we do then?

• Holding children in mind rather than in time: re-assessing the significance of foster carers

The role of short term foster carers is often undervalued. They are sometimes seen and sometimes see themselves as a holding placement pending a decision as to whether a child will go home or not. From working with children post-adoption we have begun to reassess the role of short term fostering and believe that post-adoption intervention should begin in short term foster care. This apparent contradiction in terms is resolved when one considers the longer term impact that development trauma has on a child’s development.

The uncertainties around children’s future whilst in foster care often inhibit foster carers from engaging with a child and providing not only the structure and nurture they require but also the psychological engagement and developmental catch up; we do not agree with this idea. Since a key factor in a child’s successful placement in permanent care is the experience the child has had in the birth family, this needs to be acknowledged, explored and reflected upon by the foster carer and the child. For younger children for whom a verbal approach would be inappropriate, foster carers offering remedial and therapeutic parenting, designed to compensate for developmental delay and deficit, would in our view, prepare the child better for their future with adoptive parents.

If we embrace the concept of developmental trauma as being the experience of the majority of children that come into care then this should enlighten our understanding of the role of the short term Foster Carer. By working towards the child developing a secure attachment to them as primary carers they are providing a positive template for parent child relationships for the future. Children who have secure attachments to their foster carers are better able to manage the stress of uncertainty, contact and placement transitions. The secure attachment a child may form with a Foster Carer can be transferred to adoptive parents when the time comes. This role for foster carers is relevant when it is likely that the child though ‘short term’ may remain with them for up to 2 years. This time period may represent a third or a quarter of a child’s life span.

• Caring for carers

The more successful the carer is in fulfilling their role, the more stressful and painful but rewarding the role is likely to be. No greater love has a foster carer than to open up their heart in order to heal the trauma of the child who is placed with them short term. But this is painful and needs to be acknowledged and worked with by professionals involved. There is an inevitable tendency on the part of foster carers to protect themselves from the eventual pain of separation by remaining detached. However, if their role as a positive attachment figure is made clear to them by their link social worker, if the foster carer trusts their worker and the agency and is encouraged to have a ‘secure attachment’ to their agency this provides a model and a mirror for how they should be with a child placed with them. The agency therefore has a responsibility not only to advocate an attachment based approach to short term fostering but needs also to model it in their care of the carer.
• Trauma re-enactment or trauma resolution

However well planned a move is by the adults, the child will perceive it to be a repetition of past abandonments and rejections unless that experience is acknowledged and the child empowered to approach this transition differently. Children who have experienced multiple separations or multiple care taking and chaotic unpredictable family environments will be psychologically programmed and prepared for those experiences to be repeated in foster care or in their adoptive family. It is vital that the foster carer acknowledges to the child their awareness of the child’s previous life experiences and what their expectations may be of the foster home and of their future so that the child can be helped to change their beliefs about carers and family life. Children who are over the age of two and have language may well still have pre-verbal memories of traumatic events and prolonged periods of high level anxiety and stress if not terror. A maxim used in our work with children and families is that “children do not communicate with language but with behaviour and the dictionary for that language is their history”. If foster carers can be helped to understand a child’s history pre and post birth they are better equipped to understand the impact this history has had on the child’s neuro-physiological development. Equipped with this knowledge foster carers will not only be able to talk to a child about their history but also understand that child’s behaviour and communicate back to the child at a neuro-physiological level. The primary aim of the foster carer is to help the child lower their level of anxiety and regulate their levels of fear which causes the child to develop compensatory strategies which are both physiological and psychological. This has been described as helping the carer to become a sensory detective. This approach applies to every day and day to day care of the child. In the context of planning a placement transition it is even more important as the child levels of stress will inevitably be higher than normal and their expectations will be based on past experience and shaped more by fear than by excitement or longing.

Transitions rather than being a negative experience should be seen as an opportunity for trauma therapy to help resolve the trauma. The primary constituents of effective trauma therapy as defined by Van der Kolk (2004) are safety, empowerment and mastery of the body. Throughout the process the child should feel safe which will probably involve a direct presence of the foster carer in whom the child has hopefully developed a sense of trust. Sometimes children might be left with prospective adopters on the basis that the adopter and the child need to get to know each other. Even if the child appears to cope with this experience the child may feel they are being left in an unsafe situation where they have to be self-reliant. The aim of a transition plan must be to transfer the source of safety and security from the foster carer to the adopter and not have the process mediated by the child. Depending upon the age of the child, the child should be helped to feel empowered during the process. This might be done in very small ways by letting the child choose what toy or transitional object they may wish to use or by letting the child decide on the use of names, activities and time scales. An extension of empowerment is the child maintaining mastery of their body. By this we mean the ability to remain in a regulated and calm state. In order to do this it may need active participation by the foster carers and the prospective adopters. The adults concerned need to understand the child’s physiological reactions to stress and how they are mediated through the body.
Practice varies as to whether the child is asked what sort of family they would like to live in as their ‘forever’ family. In our view asking the child puts an undue responsibility upon them because really it is the adults and professional’s role to make these difficult decisions. The child’s age is obviously a significant factor here, but so too is the fact that they are traumatised and probably have no clear concept of ‘normal’ or realistic. If asked most children will talk in terms of wanting a family pet, a big house etc. rather than focus on their need for a safe and secure environment, factors that are more significant in the decision making process but which are clearly adult rather than child concepts. We believe it is better that children are consulted by which we mean they are asked their views in an are appropriate way once a family has been identified.

Most children do not have an understanding of the concept of time until the age of six which makes it difficult for them to have a concept of the future and timescales for events. It is therefore better that children are not made aware of a certain and imminent change of placement until it is very close to the time when it will happen. If children are told too soon they can become flooded with anxiety based on past experiences of change. It is better that children experience the process of meeting and forming a new relationship with prospective adopters and that this process happens in real time with real people rather than being put to them as a hypothetical future event.

During this process the child should be helped to express his or her ambivalence, their fears and for those to be normalised. As part of the preparation, the family members and significant people in the child’s network of day to day contacts should be informed of what is happening and be given an appropriate script. For example, foster carers often talk about the move to an adoptive family as a positive event, whereas the child is likely to experience it as a stressful event. Even as adults we are often anxious about meeting new people and take time to build trusting relationships. This anxiety must be compounded for a child whose experiences of family life include sexual and/or physical abuse as well as neglect. The network should therefore be helped to respond in an appropriate way to the child’s feelings rather than to the adults perception and pre-conceptions by acknowledging that that this is a very stressful experience for the child.
It is probably better that the child meets his/her prospective adopters in person before being told anything about them. The rationale for this is that talking to the child, showing them photographs, sharing information about the prospective adopters will inevitably raise the level of the child’s anxiety, meaning that this information becomes linked to an experience of heightened anxiety. This may seem counter intuitive as the sharing of information is intended to reassure the child. However it is not the information that will impact the child, it is the stress associated with change and separation that will be triggered. If the child meets the prospective adopters and has a positive experience of being with these real people it will be easier for the child to associate these new people with positive feelings and experiences. Information about the prospective adoptive parents can be shared by them as an integral and organic part of the process of getting to know each other and forming a relationship. In adult relationships we don’t usually meet new people having read their CV in advance; we get to know them slowly, informally through a process of mutual disclosure. We would advocate this naturalistic approach to children’s introduction to adopters.

One model that has been used successfully where prospective adoptive parents live at some distance from the child’s foster home is one where the prospective adopters rent a house or stay in accommodation nearby. This has the advantage of minimising travel for the prospective parents and maximising contact time particularly in the evenings it also gives the prospective adopters a domestic environment on their own when that stage of the handover has been reached. It also means there is a much more naturalistic handover and the child and parents have an opportunity to get to know each other in a domestic environment albeit an unfamiliar one. These first meetings should, as they often do already, happen on the child’s territory in the presence of their foster carers. The foster carers can help prospective adopters get to know the child by providing ‘a day in the life diary’ providing detailed observations of the child’s day to day routine.

• Preparing the child for the move
The timescale for this process of introduction should in our view be longer than is customary as has been discussed earlier. There are clearly often realistic constraints on the length of introductions and the duration of face to face contact. However, the intention during introductions is to integrate the 'new parents' into the child's life until the child feels comfortable and at ease.

During this introduction process the social workers involved should carry out some life story work with the child, their current foster carer, with whom they feel safe and their prospective adoptive parents. This process helps integrate the child's past, present and future. It is also a process of acceptance. Any child placed for adoption will have poor self esteem as a result of earlier experiences. Children often verbalise that if the 'new parents' really knew what they were like they wouldn't want the child to live with them. This commonly held belief is fuelled by the child's sense of shame and responsibility for what has happened to them. It is very important the child knows the prospective adopters accept the child and their history; and that they are not repulsed or blame the child for anything that has gone before. This process of acceptance can take time and may require more than one conversation.

The first outings for the prospective adopters and the child should be low key events, ideally going to places that are familiar to the child; the idea being to keep the child regulated and for the event to be a low stress one for the child and therefore hopefully for the prospective parent too.

When it is time for the child to move it is important that as much of the child's world that is moveable, moves with the child. There is an understandable tendency to want to have a new start and for the 'new parents' to create a new world for the child. What the child needs is the reassurance of the old world with its familiar sights, sounds and smells moving with them. One example would be to take the child's current bedding unwashed to the new home so that there is a familiar texture, smell and sight of sheets, pillows etc that are familiar. The same applies to clothing.
Preparing the prospective adoptive parents/ carers

As referred to above a session with the child, foster carer and prospective adopters, looking at the child’s life story is valuable for the child. However, as a prelude to meeting the child the adoptive parents should have had a session or two at which they are given a forensic explanation of the child’s history and the impact it has had on the child’s development. In Family Futures post placement treatment programme we carry out a detailed file search, collate all assessments made of the child and then spend two or three days sharing this information with the parents and helping them to understand their child in the context of this history. In an ideal world this would be an integral part of the introduction programme. The purpose of sharing the history and explaining the assessments is not just to ensure that the prospective parents have an intellectual understanding of developmental trauma that is specific to their child. Of equal importance is that it helps to increase the empathy the parents have for the child; helps them to feel more confident and competent in their parenting and to have formed an emotional bond with the child and the child’s history. This process has become an integral part of Family Futures i-Adopt matching process.

Prospective adoptive parents should also meet the foster carers without the child present so that the foster carers’ first hand knowledge of the child can be shared with the prospective adoptive parents. The role of the social worker in this process is to facilitate the forming of an attachment between the foster carer and the prospective adopters and vice versa. This process may require a couple of meetings and to be mediated by the social worker whose role it is to identify and share the feelings that all parties bring to the placement transition. It is not uncommon for foster carers to be ambivalent about handing the child over or for prospective adopters to feel threatened by the foster carer and/or to blame them for their feelings of insecurity and lack of felt competence and confidence.

Exorcising the emotional environment that surrounds the child’s placement move is essential to prevent those feelings being acted out during the transition process. It is also important to bear in mind that there should be post placement and post adoption ongoing contact between the child and the foster carers. The purpose of this is to give the child a sense of continuity and to reduce any sense the child might have that they are being rejected or abandoned by their foster carer. Because the relationship between the child and the foster carer should be an enduring one it is very important that, where at all possible, the foster carer and the prospective adoptive parent is helped to establish a good relationship. If this message of enduring contact is given clearly to the prospective adopters at the start they may be more prepared to invest in the relationship with the foster carers as it will not be seen as transient.
Blind viewing or video viewing of a child matched with prospective adopters is something that has gone in and out of fashion in social work practice. It is our view that if either of these practices help to reassure and to enlighten prospective adopters about the child with whom they are matched, then they are a positive strategy.

The literature on successful outcomes of permanent placements has consistently shown access to post-placement support as a crucial factor. At Family Futures we have seen many families who have had large and effective support networks at the point of assessment but which, post-placement, have become depleted. There are many reasons for this; for example network members may not fully understand the child’s difficult behaviour and how to respond. They may not understand the adoptive parents’ response to the child and become critical. Adoptive parents may feel embarrassed and fear overusing the support they are being offered or they may feel misunderstood or criticised. Network members may see their children as being endangered by the adopted child because of physical or sexual abuse. Rather than take a passive and reactive position in relation to the family support network we have learned from our experience and now take a proactive stance. For new placement or for families entering the treatment program we convene a network meeting at which we, with the parents, will explain the nature of the children’s difficulties and map out what we believe to be appropriate strategies for coping. We explain to the network the effect of infant trauma on child development and attachment formation and how developmental re-parenting differs from ‘normal parenting’. We also engage with the network to actively plan what support needs the family have and how they will best be met. We highlight any miscommunications within the network and try and resolve them. For new placements engaging with the network and asking for an active commitment for supporting the family has been a successful way of minimising support loss and maximising network potential.
• Meeting the child for the first time

As mentioned before this meeting should take place on the child’s home territory. It should be low key, non-intrusive and respectful of the child’s pattern of interaction with adults. Initial contacts should be fairly short to reduce the stress for the child and possibly for the prospective adoptive parents. Initial contacts should be integrated around normal child and Foster Carer activities and routines. This helps prospective adopters to familiarise themselves with these routines and for the child to engage with them in a situation where they feel safe, competent and at ease.

It is important that the meeting with prospective adopters is acknowledged to the child for what it is, i.e. a first meeting with people who will become the child’s parents and that this needs to be done in an age/stage appropriate way. However, it is probably wise not to over-emphasise what a momentous meeting this actually is and to clearly acknowledge, to the child, that they will be anxious. It is important to emphasise that these feelings are normal and natural in the circumstances. For the child, the terms “mum” and “dad” are inevitably heavily-loaded and based on the child’s experience of their previous mum and dad. It is probably better to emphasise in the first instance that there is going to be a gradual getting to know these new people. In forming any new attachment it is vital that the child remains calm, regulated and feeling safe. Their experience of the new people needs to be positive and mediated by the foster carer. There is no template for a child being introduced to strangers who will one day become their parents. It is better to view the process as one of attachment-formation rather than to construe it in terms of parent/child roles and relationships. The expectations and anxieties of the new parents need also to be acknowledged and their feelings of stress and anxiety regulated as far as possible by the foster carer and the social worker. Again, the focus should be on helping the adults help the children to form attachments to them. However, because of the children’s history, this won’t be a slow-but-steady natural organic process that occurs naturally with biological parents and children. Secure attachment formation is rooted in trust and a natural dependency of the child on the parents. Children who have been removed from dysfunctional biological parents and placed in foster care have been robbed of this one essential ingredient for secure attachment formation. The majority of children will not trust and will be resistant to being dependant and their interactions, far from being care free, will be fraught with stress, hyper-vigilence and fearful expectations. It is these negative attributes which need to be addressed at first meetings by foster carers, new parents and social workers. The key to repairing traumatised attachments is ensuring that the child feels safe, and understand that they feel empowered and have mastery over their bodies and remain regulated in their feeling states. Without this the child will be prone to re-enactment and acting out of previous experiences of meeting new people. So as with every other aspect of the placement process, initial introductions should be seen from an attachment theory and trauma perspective.
• Timescales

For a new placement to get off to a good start the child needs to feel safe when they are in sole company of the new parents. Given the child’s history this may take a significant amount of time as they need to transfer the sense of safety they have with their Foster Carer to the new prospective parents.

As acknowledged earlier, in non baby placements of traumatised children this is going to take longer than 2 weeks and more like 3 months. This may seem a controversial idea and put considerable strain on foster carers and adopters particularly in out of authority placements until it is weighed against the stress of breakdown, which has been assessed as one third of placements. As a rule of thumb the older the child the longer the introduction period. It should also be guided by how comfortable the child appears to be in the presence of the prospective adopters and how competent and confident they appear to be in managing the child. For children of 4 and older some negotiation and discussion with the child should be integral to the process of planning. In this way the child will appreciate that their feelings are being acknowledged and that they have some sense of empowerment in the process. If the transition is too abrupt and the child’s feelings are not respected, then the transition is setting the placement up for a ‘bad start’. Time and effort saved by short introductions will inevitably be paid for over time by weaker attachments and more persistent traumatised behaviour in the child. If the child’s stress levels trigger traumatic re-enactments and self reliant or dis-associative behaviour, this will inevitably weaken the foundations for the new placement. Everything should be done to prevent the child operating at a primitive brain level of fright, flight, fight or freeze.
Stress management and school attendance

Attachments are not built in a day. There is a quantitative as well as qualitative dimension to attachment formulation; in short it takes time. Developmental re-parenting is the required response to ‘developmental trauma’. Developmental re-parenting requires the child to regress and do developmental catch up which is time consuming and requires a new parent to have a ‘primary preoccupation’ with their new child.

Stress is induced by a concurrent change of carer and change of school environment and peers. A child who is experiencing high levels of stress will be triggered into traumatic response behaviour which will impede the development of a secure attachment to their new parent. A child needs to have these environmental stresses minimised if their healthy coping mechanisms are to remain intact and not overwhelmed.

We advocate for young children in placement a programme of intervention called i-Play. i-Play represents a synthesis of Theraplay which is attachment focused developmental play therapy, sensory integration and sensory motor stimulation and a nutrition assessment. Parents are coached by the therapist to carry out a daily programme of i-Play exercises and activities which form the basis for a programme of developmental catch-up. The i-Play programme is essentially regressive as the child is encouraged to go back to much earlier, even baby stages of development and to re-do them with the new parent. Interwoven is an element of Dyadic therapy (Hughes 2006) in that a parent is encouraged to become highly-attuned to the child’s affective state and curious about their belief system regarding themselves and other people. The narrative for this psychological ‘co-creation of reality’ as Trevathan has called it, is the child’s history and life story which the parent reflects upon with the child. This mirrors what happens spontaneously and naturally between biological parents and their young infants. The reciprocal chatting, and right brain to right brain parent child communication, integrates events past, present and future along with the feelings associated with those events which are shared by the child and by the parent (Schore 1994).

This ‘dream time’ of sharing an intimate physical and psychological interaction which is playful, non-threatening and regressed takes time. It is however absolutely essential to compensate for the years of fear and isolation that have preceded this time. For this reason we would recommend that school age children are kept at home with the primary carer for at least three to six months following a placement transition. This time for the psychological building blocks as portrayed on Adoption UK’s website to be laid and cemented is a vital foundation for all future relationships and experiences. This includes school relationships and managing the stress of school. For some children who may have executive functioning difficulties, parent needs this time to equip the child with an understanding of not only relationships but of how life is learned and managed.
• Sibling Placement

Because the need for this ‘dream time’ is so vital for the formation of a secure attachment, placing siblings together can be problematic. We won’t here go into the issue of whether siblings should or should not be placed together. If an assessment has indicated that siblings should be placed together because they have a secure attachment to each other that could be preserved and improved by a same-family placement, we have advocated that the older sibling be placed in the new family first. The rationale for this is that the biological norm is for one baby to be born at a time allowing parents to have ‘a primary preoccupation’ with that child which allows time and space for the intense and complex attachment forming behaviours to take place. Everyone is aware of the increased complexity and difficulty of parenting of biological twin babies. In fostering and adoption situations children will come with disturbed attachment patterns which will make the child more likely to be attachment avoidant or ambivalent, making the process of attachment formation to a new parent slower and more complicated.

This suggestion of serial placement often raises objections on the grounds that siblings have never been separated, they will be distressed by the separation and that two introductions is twice the time and expense. Superficially these arguments have validity but again; if we look at how attachments are formed between parents and children we see that they require time and intensity. The structure for good attachments is a secure attachment for each child to both parents and then for the children to develop secure age-appropriate attachments to each other. Because of the huge amount of catch-up and repair new parents need to do, we would argue that the focus needs to be on the individual child’s attachment to the new parents in the first instance. The serial placement approach that we advocate would work as follows.
• Both children get to know and become familiar with a prospective adoptive parent at their foster home. When the oldest child is comfortable being cared for by prospective adoptive parents they would begin to spend time in the adoptive parents' home while the youngest child remains with the foster carer. This allows the older child to have the opportunity to relate to and be related to one-to-one by its new parents; while the younger child has the security and safety of the existing familiar foster home, the foster carers being able to cope with any distress being shown by the child. The younger child will at some point be introduced to the new parents' home so that they have a mental picture of where they and their older sibling will be moving to. The older sibling would then move to the adoptive parents' home where that one-to-one experience of being dependent on and cared for by the new parents would be intensified. The younger child would visit their sibling at the new home, thus becoming familiar with the new environment to which they themselves will be moving at a future date. They would be reassured by seeing their older sibling happy in their new environment. The younger child would have the experience of having more attention focused on them by the foster carer, at the same time as becoming more familiar with prospective new parents. When it was felt that the older sibling had settled in their new home and the new parents felt confident and competent in their parenting of that child, plans could be made to move the second child in. Because the parents will have spent three or four months of intensive development reparenting with the elder child, they could then devote that time and intensity to the second child when that child is placed. In this way both children will experience a block of high-intensity one-to-one parenting. When siblings are moved together, this experience is often diluted because of the competing needs of the child, and the parents having to manage what is often a pathologised sibling relationship.
There seems something incongruent about goodbyes and endings in relationships with birth parents and foster carers as a basis for forming a new set of relationships with adoptive parents when viewed from an attachment theory perspective. Family placement practice and vocabulary is riddled with “beginnings” “endings” “goodbyes” “clean breaks” and “new starts”. Fortunately most of us do not live our lives having this experience. Normal human attachment experience is more one of gradual transformations rather than disruptions. We would advocate therefore that with birth relatives, separated siblings and foster carers there is continuity despite change.

For children in the care system who from a young age have experience abandonment, neglect and more in their relationships with significant attachment figures, it is important that this is not perpetuated or compounded by adoption based on a ‘clean break’ model of family placement. There has been renewed emphasis on contact, both direct and indirect, with birth relatives but contact, direct and indirect with foster carers, has not been given the same attention. The aim of family placement practice should be more focused on damage limitation and positive continuity, not fresh starts. For continuity of contact, particularly with siblings or foster carers and grandparents, to achieve their positive potential, they often need to be mediated, facilitated and managed. However, time spent preparing, supporting and helping to script these contacts can be a source of positive messages and an affirmation of value and meaning. Contact arrangements, when well-assessed, planned and supported, can be used as a new template for change and transition in relationships for the child. It is very important that family placement practice does not inadvertently and unintentionally become a re-enactment of lost relationships and attachments that leave the child feeling abandoned and rejected.

If we are to improve placement stability and the quality of attachment formation in the early weeks and months of new placements it is vital that we devote time, resources and care to the way that we help children move between families.

8th January 2009
References:

Complex Trauma in Children and Adolescents: White Paper from the National Child Traumatic Stress Network Complex Trauma Task Force 2003


Henry D (2005) The 3-5-7 Model: Preparing Children for Permanency: Children and Youth Services Review 27(2) 197-212


Family Futures was established in 1998 in order to develop a specialist service for children in adoptive families, foster families and families living with children who have experienced separation, loss or early trauma. It is now recognised as a first class centre of excellence, specialising in therapeutic work for children who have experienced early trauma and who have attachment difficulties. Family Futures is now an Ofsted regulated Adoption Agency and we are actively seeking applicants who wish to become adoptive parents.