

Topic 2

Attachment Theory and Research

Key Messages

- Children need a relationship with a caregiver who is sensitive and responsive, who comforts the child when distressed and enables them to feel safe enough to relax, play and learn. This is the basis of a secure attachment.
- Attachments are formed during the first year of life even in the context of maltreatment. However, such attachments are more likely to be disorganised.
- Developing a secure attachment with a substitute carer is key to improving outcomes for these children. The emotional and behavioural strategies children use to protect themselves, however, puts them at risk of being rejected by others and can affect all relationships.
- Children who are securely attached have higher self-esteem and empathy, and can deal with stress more effectively.

What is attachment?

Babies are born with a biological drive to seek proximity to a protective adult for survival. They are dependent on the physical and emotional availability of the key adults who take care of them. Their relationships with adults are crucial to their trust of other people, their understanding of relationships generally and their feelings about themselves (Simmonds, 2004). The drive for closeness promotes attachment behaviours, which helps children feel safe.

Attachment theory draws on the work of John Bowlby and Mary Ainsworth (see Shemmings, 2011). Attachment refers to the special bond and the lasting relationships that young children form with one or more adults. It refers specifically to the child's sense of security and safety when in the company of a particular adult (Wittmer, 2011).

How are attachments formed in infancy and beyond?

An infant's attachment behaviours can attract the caregiver's attention in a positive way (e.g. cooing, smiling and reaching out), as well as in the form of protest behaviours (e.g. crying and fretting). All these behaviours give strong signals, which lead caregivers to approach and respond to the needs of the baby. The adults who respond to these attachment behaviours become highly significant and, as a result, selective attachments begin to form from birth and early infancy (Schofield and Beek, 2006).

A physically and emotionally available mother spends a lot of time cuddling and gazing at her baby, who responds by snuggling, babbling and smiling. This creates a reciprocal positive feedback loop of pleasure and satisfaction – the 'maternal-infant dance' – from which attachment develops (Schofield and Beek, 2014; Perry, 2001).

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And when the baby feels discomfort and cries, the caregiver is there to tend to their needs in a nurturing manner.

The following video provides an example of this ‘maternal-infant dance’ (also known as ‘serve and return’) and the baby's distress when her mother does not respond to her.

[The Still Face Experiment](#) – Dr Edward Tronick

The development of attachment relationships continues throughout childhood:

- Toddlers – mobility, play and language development provide opportunities to extend attachment relationships to siblings and close adults.
- Pre-school and primary years – securely attached children can think about others’ feelings and manage relationships with their peers. They can manage their feelings and co-operate with others (Schofield and Beek, 2006).

Attachment security is also important in adolescence. Securely attached adolescents are less likely to engage in excessive drinking, drug use and risky sexual behaviours. They are also likely to have fewer mental health problems. Adolescents benefit from parenting that encourages autonomy but also offers warmth, behaviour monitoring, limit setting and negotiation of rules and responsibilities (Moretti and Peled, 2004).

Children can form multiple attachments and can also form new attachments at any age. Fostered and adopted children need to learn to trust their new primary caregivers and to develop attachments to them (Schofield and Beek, 2009).

Types of attachment patterns

Much of what we know about attachment comes from research by Mary Ainsworth using the Strange Situation Procedure (see Shemmings, 2011).

The following video illustrates the [Strange Situation Procedure](#)

The most important distinction is between secure and insecure attachment. (Insecure and disorganised attachment patterns are common; they are found in around 45% of the population.) There are different patterns of insecure attachment, related to the type of caregiving received. These patterns of attachment are indicative of a child adapting to their relationship with their attachment figure (Simmonds, 2004) and are summarised below:

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- **Secure attachment** (55% of the population) occurs when the child is cared for by sensitive and responsive caregivers. Securely attached children are able to regulate their distress and know they can show their needs and feelings and won't be rejected.
- **Insecure avoidant attachment** (23% of the population) tends to occur when the caregiver finds it difficult to accept or respond sensitively to the infant's needs. These children tend to experience parenting that is hostile, rejecting and controlling. They come to see themselves as neither loved nor loveable. Children respond to this by shutting down on their feelings because of their anxiety that any display of need or emotion may drive their caregiver away.
- **Insecure ambivalent attachment** (8% of the population) tends to occur when the caregiver responds inconsistently to the child's demands. These children exaggerate their attachment behaviour to attract attention. They are not always successful at being noticed and their ambivalence reflects their simultaneous need for and anger with their attachment figure.
- **Disorganised attachment** (15% of the population) may occur in children who are cared for by people who are frightening. Children may fear approaching their caregiver because they cannot predict whether they will respond positively (e.g. with cuddles) or negatively (e.g. shouting, smacking). Consequently these children are not able to 'organise' their own behaviour and have difficulty regulating their emotions. Although only around 15 per cent of children develop this attachment style, up to 80 per cent of children who are maltreated develop disorganised attachments. Not all children who have disorganised attachment will have been maltreated, however (e.g. children on the autism spectrum).

(Shemmings, 2011; Brown and Ward, 2013)

Older children are likely to display disorganised attachment by gaining control, either through excessive role-reversed caregiving to the adult or by becoming hostile and punitive (Shemmings, 2011).

The following video provides illustrations of secure and insecure attachments:

[Secure, Insecure, Avoidant and Ambivalent Attachments in Mothers and Babies](#)

Research in Practice has produced a chart summarising the range of attachment behaviours at different ages: [Attachment in Children and Young People](#)

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Schofield and Beek provide a list of key indicators of secure attachment at different ages: [Secure Base Developmental Checklist](#)

The importance of secure attachment

Young children who have sensitive and responsive attachment figures develop trust. This allows them to explore their world while knowing that if they need help, they can return to their 'secure base' (i.e. attachment figures they can turn to as a safe haven when upset or anxious) (Schofield and Beek, 2014).

Further information on providing a secure base can be found here: [The Secure Base Model](#) (Schofield and Beek)

Early attachment is important because it acts as an 'internal working model' (or template) for subsequent relationships. This model refers to a set of expectations and beliefs about the self and others. For example, a baby whose crying results in a prompt response will learn that certain of his behaviours are linked with the positive behaviours of his caregiver, and he will feel that he is loved and nurtured. A response that is unavailable or cold will lead to an internal working model of the attachment figure as rejecting, the self as unworthy of care and others as not to be relied on for help and support (Schofield and Beek, 2014).

Children's expectations of themselves and others also influence the ways in which other people relate to them. A young person who expects rejection and has low self-esteem is likely to signal to other people that they should not come close, which is likely to lead to further rejection. Sensitive caregiving is needed in this situation to overcome children's hostility and lack of trust (Schofield and Beek, 2014).

Children who are securely attached benefit in a number of ways:

- they have higher self-esteem and empathy
- they can deal with stress more effectively
- they have faster memory recall
- they have higher impulse control
- they are reliable and likely to be popular with others (Shemmings, 2011).

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Maltreatment and attachment

Attachments are formed during the first year of life, even in the context of maltreatment, although these attachments may be disorganised. The infant seeks comfort from a caregiver who is also the source of fear. As a result, they remain in a state of high anxiety, which can have an impact on brain development (Schofield and Simmonds, 2011). (see also the briefing on '[Early brain development and maltreatment](#)')

Maltreated children are likely to have negative expectations of adults and will transfer these expectations and patterns of defensive behaviour into new environments (e.g. foster or adoptive families). These children may find it hard to let adults come close enough to establish trusting relationships. However, caregiving that is warm, consistent and reliable can change the children's previous expectations of close adults and of themselves (Schofield and Beek, 2014).

There are a number of approaches that target aspects of caregiving which promote security. These include Schofield and Beek's Secure Base Model:

[The Secure Base Model](#) (Schofield and Beek)

[Providing a Secure Base – Video clips](#)

Another example is the Circle of Security:

[Circle of Security International](#) is a relationship-based early-intervention programme designed to enhance attachment security between parents and children

The attachment style of the adult who provides substitute care for the child is also an important consideration. Carers need to be skilled at helping children to manage very strong feelings and need to be in touch with their own feelings.

Contact and attachment

Young children who are removed from harm and provided with secure caregiving are able to form an attachment to their new carer. However, this attachment can be compromised if contact with the child's birth family is not sensitively handled (Schofield and Simmonds, 2011).

Infants who have frequent contact with their birth family may suffer constant disruption to their daily routines and may be unable to experience the kinds of settled

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caregiving they need to help repair the harm they have experienced. Such contact arrangements can produce high levels of stress for the infant through discontinuity of care and potentially insensitive care during contact. It can then be a challenge for carers to help the infant to relax and trust them, and may compromise the child's development.

Children of all ages need decisions to be made about contact that take into account their developmental and attachment needs, as well as the parents' rights (Schofield and Simmonds, 2011). (See also briefing 15 on '[Managing risks and benefits of contact](#)').)

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Learning objectives

These materials will enable you to:

- Define attachment and understand the importance of secure attachment
- Describe four attachment styles
- Identify the impact of maltreatment on attachment
- Identify the implication of contact for birth families and for care plans

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What is Attachment?

- Attachment refers to the special bond and the lasting relationships that young children form with one or more adults
- The biological drive for closeness promotes attachment behaviours, which helps children feel safe
- Attachment behaviour in infants attracts their care givers attention by:
 - cooing, smiling, reaching out
 - crying
- Multiple attachments are formed throughout childhood and into adolescence

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Types of Attachment

Secure (55%)	The child is cared for by sensitive and responsive caregivers. Children are able to regulate their distress and know that they can show their needs and feelings and won't be rejected
Insecure Avoidant (23%)	The caregiver finds it difficult to respond sensitively to the infant's needs. Children shut down on their feelings because of their anxiety that any display of may drive their caregiver away.

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Types of Attachment

Insecure Ambivalent (8%)	The caregiver responds inconsistently to the child's demands. Children exaggerate their attachment behaviour to attract attention. Their ambivalence reflects their simultaneous need for and anger with their attachment figure.
Disorganised (15%). Up to 80% of children who are maltreated develop disorganised attachments.	Occurs in children who are cared for by people who are frightening. Children are not able to 'organise' their own behaviour and have difficulty regulating their emotions.

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The Importance of Secure Attachment

- Young children who have a sensitive attachment figure develop trust
- This allows them to explore their world, knowing that they can return to their 'secure base' for help if needed
- Early attachment is important as it acts as an 'internal working model' for all relationships
- Children who are securely attached
 - have higher self-esteem and empathy
 - can deal with stress more effectively
 - have faster memory recall
 - have higher impulse control
 - are reliable and popular with others.

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Maltreatment and Attachment

- Attachments are formed even in the context of maltreatment
- Such attachments are likely to be disorganised
- The infant seeks comfort from a caregiver who is also the source of fear
- They remain in a state of high anxiety, which can have an impact on brain development

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Maltreatment and Attachment

- They are likely to have negative expectations of adults and will transfer this into new environments
- They find it hard to let adults come close enough to establish trusting relationships
- Warm, consistent and reliable care giving can change children's previous expectations of adult caregivers and of themselves

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Contact with Birth Family

- Infants who have frequent contact with their birth family suffer constant disruption to their daily routines
- They are unable to experience the kinds of settled care-giving needed to help develop attachment and repair the harm
- Infants have high levels of stress because of discontinuity of care and potentially insensitive care during contact

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Contact with Birth Family

- It can be a challenge for carers to help the infant to relax and trust them,
- These experiences may compromise infants' development
- Contact plans are important for children of all ages and need to take account of children's developmental needs, as well as the parents' rights

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Videoclips

- [The Still Face Experiment](#)
- [Strange Situation Procedure](#)
- [Secure, avoidant and ambivalent attachments](#)
- [Video clips- Providing a Secure Base](#)

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- Simmonds J (2004) *Fostering: Attachment*. [SCIE Guide 7](#) (accessed 8 January 2014)
- Wittmer D (2011) *Attachment. What works?* Nashville: [Center on the Social and Emotional Foundations for Early Learning, Vanderbilt University](#)

Topic 2 Attachment Theory and Research

Key questions for the child's social worker

Methods

Suitable for self-directed learning or reflection with a colleague or supervisor.

Learning Outcome

Review your understanding of attachment theory and identify actions you can take to support a child.

Time Required

Two sessions of 45 minutes

Process

Thinking of your current approach, answer the following questions.

- What is your understanding of the developmental importance of attachment relationships?

[The Secure Base Model](#) provides more information on the importance of attachment.

- What is your understanding of the impact of separation on infants, children and young people?
- What steps do you take to achieve quick and decisive action when it is in the child's best interest to be placed away from home?

See [Brown and Ward \(2012\)](#) for a review of the evidence on decision-making within a child's timescale, [including a summary of key timeframes for child development on page 46](#)

- What steps do you take to ensure a thorough assessment of the child?
- How do you ensure that children are placed with a foster carer or adopter who can best meet their individual needs?
- How do you plan placement moves and avoid the need for multiple placements and separations?
- How do you demonstrate to children that you care?
- What support do you provide for contact visits and the emotional challenges that may follow contact?

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- What do you do to help you actively seek the views of the child's foster carer or adopter, and how do you facilitate appropriate support and interventions to address the child's needs?

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Key questions for the supervising social worker

Methods

Suitable for self-directed learning

Learning Outcome

Review current provision and identify actions that can enhance the support provided to foster carers and adopters

Time Required

Three sessions of 45 minutes

Process

1. Read the questions in the following list and assess what actions you take at the moment and what additional support you could provide.
2. You may find it useful to focus on three or four questions at a time.
 - What actions can you take to ensure that the adults involved in providing alternative care for the child are properly prepared? This includes prepared to take on the care of a maltreated child in general, but also prepared to care for this child in particular –need for accurate information, time with foster carer, good understanding of reasons for decisions etc.
 - How do you help foster carers and adopters understand children’s needs for contact when they move placement?
 - How do you help foster carers and adopters to understand and respond to children’s behaviour?
 - How can you signpost and facilitate access to support and specialist interventions to help foster carers and adopters understand and respond to the child’s behaviour, taking into account the child’s attachment history and their experience of abuse, neglect, separation and loss?
 - What actions can you take to encourage and support foster carers (and adopters) to access specialist learning and development opportunities?
 - How do you keep in close contact with foster carers and adopters to support them throughout the placement including listening when they talk about their own experiences?
 - Are there safe places for carers to express negative emotions and ambivalence about the children they care for?
 - How easy is it for carers to access support in the evenings and at weekends?

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- What actions can you take to provide adequate support for contact visits and the emotional challenges that may follow these?
- To what extent do the adoption plans that are agreed by the court locally focus on the child's needs?
- How can you work with case-holding social workers to share knowledge of research and best practice around contact in long term care?
- How can you work with case holding social workers to ensure that you and the carers you work with have all the necessary information about a child available to ensure that the right kind of care is provided?
- How do you balance the need to work in partnership with foster carers as fellow colleagues alongside your role in protecting the child in placement?
- How do you support adopters to claim children and take responsibility for them whilst still focussing on the child's needs and vulnerabilities during the early stages of placement?
- How do you ensure that you observe and listen to children's non-verbal communication when they move placements?

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Key questions for foster carers and adoptive parents

Methods

Suitable for a small group discussion.

Learning Outcome

To identify a range of actions that can support a child to develop healthy attachments.

Time Required

45 minutes discussion and 15 minutes feedback

Process

Ask the group to discuss the following questions and appoint a person who can feedback their ideas.

- Why are the links between a child's behaviour, emotions, development and their attachment relationships important?
- How can we understand a child's intense feelings towards their attachment figures even when they have been abused or neglected?
- How can we try to make sense of a child's wishes and feelings and find ways of responding to this?
- What methods (e.g. photographs, toys, play and discussion) can we use to help a child remember the people who are or were important?
- How can we give a child a consistent daily routine to provide security and predictability?
- How can you find and undertake specialist learning and development opportunities?
- How can you manage contact visits and the separation once the contact visit is over?

Additional resources

For more information on therapeutic parenting see:

[Therapeutic Parenting Handbook](#)

[First Steps in Parenting the Child Who Hurts](#)

[Contact in Permanent Placement BAAF](#)

[The Child's Journey Through Placement BAAF](#)

Topic 2 Attachment theory and research

The impact of early life attachment on child development. Exercise for social workers

Methods

Suitable for a small group discussion in a team meeting or as part of a facilitated workshop. Individuals will need a copy of the case study for Toby.

Learning Outcome

To identify the impact of early life attachment and assess the support that may be required to enable Toby to form secure attachments.

Time Required

30 minutes for discussion plus 15 minutes for feedback

Process

Give each group a hand-out of the case study for Toby and ask each group to appoint someone to feedback their ideas.

Ask the group to read the case study and answer the following questions.

1. What is the likely impact of Toby's early life on his attachment?
2. How might he behave when placed with his adopters?
3. What information and support will the adopters need for them to help Toby overcome any difficulties?
4. What contact will Toby need with his foster carers and birth family?

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The impact of early life attachment on development. Exercise for adopters

Methods

Suitable for a small group discussion during a team meeting or as part of a workshop. Individuals will need a copy of the case study for Toby.

Learning Outcome

To identify the impact of early life attachment and assess the support that may be required to enable Toby to form secure attachments.

Time Required

30 minutes plus 15 minutes for discussion

Process

Give each group a hand-out of the case study for Toby. Ask each group to appoint someone to feedback their ideas.

Ask the group to read the case study for Toby and answer the following questions.

1. What is the likely impact of Toby's early life on his attachment?
2. How might he behave when placed with his adopters?
3. How could an adopter help Toby form a secure attachment?