

Separation and loss: The effects of changes in caregiver on children and parents

There are a number of influences on children's attachment behaviour. I list some of these below, along with their relevance to children in care:

Caregiver information processing, strategy, and history: Caregivers' behaviour is the product of what they have learned in their past as applied to current circumstances. To assess this, information about important past experience with safety/threat and comfort/distress, how meaning is derived from this experience, and how that meaning is translated into behaviour, is sought (Busch, 2008; Steele & Steele, 2008).

The effect of changes in caregiver on children.

The effects of changes in caregiver, i.e., attachment figure, on children are very great, but affected by the age of the child at the time of the change, the quality of the relationship prior to the change, the reason for the change, the total number of changes, and child's expectation of permanence (Crittenden & Farnfield, 2007).

1. Age at placement: When the first placement occurs before 6-9 months of age, the effects are expected to be transient. After 9-12 months of age, there will be distress, with the amount of immediate distress and long-term effects of the change increasing with child age. After approximately 3-5 years of age, some persistent loss of security in new relationships is to be expected.
2. Quality of prior attachment relationships: Children who have had secure attachments adapt to change more easily than children who have had anxious relationships. When the prior relationship contained threat (of either an active or passive sort, i.e., abuse or neglect), then the change process is likely to be more difficult, ambivalent, and attenuated.
3. Reason for the change: Common phenomena (e.g., divorce and remarriage) and uncontrollable phenomena (e.g., death) are easier for children to accommodate than is parental harm or rejection. The feeling of having been personally rejected is least for divorce and greatest for maltreatment. The outcomes vary, but include anxiety, depression, and angry rejection of others.
4. Number of changes: Children being placed because of inadequate parental behavior are likely to be traumatized by even the first placement, with successive placements providing increasingly strong evidence that no relationship is permanent and none can be relied upon. Children coming from secure relationships can sometimes manage to believe that the current placement is permanent through one or maybe two changes. With additional changes, it becomes increasingly difficult even for such advantaged children to form a committed relationship with any new caregiver because their prior experience prepares them to expect disruption.

This means that each successive placement is more likely to fail than were previous placements and that the changes are likely to be accompanied by an initial 'honeymoon', followed by outbursts of uncontrolled anger, fear, or desire for comfort. The last of these is sometimes displayed as inappropriate sexualized behaviour.

5. Expectation of permanence: Adoption is more likely to yield security (or less extreme anxiety) than is foster placement. Group placements are the most difficult for children, especially younger children, because they do not provide a committed personal relationship with an adult caregiver.

The effect of changes in caregiver on caregivers.

The effects of change of caregiver on adults are very great.

- a. Parents who lose access to a child to whom they have become attached experience distress and grief. Moreover, even if the children are returned to their care, they will always know that they could be taken away; this creates an insecurity not experienced by parents who have never lost access to a child.
- b. Adults who are given a child to care for temporarily almost always form an attachment to the child. This usually takes a few weeks, but it forms quite quickly, especially to infants and young children. Regardless of their legal status, attached adults will seek to protect, comfort, and maintain access to a child to whom they have become attached. They suffer distress if the child is moved to the care of other adults.
- c. Adults who have suffered previous losses of an attachment figure or child to whom they were attached generally are 'primed' to expect loss. This probably affects current relationships by keeping the caregivers more distant, in the sense of not committing emotionally to the child in their care.

There is little empirical research on attachment and changes of carer. For infants removed to foster care, a change towards a more secure attachment appears dependent on their foster mother having a secure attachment with regard to her own childhood attachments (Dozier et al 2001). There is limited evidence for a similar pattern with school years adopted children (Hodges et al 2003).