



Considering the best interests of infants in foster care placed separately from their siblings



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ABSTRACT

This article offers a perspective on the child welfare practice of placing infants and their siblings in foster care using the theoretical frameworks of attachment and infant mental health. The authors highlight issues for child welfare workers to consider when determining if moving an infant or young child from one home to another for the purpose of placing him with his siblings would cause trauma or disruption; and also issues to consider when determining the infant or young child's best interest when separated from siblings. First, the authors summarize the literature regarding attachment relationships and attachment disruptions. Then, they review outcome studies of children residing in foster care who are placed with their siblings and of those who are placed separately. Finally, the authors conclude with specific recommendations for child welfare workers to aid in making such difficult decisions about placing infants in foster care.

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1. Introduction

The practice of placing siblings who are residing in foster care together recently has been adopted as policy by the child welfare system in the United States (*Fostering Connections to Success & Increasing Adoptions Act*; Pub. L. 110–351, 2008). However, many agencies and jurisdictions struggle with implementing this policy. In some instances, the placement of siblings together occurs at the time the children enter foster care. At other times, children are born after their siblings are already in care. The newborn infant may or may not enter care and if he does, he may be placed in a home separately from his sibling(s). This infant might begin life without developing a relationship with his siblings, who could be years older. If placed in a loving and nurturing home, the infant will begin to develop a secure attachment relationship with his caregivers. If child welfare workers and judges decide to blindly follow policy without considering the individual infant's needs, he could be disrupted from his primary attachment figure in order to be placed with siblings and a caregiver he does not know.

In this article, we consider the issue of placing siblings in foster care by applying the theoretical frameworks of attachment and infant mental health. Using a case vignette, we consider the potential impact on a young child who is to be separated from his primary caregiver in

order to be placed with his siblings. With regard to attachment, we summarize what is known about attachment relationships and about the possible sequelae of attachment disruptions. We review the literature on outcomes for children residing in foster care who are placed with their siblings and for those who are placed separately. We note the paucity of research with children who are initially placed apart from their siblings only to be removed from their primary attachment figures and then placed with siblings with whom they have little or no relationship. Based on the majority of the studies on this topic, we acknowledge that foster children should be placed with their siblings except when doing so would cause trauma or an attachment disruption. Thus, the purpose of this article is to highlight issues for child welfare workers to consider when determining if moving an infant or young child from one home to another for the purpose of placing him with his siblings would cause such trauma or disruption; and also issues to consider when determining the infant or young child's best interest when separated from siblings. Finally, we make recommendations for child welfare workers to aid in making such difficult decisions.

1.1. Nature and extent of the problem

As of September of 2011, there were 400,540 children residing in foster care in the United States. Thirty-eight percent of these children were five years of age or younger (*Child Welfare Information Gateway*, 2012). Statistics regarding siblings in care are not readily available; however, in 2004, it was estimated that as many as 70% of the 500,000 children who entered care in the United States that year appeared to have at least one sibling who also was in care (*Shlonsky*,

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Elkins, Bellamy, & Ashare, 2005). In 2007, as many as 82% of children who were adopted from foster care in the United States had known birth siblings. Of these children, 41% had siblings who were also adopted by their parents; while less than one quarter of these had siblings never available for adoption (Malm, Vandivere, McKlinton, & Radel, 2011).

National statistics on infants placed in care after their siblings are even more obscure. One estimate from the 2000 Hillsborough County Infant and Toddler Study conducted with children ages birth to three years old found that 37% of these children were placed in foster care in that county without their siblings (Barrett, Nations, & Hummer, 2000). Clearly, given that this study examined only one county over a decade ago, it is difficult to generalize these findings to other jurisdictions today.

In addition to the paucity of information regarding infants placed separately from their siblings, there has been limited effort in the child welfare policy and literature to address the issues facing professionals working with infants and their siblings. In 2006, the U.S. Department of Health and Human Services published a resource for professionals working with siblings in foster care (Child Welfare Information Gateway, 2006). The report summarized the issues facing these professionals and provided a number of good recommendations. However, recommendations for working with infants in foster care and their siblings were largely lacking. The publication acknowledged the difficult dilemma that workers face when infants enter foster care before the infant's worker is aware that he or she has siblings in foster care, but offered only cursory suggestions for how to address this issue, which do not appear to consider the attachment needs of infants and young children.

2. Case vignette¹

We begin our discussion with a narrative of a case (de-identified) of an infant who was placed in foster care shortly after birth. This case illustration will serve to create a context for illustrating the issues child welfare professionals can encounter when working with infants and their siblings.

At three days old, Anthony, an African American baby boy, remained in the NICU due to complications following his birth. Anthony was prenatally exposed to cocaine and he had low birth weight and difficulty breathing. His mother had tested positive for cocaine in the hospital but because she had no other complications, she was discharged shortly after delivering Anthony. Anthony entered the custody of the State while still in the NICU. When he was two weeks old, he was placed with a Caucasian couple, Mr. and Mrs. Anderson. Mr. and Mrs. Anderson were in their thirties and had no other children. They were dually certified pre-adoptive parents and Anthony was their first foster child. After being released from the hospital, Anthony continued to receive medical care. He began to gain weight, but it became clear in the coming months that he had some developmental delays requiring intervention. Mr. and Mrs. Anderson began taking Anthony to his medical and developmental therapy appointments and he began to make some gains. In addition, after his biological mother demonstrated to the child welfare worker that she had remained clean and sober for one month, Anthony began having supervised visits with his mother in the child welfare office. Several months into the case, Anthony also began visiting with his four older half-siblings, ages 3, 4, 6, and 10 years, in the home of a friend of the family, where they had been placed prior to Anthony's birth. Mr. and Mrs. Anderson transported Anthony the 30 minutes each way to the one-hour visits twice per week. Eventually, it became clear that Anthony's older siblings were having significant difficulties. Each

one had behavioral problems and struggled in school/child care. The oldest was removed from the home of the family friend because he had sexually perpetrated against his 6-year-old brother.

Unfortunately, Anthony's biological mother was not able to remain clean and sober in order to safely parent her children and eventually her rights were terminated. Anthony's father did not wish to parent Anthony, and he eventually surrendered his parental rights. Anthony became freed for adoption when he was 18 months old and the Andersons were hopeful about adopting him.

During this time, the caregiver of Anthony's siblings expressed interest in adopting Anthony. Her home had not been certified for adoption due to her legal history. In spite of this, Anthony's caseworker decided that it would be in Anthony's best interest to be placed in the home of his half-siblings, whom he had known only in the context of the short supervised visits.

2.1. Considering the dilemmas

When viewing this case through the lenses of infant attachment and infant mental health, it becomes clear that the foster care worker for this family needed to consider Anthony's attachment relationships to his foster parents and the consequences of a potential attachment disruption in order to be placed in an uncertified home with siblings and a caregiver he barely knew. Important questions for consideration were: Would the possibility of establishing a family and cultural connection as well as a bond with his unknown siblings outweigh the loss of Anthony's attachment figures? Would Anthony be safe in the new home? Would the new caregiver be able to meet all of his physical, emotional, developmental and psychological needs? In the next sections, we review the literature on attachment, attachment disruption, and siblings in foster care to begin to address these issues. We conclude by re-visiting the case of Anthony.

3. Attachment

3.1. The development of attachment

Bowlby defined attachment as 'a strong disposition to seek proximity to and contact with a specific figure and to do so in certain situations, notably when frightened, tired, or ill' (Bowlby, 1969, p. 371). Attachment can also be conceptualized as the organization of behaviors that helps an infant achieve closeness to a preferred caregiver during times when the infant needs comfort or protection (Zeanah, Berlin, & Boris, 2011). These attachment behaviors are believed to be essential for infants' survival and professionals working with young children must understand their importance.

Attachment behaviors are distinguished from other social behaviors because they involve seeking proximity to an attachment figure when distressed and are largely dependent on the attachment figure's responsiveness to the needs of the infant (Bowlby, 1978). Bowlby (1982) posited that attachment behaviors occur in conjunction with exploratory behaviors to assist infants and children in achieving a balance between distance and accessibility of their caregivers. Specifically, there is an increase in the child's motivation to explore if the child feels secure in the presence of an attachment figure. Further, there is a decrease in the child's motivation to explore and an increase in the child's motivation to seek close proximity to an attachment figure if the child feels distressed. Infants classified as having Secure attachments (Ainsworth, Blehar, Waters, & Wall, 1978) express distress when separated from their caregiver, are able to resolve distress with comfort from their caregiver, and are observed to use their attachment figure as a secure base for exploration. Securely attached infants develop the expectations that their caregiver will be available when needed and trust that their caregiver will be able to provide them with comfort (Ainsworth et al., 1978; Goldberg, Muir, & Kerr, 1995).

¹ This case vignette is based, in part, on the experiences of one young child in one jurisdiction in the United States in which infant mental health consultation to the child welfare professional was not available. Some details have been altered to protect the identity and confidentiality of the infant and the infant's family.

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