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**Attachment-informed practice with  
looked after children and young people**

**Learner Support Handbook**

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## Introduction



This information guide is designed to support the knowledge and understanding of and the skills needed for, supporting attachment and positive relationships for children and young people in residential childcare.

This includes the importance of positive attachments, theories of attachments and the impacts on well-being, if children and young people are not able to form positive attachments. You will understand how to support positive attachments and relationships for children and young people in residential childcare.

Study of the information within this guide will enable you to understand the need to develop positive relationships, through building a connection with children or young people, while maintaining professional boundaries. You will also address concerns about attachments and relationships of children and young people and reflect on your own practice in supporting positive attachments and relationships.

Positive attachments include primary and secondary attachments  
Impacts may include:

- physiological
- psychological
- emotional
- relational
- behavioural.

Some of the Factors affecting positive attachments will include;

- previous experience of hostile or dysfunctional relationships
- frequent imposed transitions
- trauma
- grief and loss
- disability.

## Some of the Key Points to remember

- Attachment behaviour ensures the survival of infants and young children by keeping their caregivers close and available to provide protection and comfort. The attachment relationship provides the context for the main developmental tasks of infancy and early childhood, particularly emotional regulation and the development of the capacity to 'mentalise'.
- The characteristics of caregivers affect the organisation and security of children's attachment relationships with them. Sensitive, responsive parenting and parental ability to reflect on the infant's own thoughts and feelings are associated with secure attachments in children.
- Children who have experienced maltreatment are significantly more likely to develop disorganised attachments and these can have lifelong physical, emotional and social consequences.
- Recent evidence from neuroscience confirms the importance of the early emotional and social experience of infants for the healthy development of their brains. Maltreatment can disturb the patterns of cortisol (stress hormone) secretion which can affect immediate and long term mental and physical health.
- Looked after children benefit from developing secure attachments with their caregivers and interventions should support the development of these, whether children remain at home or are cared for outside their family.
- Successful placements are more likely when carers are able to respond to children at their emotional age rather than their chronological one. Interventions with children should aim to address developmental brain impairment by providing care that can build fundamental brain capacities. For looked after children this will mean less use of verbal techniques and a greater concentration on physical, sensory and emotional ways of working.
- Caregivers should be assessed on their capacity to tolerate difficult behaviour and remain sensitive and responsive to the needs of children
- Support and training should be provided to caregivers on a frequent and regular basis to ensure that they are able to maintain their capacity to be reflective about children rather than reactive to their behaviour.
- Attachment-informed practice may require a policy and culture shift to ensure that children's needs are appropriately met when they are cared for away from home.

## ***What is attachment?***

John Bowlby first outlined his theory of attachment and its central role in child development more than 50 years ago. Attachment theory is a theory of personality development in the context of close relationships. Why is this process of attachment so important?

Although attachment is significant throughout the life span, the special bond that develops between an infant and primary caregiver in the first year of life is usually seen as the template for future relationship experiences. Infants experience this bond as their main source of safety, comfort and pleasure and show intense distress when this relationship is lost, even for a brief period. When children are anxious or distressed they will seek proximity to and comfort from their attachment figures.

Children usually build upon their experiences with their caregivers to develop a clear and organised strategy for ensuring that they can achieve such closeness. In evolutionary terms attachment is very important for survival as it ensures that young children remain close to their caregivers, particularly at moments of danger. The quality of children's attachments is strongly influenced by the characteristics of their caregivers.

The more sensitive and reliable the response of a caregiver to an infant or young child in distress, the more secure the attachment will be that develops. It is important to recognise that young children are capable of having different types of attachments to different people and, for example, may have a secure attachment to their grandmother and an anxious attachment to their mother.

Indeed many vulnerable children may have developed important attachments to older siblings, neighbours or educational professionals who provided more reliable care than their parents. Over time, children tend to develop an internal working model of relationships based on their experiences of adults. This can be resistant to change even when their emotional and social environment is different.

Children who develop a secure attachment to a primary caregiver have a number of developmental advantages. They are certain of the availability and sensitivity of the caregiver and as a result feel able to explore their environment with confidence and curiosity. Particularly important for children's capacity to understand the minds of others and their own minds (to mentalise) is the parent's ability to tune into and reflect on the infant's own feelings and thoughts.

A number of important early developmental tasks involve the regulation of emotion - these include managing stress, controlling impulse and rage, coping with shame and developing empathy. All of these milestones in emotional development are most easily achieved in the context of a secure attachment. If a child has not developed a strong foundation of emotional competence in these areas by the time they enter school, they will struggle to manage the learning and social environment of school as successfully as their peers.

Securely attached children also learn an early template for relationships that enables them to make positive relationships as they grow up. Those children with insecure attachment relationships may find all these developmental tasks less easy to achieve and they may experience some interpersonal difficulties in adulthood. It is important to recognise, however, that only about 60% of children experience secure attachments with their primary caregivers and most insecurely attached children are still able to grow up and function effectively as adults.

They may, however, find it less easy to become emotionally close to others or alternatively be somewhat clingy with partners or friends and fearful that they will lose any relationships they make. Those children who have been seriously abused or neglected in their earliest years, however, are particularly at risk of developing a disorganised attachment to their caregiver.

Attachment behaviour is activated by stress and children are biologically programmed to approach their caregiver for comfort and protection. Children who experience maltreatment at the hands of their caregivers are faced with an irresolvable dilemma as the person they are dependent upon for safety is the very person who is the source of their distress. Children with this disorganised attachment style represent only about five percent of the overall child population but a much more substantial proportion of the looked after population. Many childhood mental health disorders are associated with this type of attachment and there is evidence that such difficulties may continue into adulthood (Milward et al, 2006; Fonagy et al, 1996).

Attachment relationships continue to be important throughout life and there is some evidence that early attachment difficulties can be reflected in romantic relationships in adulthood and in parenting styles. Although adolescents begin to shift their emotional investment away from their parents and towards their peers, their attachment relationships with parents are still important to them and continue to be so into adulthood. Parents continue to be both a secure base and a safe haven for adolescents and young adults.

'Early developmental experiences with caregivers-the infant's first exposure to humans-create a set of associations and "templates" for the child's brain about what humans are. Are humans safe, predictable? Are they a source of sustenance, comfort, and pleasure? Or are they unpredictable and a source of fear, chaos, pain, and loss?'

Perry and Hambrick 2008

'The single most effective way to stop producing people with the propensity to violence is to ensure infants are reared in an environment that fosters their development of empathy. The surest way to achieve this is by supporting parents in developing attunement with their infants.'

The Wave Report 2005

## Theories of attachment

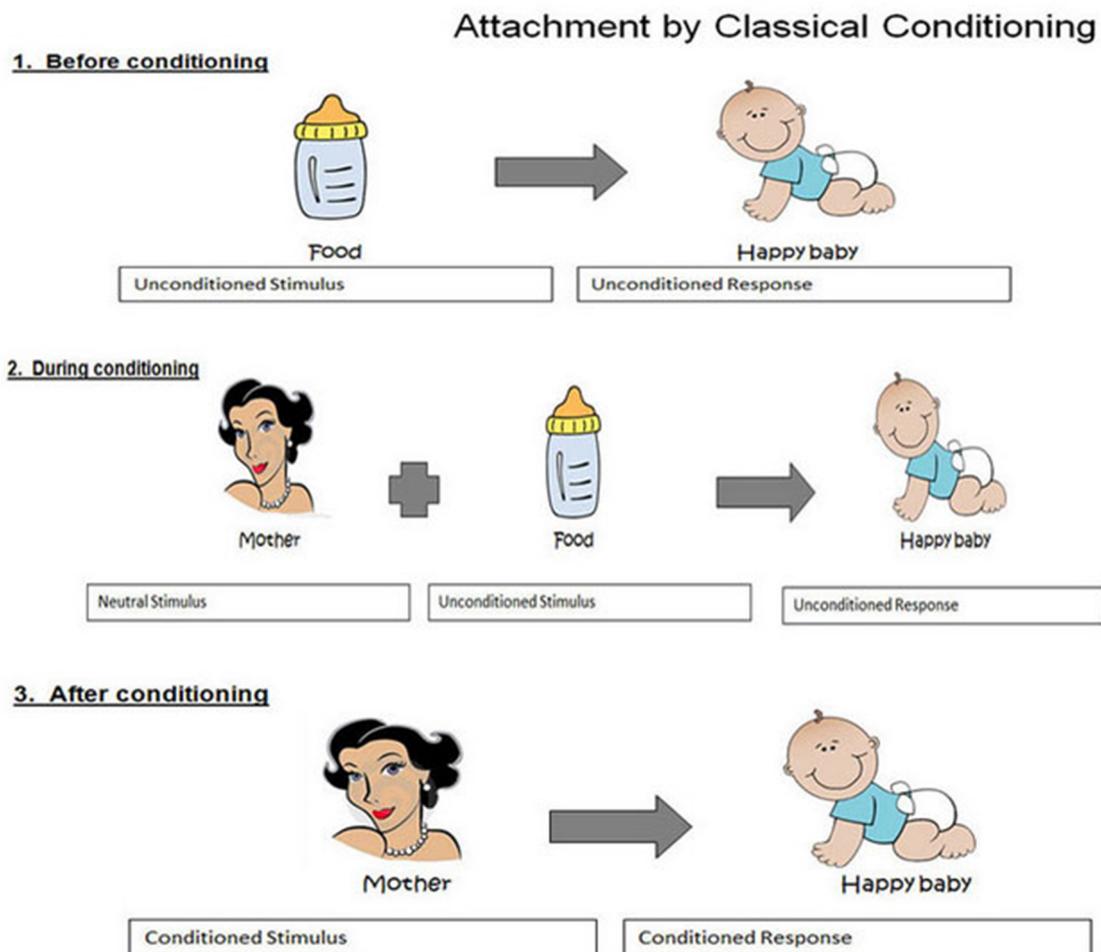
Attachment theory states that a strong emotional and physical attachment to at least one primary caregiver is critical to personal development. John Bowlby first coined the term as a result of his studies involving the developmental psychology of children from various backgrounds

Psychologists have proposed two main theories that are believed to be important in forming attachments.

The learning / behaviourist theory of attachment (e.g. Dollard & Miller, 1950) suggest that attachment is a set of learned behaviors. The basis for the learning of attachments is the provision of food. An infant will initially form an attachment to whoever feeds it.

They learn to associate the feeder (usually the mother) with the comfort of being fed and through the process of classical conditioning, come to find contact with the mother comforting.

They also find that certain behaviors (e.g. crying, smiling) bring desirable responses from others (e.g. attention, comfort), and through the process of operant conditioning learn to repeat these behaviors in order to get the things they want.



## ***Carers and Workers***

A consistent theme throughout the evidence of effective intervention with children looked after away from home is the central importance of the adult caregiver's capacity to reflect on the child's behaviour in order to help them understand the child's thoughts, feelings and needs. This is exactly what normal parents do when confronted by a crying baby.

Most parents can recognise that this apparently simple caring task can become overwhelming and frightening if children refuse to be comforted, despite every attempt to identify and respond to their needs. Support from partners, extended family or friends can be crucial to survive such moments of crisis.

Caring for children who have disorganised or extremely anxious attachments can provoke similar emotional upheaval in carers. Research undertaken by the University of Bristol for the Department of Health found that only seven percent of the foster carers in their study had experienced no stressful life events in the previous six months.

Over half had experienced between one and three such events and nine percent had experienced seven or more stressful life events during that time. Stress is inherent in the fostering task but this level of stress clearly had an impact on the success of placements. The main factor alleviating stress for the foster carers was support from others in their professional or social networks.

Where there was timely and effective support from social workers this was particularly important. Where social workers were difficult to contact or minimised the concerns of foster carers this exacerbated the strain on carers. Strain had a direct impact on the parenting capacities of carers and in particular inhibited their ability to respond to children at their developmental rather than their chronological age. Moreover carers were more likely to dislike the children placed with them and have a reduced commitment to them if they were experiencing severe stress (Farmer et al, 2005).

Wilson (2007), after analysing data from a large study on fostering outcomes, suggests that the very difficult behaviours presented by some children can activate self defence mechanisms in caregivers which interfere with their capacity to provide sensitive parenting. The interaction between children's difficulties, carers' parenting capacities and levels of support and stress is complicated and can change within and between placements. What seems clear, however, is that the inherent difficulty of the child's behaviour is by no means the only factor affecting placement outcome.

There is some evidence that the attachment security of foster carers or adoptive parents affects the outcomes for the children placed with them (Dozier et al, 2001; Steele, 2006) although this has not been replicated in other studies (Caltabiano, 2007). It has also long been recognised that the residential child care task is an emotionally demanding one and that residential workers need to be 'at core, independent enough to withstand the battering of children who are at the least adrift, and who may be very damaged and bewildered' (Beedell and Clough, 1992).

Recruitment strategies for residential child care, however, rarely require the same kind of intensive personal reflection and examination that are normal practice in assessing foster carers. The quality of support to adults caring for looked after children seems to affect sensitivity of 'parenting' and stability of placement (McCollam and Woodhouse, 2006).

### ***Children in residential care***

Providing the context for the development of secure attachments in residential care is a more severe challenge than in foster care because there is instability built into the relational environment. For some children and young people, however, foster care is not an option because of the severity of the challenge they present. Others prefer residential care, either because of a loyalty to their own families or because of suspicion and anxiety about intimate relationships. In some cases residential care may also be the best way to keep siblings together.

Often the children in residential care have had extremely damaging experiences in their families and present very challenging behaviour. They are likely to have similar developmental deficits as those in foster care, and will need similar interventions, and it is important that such experiences are created for them.

One advantage of the residential child care setting is that there is a choice of different adults for children to connect with and this makes it more likely that a child will be able to find an appropriate match. There can, however, be organisational and policy constraints that interfere with the development of positive attachment relationships in residential care. Shift patterns, training, holidays and sickness all disrupt contacts between children and carers. In addition 'special' relationships between children and particular members of staff are often viewed with suspicion. 'Treating children the same' and 'fairness' are often elevated above responding to individual need.

Providing attachment-informed care in residential settings requires a policy and culture shift which recognises and values the healing potential of special relationships. Some children's homes already do this and in these settings the inevitable disruptions in relationship that happen are recognised as painful and anxiety-provoking for children.

The experience is planned for and the staff member is talked about with the young person while they are away. Staff members are encouraged to demonstrate to children that they are holding them in mind, perhaps by leaving a token gift for the child, or writing a postcard when they are away. Safe touch is encouraged and workers feel comfortable in undertaking primary care tasks such as washing a child's hair. It is obviously essential that such interactions are transparent and planned rather than covert. Predictability and routine are important factors in creating a sense of safety but consistency is not always easy to achieve in residential settings. For children with impaired attachment it can be helpful to have a detailed twenty-four hour plan which is developed in response to their individual needs. A residential child care setting is a complex environment and its daily management absorbs a great deal of emotional and intellectual energy.

Children, however, require adults who strive to understand their feelings and thoughts rather than just react to their behaviours. Developing a reflective and responsive culture among both staff and residents is an essential component of attachment-informed care.

### ***Supporting Adults***

Residential workers and foster carers expose themselves to potentially toxic experiences when they attempt to engage at depth with seriously hurt children. Vicarious trauma or burnout are real risks for these adults. It is important that the emotional energy which is expended by adults caring for children who are looked after away from home is matched by an equivalent level of support from managers, link workers, trainers and external consultants. Such support should not be crisis driven.

Regular reflective space and non-judgemental listening can promote sensitive, responsive care and alleviate strain. The containing relationship derived from regular supportive contact can also provide an effective source of help at moments of crisis. Management structures and policies that support attachment-promoting care rather than defensive practice are essential.

Training that enhances understanding of the impact of adverse experiences on development and behaviour should be available for all staff and carers on a regular basis. Basic training about attachment and trauma should also be available to other professionals who come into contact with looked after children. This can help them understand difficulties that children present outside their home and this understanding can reduce stress on placements.

### ***Managing Transitions***

Understanding the importance of attachment can inform the planning and management of transitions for children and adults. Every time a child moves from one living situation to another it involves separation from a caregiver and the likely disruption of an attachment. Changing teachers or schools can also disrupt relationships that have particular meaning for children. Insufficient thought and respect is usually given to the meaning and importance of relationships when change is planned.

Children need to create a coherent autobiography for themselves to develop their identity and sense of self. If they experience a series of placements with little or no connection between them this is hard to achieve. Whenever possible children should remain in the same placement unless there are strong reasons to move them. When a move is inevitable special relationships should be recognised and supported for as long as they remain important to the child.

It is important to recognise the impact on staff, carers and other children of a child moving placement, whether this is in a planned way or as a result of disruption.

Immediate placement of another child in the same foster home or residential unit should be avoided where possible.

All transitions, including those of staff leaving a home, should be marked and, where appropriate, they should be celebrated. The particular importance of the transition from residential care into independent living cannot be overestimated and policies should support the continuation of relationships between young people and those who have been caring for them. They, and the environment they live or work in, should continue to be a secure base and safe haven for those young people who have left their care.

*'The experience of a prolonged insecure attachment, whatever the cause, has long been suspected of producing 'invisible damage'. New methods of measurement in neuropsychology and neurobiology have been able to quantify this damage in terms of brain growth and activity. In short, we now know that parental rejection, abuse and neglect not only cause grievous developmental harm, but also grievous bodily harm.'*

**Cameron and Maginn 2008**