Advanced module: Attachment
Handouts for participants
Handout 1 – Attachment theory

- The concept of attachment (attachment theory) is grounded in the work of John Bowlby. According to the theory, attachment is the deep and enduring emotional connection established between a child and carer in the first few years of life. The quality of this attachment impacts on an individual’s social functioning, well-being and competency and can influence every aspect of his/her life. Bowlby’s (1969, 1982) explanation for attachment was based on his observational work with ‘young delinquents’ who had experienced significant separations and disruptions in early childhood, and also on animal imprinting studies. Bowlby concluded that attachment was essential for biological survival and that humans, like animals, behave in ways to elicit a carer response. The level and quality of this carer responsiveness was established as being a major factor in a child’s attachment to a carer. Hence varying levels of responsiveness resulted in different styles of attachment, categorised as secure, anxious resistant, avoidant or disorganised-disorientated (Ainsworth, Blehar et al. 1978).

- There are four stages of attachment development. The stages are not necessarily linear and children may experience them at varying ages due to individual and contextual differences:
  (1) preattachment phase (generally birth to 6-8 weeks)
  (2) attachment-in-making phase (generally 6-8 weeks to 6-8 months)
  (3) ‘clear-cut’ attachment phase (generally 6-8 months to 18 months, and up to 3 years)
  (4) formation of a reciprocal relationship phase (generally 18 months to 2-3 years on)

- How a child experiences these stages not only establishes their attachment style with a carer but also has been shown to influence their personality and perception of self and others - their ‘internal working model’. So a child who experiences responsive, nurturing and consistent caregiving is more likely to be securely attached and have a positive self image. This optimistic view of the self also extends to others who are perceived as trustworthy, caring and protective. In contrast, a child who experiences inconsistent, unresponsive or insensitive caregiving can develop an insecure attachment style and have an internal working model that perceives themselves, their environment and others negatively or untrustworthy (Berk 2000).

- Attachment theory therefore highlights the importance of children having the opportunity to experience and maintain positive relationships. We develop a ‘sense of self’ through our relationships with other people, and the immediate caregivers of children play the most important role in helping them develop a sense of themselves. Knowledge of different styles of attachment by children helps us understand why some children may exhibit extreme reactions to separation (protest, sadness, detachment) or the prospect of returning to their original family after a long period of fostering. For young children particularly, attachment theory signals the importance of facilitating positive caring experiences characterised by sensitivity, predictability and continuity.

- While attachment theory has important insights, it has limitations. Bowlby thought maternal deprivation in the early years had lifelong effects, but later research showed this was incorrect. There is enormous variation in children’s responses to adversity, with some showing high levels of resilience. There can be strengthening of attachments in later life even if there are disruptions to attachments in early childhood.

- Longitudinal studies have found that predictions based on attachment theory are unreliable (Barth, Crea et al. 2005). There may be reasons for a child’s behaviour not related to attachment, such as agency practices that create insecurity (for example, failing to arrange contact with family members), or a child’s temperament and/or cultural
differences. For example, moving a child to a new placement without preparation or warning may lead to disruptive behaviour; and just as there are cross-cultural differences in attitudes to childhood and parenting, research has found there are cultural differences in attachment patterns.

- There are many influences on the development of a child’s ‘sense of self’. Socio-cultural theories highlight the importance of social influences on our sense of self and belonging. These approaches emphasise that we develop through our experiences of interacting with other people and with social arrangements. They call attention to experiences such as race, ethnicity, socio-economic status and gender, and their influence on our behaviours and our sense of self. Bio-ecological or life course approaches to human development regard child development as resulting from the complex interactions between a child and his/her environment (Bronfenbrenner 1979). Accordingly, child well-being is influenced by the characteristics of the individual child plus family, social, cultural and political factors.

- Because of the limitations of attachment theory, it is important to consider alternative explanations for disturbing behaviours when assessing a child’s needs and planning interventions. Attempting to diagnose attachment styles in children or categorising them into attachment styles based on observations of behaviour is generally not useful. What is useful about attachment theory is that it helps us understand why children MAY be behaving in certain ways, and therefore provides some ideas about how we can help.
Handout 2 - Relevance of attachment theory and research for child protection practice


- There is considerable research on the links between attachment and child protection. It has been repeatedly found that maltreatment impacts on attachment. Some researchers have estimated that 80% of maltreated children display insecure attachment reactions and behaviours (Howe et al, 1999).

- Maltreated children may develop insecure attachment reactions for a variety of reasons. Harmed children may be raised in chaotic, disorganised and inconsistent caring environments. A child may have had little opportunity to perceive themselves as loveable, special and/or worthy of attention, response and care.

- Children adapt to these care giving environments and learn how to best elicit a response from their caregiver/s. For example, a child may have learnt that the most effective way of getting his/her mother’s attention is to yell, scream or hit. Alternatively, another child may have learnt that to gain his/her father’s attention he/she must manipulate charm or ignore their caregiver. The child has adapted to their caregivers way of relating to them and developed strategies that they perceive will best fulfil their needs.

- Children may use these learned behaviours in a placement with foster carers because they have been effective in previous relationships.

- Child protection intervention that leads to a child being placed in out-of-home care is disrupting and may be confusing for a child. When making placement decisions it is important to attempt to preserve or strengthen existing attachments and to ameliorate the effects of insecure attachments.

- The effect of maltreatment on attachment can have a harming and mitigating effect. For instance, in relation to domestic violence one parent may be perceived as frightening and dangerous to another significant other. The non-violent caregiver may provide inconsistent and erratic care because of the primacy of his/her own safety and needs. A mitigating example – it has been found in relation to sexual abuse that a positive attachment relationship with a significant other has a mediating effect on the harm related to sexual abuse.

- Some research has found that insecure attachment can impact biologically on a developing child in that they can develop problems with stress reactions and biochemical and hormone regulation.

- Insecure attachment can increase the risk that poor parenting practices are carried on from one generation to the next. However, considerable research has found that many people do not go onto to be abusive to others and therefore intergenerational transmission should only be considered a risk, not a certainty.

- Severe insecure attachment difficulties can lead to a number of mental health problems and disorders. Examples discussed could include: oppositional defiant disorder, conduct disorder and post-traumatic stress disorder. It is also important to stress that severe reactions do not just result from abuse and neglect but can be from a range of parental (e.g. alcohol abuse), child (e.g. illness) and environmental factors (e.g. social isolation).
Handout 3 - Facilitating Positive Attachments for Children and Young People in Care

- Many children or young people requiring care could be displaying a range of behaviours resulting from: the nature of their caregiving environment, their attachment relationship, the harms they are presenting, and other environmental, parental and child factors.

- Possible behaviours that children and young people could display as a result of harm and an insecure attachment are:
  
  - Anger, aggression, yelling, hitting, pleading, temper tantrums, destructive, clingy
  - Attention seeking, demanding, unwilling to explore their environment, bullying of peers, controlling others
  - Coercive behaviour, highly compliant, quiet, detached, passive, unresponsive, withdrawn, overly self-contained
  - Negative self talk, fearful behaviour, difficulty in perceiving others emotions/reactions, nervous, hypervigilience, difficulty engaging with others and responding to overt care and attention
  - Sleep disturbance, nightmares, regressive behaviour, abuse related behaviour (e.g. sexualised behaviour)
  - Contradictory behaviour - mixture of any of the above

- The above list is not exhaustive and there could be other behaviours that children may display. It is also important to recognise that some children could be displaying positive or competent behaviours. It is important not to assume or predetermine how a child may present or behave – reactions and behaviours are very unique and individual.

- Certain behaviours in the above list could be developmentally appropriate (e.g. temper tantrums for 3 year old) and/or contextually variable (e.g. child displaying anxious behaviours in the school environment). Likewise, secure and socially competent children can display any of these behaviours at particular times. It is vital to consider the nature, duration, severity and frequency of the behaviour and how this impacts on a child’s wellbeing and opportunity for positive interactions and outcomes. Carers make vital observations about children and these should be communicated to CSOs or others in the caring network.

- Given that children placed in foster care could be displaying a range of behaviours this presents particular challenges for those who are caring for them. One of the most significant tasks for the carer is to develop a positive relationship or attachment with the child.

- Ways of developing a positive attachment and relationship with a child include:
  
  - Understanding
  - Recognition
  - Consistency
  - Sensitivity
  - Encouragement
  - Reliability and predictability
- Not rushing – taking the time, patience
- Listening
- Relevant attunement behaviours – singing, touching, eye contact, holding, hugging, smiling
- Helping children and young people express feelings
- Positive, prosocial behaviour and modelling such behaviour
- Positive and warm encouragement

• A positive, significant relationship that is experienced as deeply caring can mitigate harm or strengthen resilience in children. Therefore, it is vital to underscore the importance and potential beneficial effect of a positive relationship/attachment with a careprovider.

• It is important to nurture and preserve existing attachments. This means where possible supporting and strengthening existing attachment relationships. This could be with biological parents, relatives, friends and siblings. Continued and repeated ruptures of attachment can further harm a child. Also, a positive relationship with a carer should be maintained, sustained and nurtured. Positive attachment relationships with carers should not discontinue just because a child returns home or moves onto another placement of life situation.

• Attachment difficulties may also manifest as behavioural problems in children and adolescents. However, it is important to remember that difficult behaviours could be caused from a variety of issues, independent of attachment. It is also important to note that some of the attachment-based therapies such as: children expressing repressed rage, addressing the arousal-relaxation cycle, holding therapy and others have minimal empirical support as being effective and therefore can be dangerous.

• It is important to use evidence-based interventions in responding to behavioural problems. Depending on the age of the child and the child’s behaviour, such interventions may include modifications to parenting practices, building the child’s social and cognitive skills, implementing behaviour management strategies, and therapeutic interventions aimed at improving the caregiver-child relationship. Approaches with solid empirical support tailored to children with conduct and behavioural issues include: The Incredible Years; Parent Management Training, Multisystemic Therapy, Parent Child Interaction Therapy and Functional Family Therapy (Barth, Crea, John, Thoburn & Quinton, 2005). Many of these approaches suggest strategies for assisting children and young people to regulate emotions, make friends and cope with peer problems, and effectively responding to oppositional and difficult behaviours.
Handout 4 – Permanency Planning

- For all children, stability, security and continuity of relationships and activities such as child care or school are important.

- In child protection, the process of making long-term care arrangements for children with families that offer lifetime relationships and a sense of belonging is called permanency planning. It is for all children subject to child protection intervention, and it should start as soon as statutory intervention commences.

- Permanent options may include preventing unnecessary placements through family preservation; return home (‘reunification’); permanent, long-term foster carers or relative carers (with or without guardianship); and adoption. All of these permanent options have a place. There is no evidence that one option is universally better than another – the best arrangement depends upon the circumstances of an individual child and his/her family.

- The important theories and concepts underpinning permanency planning are stability, security, identity formation, attachment and child development.

**Stability, continuity and a sense of self**

- For children in care, stable and nurturing carers can bolster their resilience and ameliorate the negative impacts of previous instability.

- Permanency planning is not only about placement - most importantly, it is about relationships, identity and a sense of belonging.

- Placement often disrupts connections not only with parents, but also with siblings, grandparents, school friends etc., and this separation from family and friends can lead to psychological difficulties in developing a sense of self, especially for children in care for long periods. They may have a partial or confusing picture of how they came to be where they are, and where they belong.

- Children need support in negotiating the multiple transitions that being in care entails, and these supports are not all provided by a placement. Enduring relationships can be established and maintained through family contact (including with extended family such as grandparents, cousins etc.), community connections (neighbours, family friends etc.), and relationships at school.

- Three critical aspects of permanency are: physical (safe, stable living environments); relational (stable, unconditional emotional connections); and legal (officially determined by the child welfare system). The relational aspects are most important to children.

- Continuity in a placement is very different from a ‘sense of permanence’, and a placement that does not meet a child’s social and emotional as well as physical needs is unlikely to result in permanence.

**Attachment**

- Attachment theory (see Handout 1) provides a major theoretical foundation for permanency planning. When making long-term decisions, attachment issues are assessed. For example:
• History of child’s relationship with their parents, periods spent away from parent’s care (with relatives, in hospital etc.), reactions on separation from carers, reactions before and after visits, parent’s attachment to other children in the family
• Child’s attachments to significant others including siblings
• Child’s relationship and attachment to carers, remembering that length of time in a placement does not determine the nature of the attachment
• Observation of interaction patterns between the parent and child and between the carer and child, including the mood, attitudes and behaviour individuals display towards each other

Child development

• Children develop through relationships with other people and through interaction with their environment eg schools, neighbourhoods, friends and the wider world. That is, there are family, social and cultural influences on how children develop.

• There are different issues at stake for infants and adolescents; differences in risk levels; differences in child needs; and differences in the quality of relationships between child and parents that influence the optimum timing of permanency planning. Decisions should neither be unduly delayed nor rushed.

• Permanency planning is relevant for children in care of all ages. For example, the preferred placement option for a young person may be living independently, but an important part of permanency planning will be to foster secure connections with nurturing adults (such as former foster carers, an older sibling or other family members) with whom they will have lifetime relationships.

Cultural identity formation

• Racial and ethnic identity formation is an important developmental task for all children from preschool through to adolescence, and children need to have experiences that promote a healthy sense of self and belonging.

• Aboriginal and Torres Strait Islander children in care may face particular challenges in the process of cultural identity formation. Children’s lack of knowledge or understanding of their Aboriginality has been linked to poor emotional well-being and mental health problems in later life. Aboriginal and Torres Strait Islander children should be encouraged to have pride in their race and culture, and need help in dealing with racism.

• Cultural and racial identity should be factored in to all aspects of permanency planning, necessitating the involvement of family members and the Indigenous recognised agency in planning. There should be particular caution about making permanent arrangements for Indigenous children with non-Indigenous carers, and such plans must include arrangements for the child to retain (or regain) their cultural connectedness.

• The needs of children from other minority ethnic or racial groups should also be considered. Evidence from England shows that trans-racial placements can succeed, but age at placement is important (such placements are more successful if child is an infant - success declines as the child gets older). Some white families can successfully parent children of a different ethnic origin, including helping them deal with the adverse effects of racism and feel pride in their culture and heritage, but compared with ‘matched’ carers, the task is more difficult. However, placement breakdown is not only criteria for success; the perspectives of the child and family are also important.
Group activity sheet 1 – Session 3 case study

Questions

1 What behaviours or reactions is Tim displaying which could suggest insecure attachment?

2 How could a foster carer develop a positive relationship with Tim?