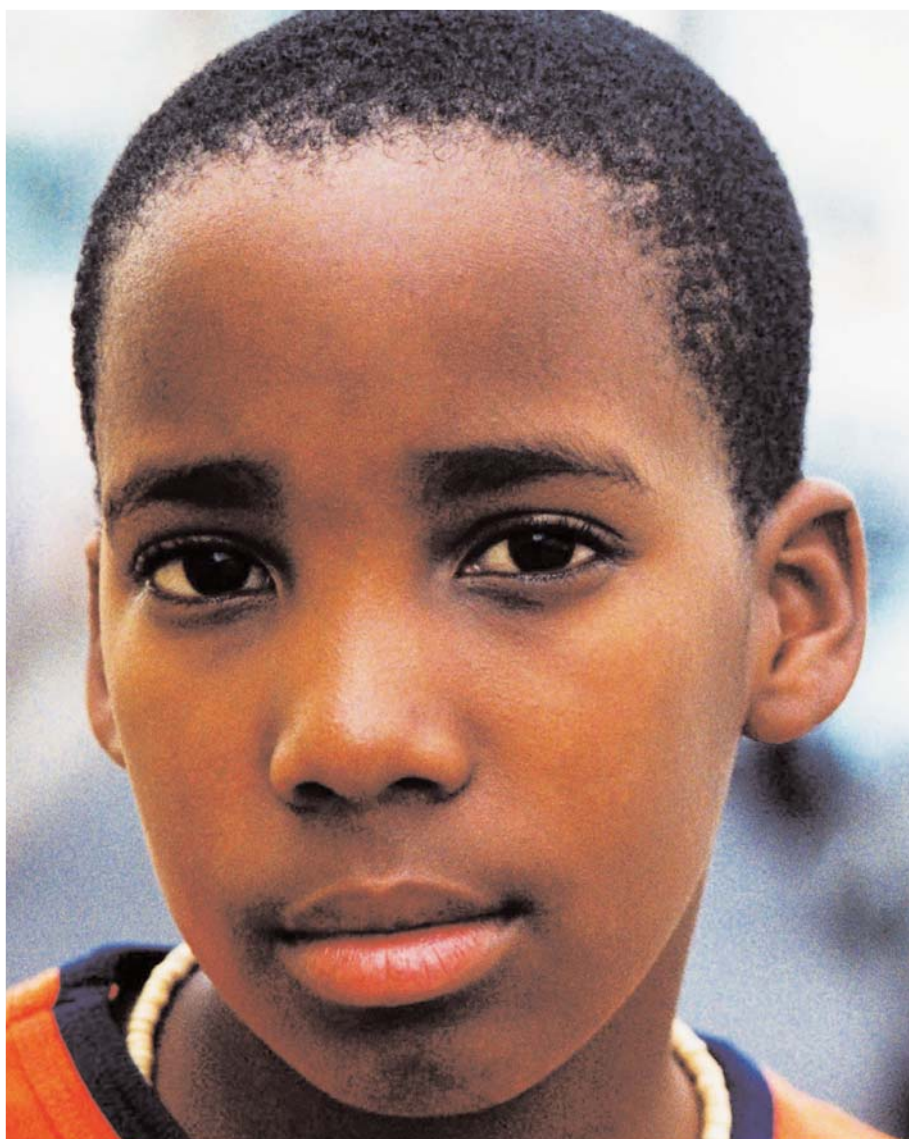


attachment



Anne Collis

the fostering network
the voice of foster care



Contents

	<i>foreword</i>	6
	<i>introduction</i>	7
chapter 1	<i>who cares about attachment?</i>	13
chapter 2	<i>key concepts, phrases and ideas in attachment theory</i>	21
chapter 3	<i>categorising attachment</i>	31
chapter 4	<i>fostering and attachment</i>	43
chapter 5	<i>what works</i>	53
chapter 6	<i>practical steps</i>	63
chapter 7	<i>I'm not a super-hero!</i>	73
chapter 8	<i>attachment and other topics</i>	81
	<i>conclusion</i>	91
appendix 1	<i>research tests for attachment categories</i>	94
appendix 2	<i>further reading and resources</i>	96
appendix 3	<i>references</i>	97
appendix 4	<i>the training, support and development standards for foster care</i>	103

Introduction

Johnny is on his tenth foster placement in three years. His violence is legendary. It wouldn't be so bad if it were predictable, but the anger and violence seem to explode from nowhere. His last placement broke down when he threatened his foster carer with a bread knife then threw a mug of boiling tea over her after she asked him to bring his clothes down for washing. Johnny is eight.

Venita, aged 14, has been with her foster carers for two weeks. She is a delightful, extremely helpful young woman. Her foster carers cannot understand why her previous placement was said to have failed because of difficult behaviour. They are worried because Venita says her previous carers were 'horrid to her' and 'always let her down'.

Emily, originally called Yeuk Ming, was adopted at the age of three from a Chinese orphanage. Five years later, her adoption has broken down and she is now with foster carers. She spends much of her time staring blankly ahead or rocking herself. When her foster carers try to hug her, she flinches. Her adoptive parents said she never seemed to bond with them or respond to them like a 'normal' child.

**What do all these young people have in common?
They all had inadequate care early in their lives.**

From birth, Johnny's mother used to switch between ignoring him, hitting him and demanding that he 'love' her. Sometimes she locked him in the house for hours or even days at a time and then he had to fend for himself.

Venita's father was her main carer because her mother walked out of the hospital after she was born, leaving her behind. Her father did his best, but had no experience of babies. When Venita cried, it brought back painful memories to her father of being left to cry when he was a child; the memories overwhelmed him so much that he would put on headphones to drown out the noise.

Emily was one of 40 babies being cared for by two members of orphanage staff. The staff changed regularly, and she never got to know any of them. They only had time to see to her basic physical needs, and she was often left dirty and hungry. At some stage she stopped crying and withdrew into herself.

You may recognise elements of Johnny, Venita or Emily in children and young people you have fostered. Sadly, many children and young people in foster care have had very damaging early care experiences.

However, it is important to remember that this is not true for all children and young people in foster care. For example, the son of a single parent who has just moved to a new town and who is rushed into hospital after an accident may need to be fostered for a short time. Or a family that copes well with their disabled child may need occasional foster care to provide a short break. Parents struggling with their own mental health problems might accept all the

help on offer, including using support care for times they know they cannot meet their children's needs.

Johnny, Venita and Emily all suffered because their first caregiver could not meet their needs. In Emily's case, there was simply no caregiver to whom she could form an attachment. For Johnny and Venita, the care they received meant they formed an attachment to their caregiver, but not one that allowed them to develop to their potential. For each young person, their current behaviour and development has its roots in the type of early care they received.

What is attachment?

A quick internet search shows 655,000 references to attachment just within the UK and a staggering 81,700,000 references worldwide. Of these, 2,840,000 are about 'attachment parenting', 578,000 are about foster care, 517,000 are about adoption and attachment and 235,000 about 'attachment theory'. There are 27,000 references to 'attachment therapy' which, according to Prior and Glaser (2006), does not even exist.

Attachment is quite simply a bond from someone who needs care to their caregiver. If the person needing care is scared, distressed or in danger, they will look to the caregiver for help.

In babies, attachment occurs regardless of whether or not the caregiver is any good at meeting their needs, as long as they can identify someone to latch on to.

Attachment can occur at any age, but by later years simply putting someone who needs care in the company of someone who wants to be a caregiver does not automatically result in attachment.

Attachment and foster care

As foster carers you may have the privilege of being the main caregiver in those first few years and helping give a child the best possible start in life. More often, you will have the challenge of helping to improve the outcomes for a child or young person who did not receive adequate care and so could not form a secure attachment to their caregiver in their early years.

Johnny, Venita and Emily, for example, will all need foster carers who understand enough about attachment to help them make sense of the children's behaviour. They are all at risk of multiple placement breakdowns. Understanding attachment and applying the principles in this book can make a real difference to whether a foster carer can provide a stable, secure placement (Golding, 2003).

This book starts by focusing on the first three years, because that period is so crucial for physical brain

Use of the term 'caregiver'

Attachment theory is not without its critics. Some of the strongest criticism comes from the feminist schools of thought, as the theory has been used to argue that no woman with a small child should work outside the home or spend time away from her baby. There was a presumption in early attachment work that the main caregiver will be the child's mother.

Even though the original researchers may have talked in terms of 'mother', this book has adopted the term 'caregiver' to recognise that whereas in the past the caregiver was usually the mother, alternative caregivers are now much more common.

development and seems to set a 'default' for how the child sees themselves, others and the wider world. However, it does not stop there, because attachments even in later childhood, the teenage years or adult life can transform a life that seemed doomed to failure.

The book does not address 'attachment parenting' and 'attachment therapy'. 'Attachment parenting' promotes a particular style of parenting which advocates say is essential for secure attachment. However, babies parented in other ways also develop secure attachment. There are many websites devoted to attachment parenting if you choose to find out more.

This book is not a guide to therapy. Some children and young people with unmet attachment needs will require therapy, and mental health professionals are the right people to be making therapeutic decisions. You will have an important therapeutic role, but under the guidance of a mental health professional.

As an aside, though, there is controversy about many of the therapies marketed as 'attachment therapy', commonly described on websites and practised by private therapists. The most controversial is 'holding therapy', which has resulted in a taskforce report commissioned by the American Professional Society on the Abuse of Children (Chaffin et al, 2006) which was highly critical of the theory and practice of this form of 'attachment therapy'.

Why has the Fostering Network published a book on attachment?

That is a very good question: after all, there are already many excellent books about attachment, several of which are written with foster care in mind (see *Further Reading and Resources*).

The aim of this book is to bring together in one place essential information about attachment that will help foster carers to improve outcomes for the children they care for. It aims to help you to develop your skills and confidence. Perhaps, most importantly, it will give you tools for your personal development. Throughout the book there will be references to how the theory or practice may apply to different types of foster care. There will also be opportunities to stop and reflect on your personal experience and your experience as a foster carer.

Research shows that children and young people with behaviours that have their origins in inadequate early care often face a bleak future (Howe et al, 1999). But it does not have to be that way. As the book unfolds, you will see that their future can be better if they receive the right interventions. For many of those children and young people, the right intervention is going to be the care that you provide for them, alongside the input from other professionals in the team around that child or young person. Understanding attachment will help you to make a difference to outcomes (Golding, 2003). You can be part of changing the course of a child's life.

The book is explicitly aimed at foster carers, although it will be of use and interest to others. *Further Reading and Resources* includes other books that you might find interesting. For more insights into therapeutic work, you might wish to read Hughes' book *Building the Bonds of Attachment*, Cairns' book *Attachment, Trauma and Resilience: therapeutic caring for children or* Howe's *Child Abuse and Neglect: attachment, development and intervention*.

A more academic approach can be found in Prior and Glaser's excellent book *Understanding Attachment and Attachment Disorders: theory, evidence and practice*. It is part of the *Child and Adolescent Mental Health Series* and provides an excellent overview of the research that has informed attachment theory over the years.

You may have a more general interest in attachment and foster care. Two names to look out for in the *Further Reading and Resources* and *References* appendices are Gillian Schofield and Mary Beek.

How this book is structured

Chapter 1, *Who Cares About Attachment?*, explains the importance of attachment to the whole of life. It gives an outline of attachment theory in relation to babies and toddlers, and looks at some of the different ways that attachment affects child development.

Chapter 2, *Key Concepts, Phrases and Ideas in Attachment Theory*, gives you more information about attachment theory and how it applies throughout life. It introduces some of the key concepts and ways attachment is talked about. The aim is to give you more insights and also to give you the ability to discuss attachment with professionals, using their language.

Chapter 3, *Categorising Attachment*, explains how attachment is categorised at different ages. It provides an outline of what a child or young person may be experiencing and how their development may be affected, depending on the quality of early care they received. It finishes by giving you some questions to think about, to help you decide if you are ready for the challenge of fostering a child or young person whose development has been seriously affected by poor early care.

Chapter 4, *Fostering and Attachment*, moves the focus on to how to apply the theory and ideas of attachment to foster care and, in particular, your role as a foster carer. It tackles some of the difficult issues such as when it is appropriate to encourage a child to form an attachment and how to handle the child or young person who is moving on from your care.

Chapter 5, *What Works*, covers two topics: the first looks at what attachment theory says will help improve outcomes for children and young people badly affected by their early care; the second topic looks at what kind of attitude and approach you need towards the child or young person to help them overcome their early experiences.

Chapter 6, *Practical Steps*, suggests some practical strategies for day-to-day life with a child or young person whose behaviour is challenging as a result of unmet attachment needs. It covers important areas like structure, control, choice and discipline.

Chapter 7, *I'm Not a Super-Hero!*, addresses the need to take care of yourself and others in your family. Any fostering is demanding. Fostering a child or young person seriously affected by unmet attachment needs can stretch you beyond your usual limits. This chapter explains why this is so, and suggests ways to reduce and handle the stress.

Chapter 8, *Attachment and Other Topics*, touches on the relationship between attachment and some of the topics covered in other books in the Fostering Network's *Pathways Through Fostering* series.

The book finishes with a conclusion, description of research tests, further reading and resources and a detailed list of references.

things to think about...

Before reading this book, you need to be aware that it may raise personal issues for you. You may gain new and possibly painful insights into your own relationships, attachment history and internal 'map of the world'.

Understanding yourself better may be challenging, but it is the key to building a more effective and enjoyable relationship with the children and young people you care for.

Appendix 4: The Training, Support and Development Standards for Foster Care

Attachment provides a solid foundation for considering the issues of attachment in relation to the Children's Workforce Development Council's seven standards (England, 2007).

Standard 1 Understand the principles and values essential for fostering children and young people	Reinforces the importance of respecting and accepting each child and helping them develop a healthy self-identity.
Standard 2 Understand your role as a foster carer	Presents the foster carer as an integral part of the professional team working with fostered children and young people.
Standard 3 Understand health and safety and healthy care	Discusses children's mental health, promotes resilience, and identifies ways to manage attachment-related behaviours that may place children at risk.
Standard 4 Know how to communicate effectively	At all points, emphasises the role of communication in promoting attachment and supporting children who have poor attachment patterns.
Standard 5 Understand the development of children and young people	At all points, underlines the links between attachment and development of both the brain and the person.
Standard 6 Keep children and young people safe from harm	Considers how poor early caring results in harm, and considers ways to keep the child or young person, foster carer and foster carer's own children safe.
Standard 7 Develop yourself	Discusses why and how to seek support for yourself and other members of your family, and provides suggestions on developing yourself.