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Developing Relationships

Introduction

This chapter will set out the underpinning theoretical framework for the book. It will explore attachment theory and draw out issues of particular interest for social work practice.

Why attachment theory?

In an exploration of the nature of social work knowledge, Imrie (1984) asserts that 'social workers must know themselves and how to use these selves in *relationships* with other selves' (p.44). She emphasises the importance of relationships as fundamental to the human condition as well as to the helping process.

Knowledge about the nature of relationships is relevant in two ways: first, in terms of the children social workers deal with and, second, in terms of their own working relationships with children and their families. This factor contributes to the decision to select *attachment* theory as the underpinning theoretical model for the book. Several elements of attachment theory as developed by John Bowlby and subsequently Mary Ainsworth can be seen as particularly helpful in understanding developmental issues for social work practice (e.g., Ainsworth *et al.* 1978; Bowlby 1969 and 1988).

Attachment theory involves the study of human relationships, especially early, formative relationships. Further, the theory asserts that there is a biological imperative for infants to form attachments and that they exhibit attachment behaviours to promote attachment. In this sense attachment behaviour can be viewed as survival behaviour. The theory relates the quality of such early attachment relationships to emotional functioning throughout life. That is, it asserts that the development of self as a socio-emotional being

is mediated by relationships with other people, which in turn are mediated through communication.

Attachment theory also relates language, cognitive and moral development to the quality of early attachment relationships. An understanding of the theory of these developmental dimensions should therefore provide a good basis for assessing the possible effects on a child's development where attachment relationships are inadequate.

Much research based on attachment theory directly aims to further an understanding of the factors that contribute to difficulties in parent-child relationships. For example, the empirical work of Ainsworth described below has demonstrated that infant attachment behaviours can be classified as being indicative of either secure or insecure attachment. Further, an association exists between experiencing secure attachments and healthy emotional development. An understanding of the theoretical and empirical links between patterns of attachment and healthy development should help social workers in assessing the quality of a child's relationships. This directly relates to one of the specific aims of child protection, that is, to protect children from situations where caregivers, who may often be the main attachment figures, cause harm to their children either by commission or omission.

Finally, the principles of attachment theory are also relevant to a wider and more positive aim of child care and protection, namely, to promote the well-being of children.

Attachment theory can therefore provide a helpful model for the analysis of the relationship difficulties of families referred to social workers (Howe 1995). In addition, it can also offer a model for understanding therapeutic relationships because it allows for the potential for change mediated through new and healthy attachments. First, one of the fundamental elements of effective casework practice is working towards the establishment of positive relationships with children and families. Communication problems can often be characteristic of families in difficulty (Central Council for Education and Training in Social Work 1991a). These communication problems may be indicative of relationship problems. Social workers therefore need to use their skills in communication for the establishment of relationships and the promotion of change. Second, social work practice aims to promote a human environment for children that consists of at least one positive attachment relationship.

Further discussion of the applicability of attachment theory to social work practice can be found in David Howe's book on the subject (Howe 1995).

Activity 2.1

The word 'attachment' is used regularly in practice. There is an assumption that everyone means the same when they use it, is this the case?

1. First note down your own understanding of the concept, then compare this with other people's definitions.
2. What do you think the general population understands by the meaning of attachment?

Fahlberg uses as her definition of attachment, 'an affectionate bond between two individuals that endures through space and time and serves to join them emotionally' (Klaus and Kennell 1976; cited in Fahlberg 1994, p.14). She (Fahlberg 1988 and 1994) notes that attachment helps the child to:

- attain full intellectual potential
- sort out what he or she perceives
- think logically
- develop a conscience
- become self-reliant
- cope with stress and frustration
- handle fear and worry
- develop future relationships
- feel less jealousy.

At its extreme, lack of attachment is associated with problems with:

- conscience development
- impulse control
- self-esteem
- interpersonal interactions
- emotions

- cognitive skills such as understanding cause and effect and using logical thought
- general behaviour
- gross and fine motor control
- personal and social development
- consistent development of different skills.

The main components of attachment theory

Humans appear to have a basic propensity to make intimate emotional bonds. Bowlby stresses a biological need to seek and maintain contact with others, an impulse to maintain closeness, to restore it if impaired and the need for a particular person if distressed. This process begins in infancy, but continues throughout life.

In order to explain early attachment behaviour Bowlby looked beyond traditional theories that focused on physical care of the infant as the basis for bonding. He particularly drew on ethological theories which stress the importance of considering animal behaviour within the context of the environment. Ethology considers behaviour to have adapted to fit the environment. Thus he considered human development from a biological basis and postulated that emotional bonds have a biological and adaptive basis. This readiness to make these bonds forms a basic component of human nature. In addition, the need to explore the world, which underpins development of understanding is also seen as innate (Bowlby 1988). For the purposes of child protection it is the human environment that is crucial.

Holmes (Holmes 1993) summarises the main components of attachment theory:

- The *primary attachment relationship* is not necessarily dependent on feeding the infant. It develops around seven months and the main evolutionary function was protection from predators.
- The attachment relationship is demonstrated by the manifestation of *proximity seeking* when the infant is separated from the attachment figure. Proximity seeking can be seen in older children and in adults at times of stress and threat.
- A secure attachment relationship creates a *secure* base from which a child feels safe to explore the world.

- If separated from an attachment figure, infants and young children exhibit *separation protest* which involves the expression of distress and urgent efforts to be reunited with the attachment figure. Permanent separation from the primary attachment figure can impair a child's security and the associated exploratory behaviour.
- On the basis of early attachment experiences an *internal working model* develops which acts as a template for other relationships.
- Attachment behaviour continues throughout life, and develops from *immature dependence* on caregivers to *mature dependence* on friends and partners.

Social workers often encounter children who, despite abuse or neglect by their parent or main carer, nevertheless demonstrate strong attachments to them. It is often difficult to fully accept the extent of such loyalty and attachment, especially in cases where the impulse is to 'rescue' them. However, an appreciation of the instinctual and biological basis for making attachments can help with understanding how deep the ties go. The need for an emotional base is a primary emotional requirement and even the shakiest of bases will be clung to instead of the unknown. If faced with the prospect of separation from parents with little understanding of what may be the alternative, even very ill-treated children can show separation protest and anxiety.

An appreciation of the complexity and depth of children's ties to their caregivers is the main message that can be drawn from attachment theory for social work practice with children. This does not mean that children should never be separated from adults they are attached to; clearly there are situations where this is necessary. It does, however mean that attachments, even apparently damaging ones, must be treated with respect because of their importance to the child.

How does attachment develop?

Attachment develops as a result of the interactions between the carer and the child. These interactions may be initiated by the child and by the carer (Fahlberg 1994):

The arousal-relaxation cycle

When a baby experiences displeasure or tension they do everything they can (either consciously or unconsciously) to let people know, by crying, squirming and so on. During times of discomfort they are too preoccupied to be able

Activity 2.2

Consider the situation of children being looked after by foster carers or in residential settings:

1. How might the above concepts be helpful in understanding some of the range of behaviours shown by such children?
2. What messages for practice can be taken from the concepts?

Hints for answers

Children in care are likely to be living away from the person to whom they have their *primary attachment relationship*. If this is the case, every effort must be made to promote regular and meaningful contact. For a child with no primary attachment relationship intervention needs to be focused on helping them to develop one.

The most obvious manifestation of *proximity seeking* would be running home. Children who make frequent attempts to run home may need support in finding other ways to maintain proximity, perhaps by using a telephone. The level of contact would also need to be considered as it may be insufficient for the child.

The link between the presence of a *secure base* and active exploratory behaviour may explain why some children being looked after away from home are reluctant to take part in what are planned as fun activities. This would indicate that attention should be paid to the child's need for security.

Expressions of grief and anger are manifestations of *separation protest*. They need to be recognised as a natural part of attachment behaviour. (See Chapter 4 for a detailed discussion of separation and grief.)

The theory of *internal working models* suggests that children develop a template for relationships based on early attachment experiences. This pattern may then form the basis for their interactions with others. So, for example, children who are used to making aggressive demands in order to be noticed may transfer that behaviour to carers. This area will be discussed in detail in Chapter 8.

Young people may approach leaving care in different ways. Some may be determined to be totally independent in a way that suggests problems with *mature dependence*. Others may react with the opposite extreme of *immature dependence*. These patterns underline the crucial importance of early planning for a young person's transition to adulthood.

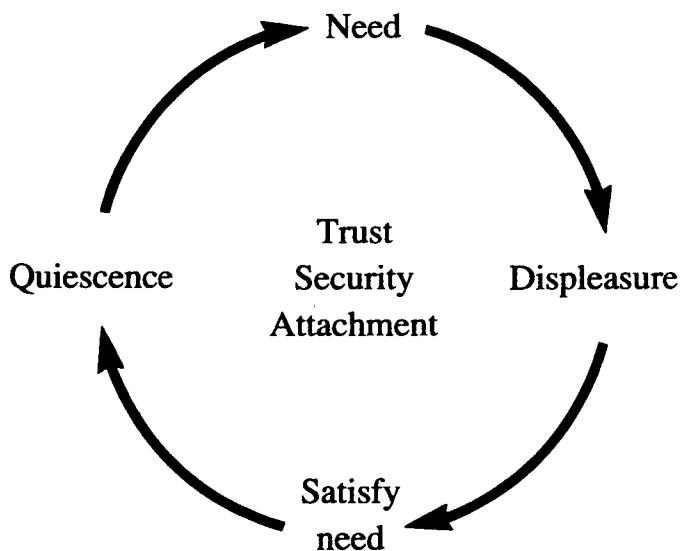


Figure 2.1 The 'arousal-relaxation cycle' (Fahlberg 1994), showing a successful interaction between a caregiver and child, as initiated by the child

to take in much from their surroundings, thus their development in other spheres is suspended. The carer's role is to help meet the need and help the child return to a state of quiescence (see Figure 2.1).

The positive interaction cycle

As well as responding to the child, a carer needs to initiate interaction with the baby. This initiation of social contact must be sensitively tailored to the child. Some children, who are by temperament more shy, do not respond well to loud and sudden adult contact and some babies are happier with physical contact than others. If the adult initiation of contact is appropriate, then a cycle occurs that promotes attachment (see Figure 2.2).

Mary Ainsworth's classic studies (see, for example, Ainsworth *et al.* 1978) on attachment showed, through her 'strange situation' research, that it was possible to characterise different qualities of attachment. She set up an experiment with toddlers which involved them being observed with their mothers; during separation from their mothers; in the presence of a stranger; and on reunion with their mothers. She found that children's responses

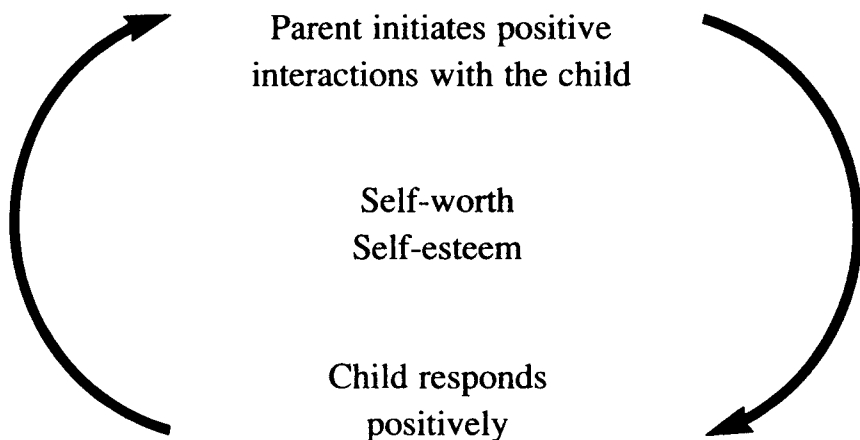


Figure 2.2 The 'positive interaction cycle' (Fahlberg 1994), showing a successful interaction between a caregiver and child as initiated by the adult

appeared to fall into different kinds that she attributed to the type of attachment between the child and mother. (These studies and the majority of replications have been carried out with mothers only.)

About two-thirds of the children showed behaviour (described below) that Ainsworth described as consistent with *secure* attachment (also known as type B). The others showed responses that indicated *insecure* attachment. She subdivided insecure attachment into type A – 'anxious avoidant' (also known as 'detached') and type C – 'anxious resistant' (also known as 'ambivalent'). Since Ainsworth's earlier studies, a further pattern has been described, type D – 'disorganised/disoriented'.

The different names for the categories can be confusing. However, whatever labels are given, the basic categories continue to be used extensively. Ainsworth's studies were carried out with mothers, as was most of the subsequent work on early attachment. In brief, the categories can be described as follows:

Secure attachment (type B)

Toddlers explore actively when their mother is present and are upset at her departure and stop exploring. They show strong interest in interacting and closeness to her when she returns. They cling to the parent in the presence of a stranger. At home, those securely attached cry the least and appear the least anxious and uncooperative. Typically the mother's behaviour (as observed in these studies) is described as positive, sensitive and encouraging of close physical contact.

Anxious avoidant insecure attachment (type A)

Toddlers show little distress at separation, avoid contact with the mother on her return, some ignore her. They react to a stranger in the same way as to the mother. Typically the mothers' behaviour is described as relatively cold, angry and rejecting.

Anxious resistant or ambivalent insecure attachment (type C)

Toddlers are anxious before separation from the mother, very upset during it, and ambivalent during renewed contact, seeking and resisting contact. At home these children cry more, show more general distress and are negative about physical contact. The mother's behaviour appears warm, but she is less sensitive to the baby's signals, responding at inappropriate times.

Disorganised disoriented insecure attachment (type D)

Toddlers show contradictory behaviour patterns, e.g. gazing away while being held, resistance plus avoidance and unusual expressions of negative emotion.

These categories are commonly referred to in child development and practice literature. However, Downes (1992) describes a type of anxious attachment that is not quite the same as the types described above. In this type, the child has an *anxious preoccupation* with the availability of the carer. It is clearly an insecure type of attachment with anxiety as a crucial element.

Subsequent studies have suggested that insecure attachment is more likely to be demonstrated in children growing up in families in poverty, with a history of abuse or where the mother is depressed (Bee 1995; Cicchetti and Barnett 1991; Spieker and Booth 1988). Such circumstances have the potential to undermine the parent's ability to offer security to the child, but the association is by no means inevitable.

Ainsworth's findings have been replicated many times and the categories she described have been observed in other research settings. Empirical studies are obviously carried out in what can appear to be fairly artificial circumstances. Such careful manipulation of the child's environment is not feasible in practice settings. Individual children can also vary considerably in their attachment behaviours depending on such factors as the amount of contact they have with other adults and so on. However, the distinction between secure and insecure attachments is one that can be very helpful for practice. It provides a basis for assessment of the quality of attachments and for the recognition of areas of difficulty.

Many natural opportunities to observe attachment patterns can arise. It is often points of separation and reunion that provide the most insight:

- Nursery staff, creche workers and so on will often be in a position to observe reunions with caregivers. They will see if a child appears regularly to show no particular interest in the reunion, thus suggesting a possible avoidant attachment (type A).
- Similarly, if a child constantly shows very clingy behaviour during separation and cannot be soothed even in a familiar environment and then shows ambivalence at reunion this would suggest a anxious resistant pattern of attachment (type C).
- Although it can be gratifying if a child is responsive to adults, it can also feel disturbing to encounter a child who seems to be indiscriminate with affection. So, if on a first visit to a family the young child immediately comes to you and sits on your lap it may mean that they are very confident with strangers, but it may be indicative of a less than secure attachment to their primary caregiver.
- Similarly, if a child moves from home to foster parents, shows no apparent distress and immediately transfers their attachment behaviour to the foster carers, this would suggest a lack of a secure attachment.
- Finally, it is important to remember that children encountered in practice may have very secure attachments (type B). Such children will show distress at separation and pleasure at reunion and are likely to take longer to make new relationships.

Activity 2.3

1. Observe the interaction between a parent or significant carer and a child of any age.
2. Note down observed behaviour in two columns, 'behaviour of child' and 'behaviour of adult'.
3. Can you, categorise the type of attachment from the observed behaviour?

Attachment does not depend on physical care

As attachment develops, so by extension does fear of strangers and separation fear. By two weeks babies can show some aversion to strangers and recognise the main carer. They can show upset if cared for by a stranger. By 14 weeks they tend to stare at strangers, by four to five months they can freeze when approached by strangers, sitting very still and breathing shallowly in a way that suggests fear. By eight months babies demonstrate more extreme stranger fear which then begins to fade. This behaviour is less marked in situations where the child is accustomed to being in the presence of larger numbers of people. Fear of a stranger is less when in a foreign environment. Presumably a strange person is less frightening than an unfamiliar place. Similarly, separation anxiety builds up during the first year of life and declines during the second year (Bower 1977).

If it is accepted that separation anxiety is an indication of a strong attachment, then it can be used as measure of who the child is attached to. Bower (1977) cites a number of studies that support the contention that the development of attachment is not dependent on the physical care of the infant, including one in which 20 per cent of the babies observed showed separation anxiety towards someone who took no part in their physical care whatsoever (Schaffer and Emerson 1964).

What does appear to relate to the strength of attachment is social interaction. Babies show a tremendous readiness to communicate and respond to joint play and social interaction. From birth their behaviour leaves openings for communication. If someone sensitively picks up on those openings then a complex pattern of communication develops, which by seven months can be quite specific to a particular pair (Trevvarthen 1977). Some argue that it is the role of the adult to pitch communications just in

advance of the baby's abilities in order to encourage their development (Meadows 1986). Not only does sensitive communication support the development of attachment, it also provides the infant and young child with skills for communicating about their needs:

As the secure child continues to try out conversational skills in this atmosphere of open communication, he or she learns that expressing emotions can be a constructive way to get one's needs met. In addition, over time, the child gains further confidence in using language to verbalise goals and feelings. The secure child may also have a greater capacity to attend to the caregiver's signals and goals without fear of a negative response, to accommodate to the wishes and needs of others, and to negotiate about issues and problems. (Feeney and Noller 1996, p.111)

Thus there is an interactional, reciprocal relationship between attachment and social and emotional development. When assessing children in difficulties the quality of their human interactions must be considered.

Effect of child on attachment patterns

So far the descriptions of attachment have focused more on the caregiver's role. However, there is considerable evidence to support the idea that the baby as an individual has an effect on the process of attachment. For example, Fahlberg (1994) notes that premature babies do not always respond to environmental stimuli in the same way as full-term babies and therefore do not promote the arousal-relaxation cycle. Premature babies may also respond differently when lifted, for example, by stiffening and arching away.

There is more information on the effects of different temperaments in Chapter 6, but, in summary, researchers have been able to identify basic temperamental 'types' which will affect the interaction between carer and child. There are two commonly used models of classification of infant temperament. The first refers to particular 'types' of temperament:

- an *easy* child usually seems happy, readily establishes routines, but can also adapt to new experiences
- a *difficult* child, cries a lot, will not settle to a routine and does not adapt well to changes
- a *slow-to-warm-up* child is more passive, negative and less adaptable than the easy child.

The rest of the infants show combinations of traits (Chess and Thomas 1977).

The second model refers to dimensions on which infants can be measured:

- *Emotionality* is the dimension of arousal to stimuli. Those who are high in emotionality tend to respond with strong expressions of distress, fear or anger.
- *Sociability* measures the extent of the tendency for infants to prefer the company of other people to being alone. Those who are high in sociability respond warmly to people and initiate social contact.
- *Activity* level involves tempo and vigour of movement. Some infants are more active, often providing their own energy, others are more passive and need carers to stimulate them to activity (Buss and Plomin 1984).

A mismatch of temperament between the carer and child can be the source of some enduring difficulties:

Imagine a highly-strung parent with a child who is difficult and sometimes slow to respond to the parent's affection. The parent may begin to feel angry or rejected. A father who does not need much face-to-face social interaction will find it easy to manage a similarly introverted baby, but he may not be able to provide an extroverted baby with sufficient stimulation. Parents influence infants, but infants also influence parents. Parents may withdraw from difficult children, or they may become critical and punish them; these responses may make the difficult child even more difficult. A more easy-going parent may have a calming effect on a difficult child or may continue to show affection even when the child withdraws or is hostile, eventually encouraging more competent behaviour. (Santrok 1994, pp.334-335)

It is possible to recognise problems in parent-child or foster parent-child relationships that can be pinpointed to such a 'lack of fit'. Sometimes simply using this form of analysis can help when assessing attachment problems that may have developed from very early on. It can also help explain why a parent may have difficulties in their relationship with one of their children, but not another. This issue is returned to again in Chapters 3 and 6.

Endurance of attachment patterns

There is evidence that a pattern of attachment established during childhood can be enduring and may eventually become a feature of the way the child, young person and adult interacts with other people. In other words, the *internal working model* which develops as a result of early interactions influences later relationships. For example, quality of caregiver behaviour at six months predicts attachment behaviour at three years, even towards another sibling. Children presenting a secure attachment relationship are less likely to show high dependency on the carer in social interactions with other children at four to five years. Those with insecure patterns are more likely to show less positive attitudes with peers and increased behavioural and social difficulties (Sroufe and Fleeson 1988).

There is debate about the extent to which internal models are open to change as a result of later experience. There is also debate about whether it is possible simultaneously to hold different internal models resulting from different early relationships. All of these factors can help with the assessment of the difficulties of children and young people who have experienced troubled family relationships. Often young people's responses to others appear to be the automatic expressions of established patterns, that recreate problematic interactions and serve to fulfil negative self-images. At the same time, the potential for change through therapeutic insight and different experiences of relationships provides an avenue for intervention. There is further discussion of this issue in Chapter 8.

Hazards of uncritical use

Using attachment theory is not unproblematic. Two possible hazards of uncritical use of attachment theory will be described, as well as a description of how the book addresses them:

Sexism and racism

Attachment theory has been the subject of extensive theoretical exploration and multi-cultural empirical research. This has enhanced understanding of the importance of multiple attachments for children's development as well as the extent to which children's emotional needs can be met within different family structures. However, despite these refinements, ideas based on popular misconceptions of attachment theory can and have been used in a way that is oppressive of different cultures and of women.

Bowlby's work has been most influential in the development of attachment theory (see, for example, Bowlby 1969), and it was his original emphasis on the role of the mother as the primary attachment figure that has been used by those who hold women responsible for all aspects of a child's development. Despite Rutter's influential critique of the issue of maternal deprivation (Rutter 1981), which asserts that the quality of the attachment relationship is more important for a child's healthy development than the need for the mother to be the primary attachment figure, this ideology still pervades much child development research.

Further, despite the CCETSW requirement that social workers must be able to 'demonstrate anti-sexism in social work practice' (CCETSW 1991b), it is mothers who still bear the brunt of social work intervention (Wise 1985). As Swift (1995) points out in a study of child neglect: 'In both popular and professional understanding, the mother's quality of attachment and by implication her quality of care are connected to her child's development all through life' (p.97).

Similarly, attachment theory can be linked with an assumption that the 'traditional' nuclear family provides a superior child-rearing environment. This, in turn can devalue cultural and ethnic variety in family structure, despite the evidence that children can develop successfully in many different family structures. The political and majority emphasis continues to be on a Western model of the nuclear family which is not the experience of many children (Gambe *et al.* 1992).

Describing the importance of early close relationships is not the equivalent of prescribing the nature of family structure. Although young children can be seen to possess universal needs for nurturance, these can be met in different ways (Devore and Schlessinger 1987). One study found that children in six different cultures demonstrated the same universal characteristic of dependence, but that the length of time they remained dependent varied according to culture, as did the extent to which those other than the mother met some of their dependency needs (Whiting and Edwards 1988). In summary:

Although some basic needs are universal, there can be a variety of ways of meeting them. Patterns of family life differ according to culture, class and community and these differences should be respected and accepted. There is no one, perfect way to bring up children and care must be taken to avoid value judgements and stereotyping. (DoH 1989, cited in Gambe *et al.* 1992, p.33)

The aim of this book, therefore, is to draw ideas from child development research of relevance for practice in such a way as to retain the important elements of attachment theory for understanding the development of individual children, without reinforcing the emphasis on the exclusive role of mothers or upon the 'traditional' nuclear family. The book draws from Garbarino's work in asserting that when assessing the emotional development of children the starting point must be the *child's experience* of adult behaviour (Garbarino 1980).

Context of parenting

There is a danger that attachment theory can lead to a crude, simplistic psychodynamic model of family pathology which takes no account of the impact of the wider context upon parenting. Such a model does not match the experience of social workers which daily brings them face to face with the negative effects of poverty and deprivation upon families. Parton (1995), for example, argues that families characterised as neglectful can be recharacterised as families in need once the effects of disadvantage and deprivation are taken into account.

Assessment must explore the layers of influence upon the developing child. While attachment theory can be used as the basis for understanding individual development, emphasis must also be given to the resources and environment within which relationships are established. By the same token, it is essential to explore the extent to which close attachment relationships can mediate the impact and influence of the wider environment on children.

A framework for the assessment of a child's protective environment will need to acknowledge the part played by the state and society in general, the part played by the community within which the child (or children) live and the part played by the individual family in mediating access to formal and informal resources and supports for both child and carer. (Boushel 1994, p.179).

Social network theory and the ecological approach

Social network theory (Lewis 1994) indicates that there is little data to suggest that a relationship with the mother is the only important one for a child and suggests that rather than looking for a single primary attachment, assessment should take account of the attachment network. For each child there may be a large number of possibilities for attachments. The kind of attachment can be different for different relationships. Lewis also argues that

children demonstrate a dual system of needs for both peers and adults from the beginning of life. So it may be better to see peer (and sibling) relationships as developing in parallel with parent relationships, not simply building on a primary relationship. He points out that most of us 'fondly remember objects and places we were attached to as young children, as well as a variety of people. Can we not each remember someone who was very important in our life other than our parents?' (Lewis 1994, p.49).

This framework enables a broader perspective to be taken on a child's human environment. Historically, it has not always been assumed that mothers should provide full-time care, and women have often been economic providers as well as parents. Historical and cross-cultural research shows that infant rearing has nearly always been shared with other adults and often with other children (Goldsmith 1990; Scarr 1990). Children are successfully reared in a huge diversity of situations (Stainton Rogers 1989). Research shows no difference in rates of secure attachment to mothers between infants in full-time day care and those at home. Again attachment is shown to be facilitated by attentive, responsive caregiving, whether by mothers or others (Scarr 1990). Work on fathers' roles has also demonstrated that fathers can have a direct influence on development. One study reported that children brought up in families where fathers stayed at home and took the principal caring role demonstrated secure attachment behaviours in relation to their fathers (Geiger 1996). Dunn's extensive work on a child's relationships with those other than the parents, and especially relationships with siblings describes how even very young children have a sophisticated social understanding and awareness and are sensitive to other people's moods (Dunn 1993).

Throughout the rest of the book, child development is considered within the context of the child's significant relationships including those with:

- mother
- father
- siblings
- extended family
- neighbours
- peers
- school teachers
- hobby groups and club members.

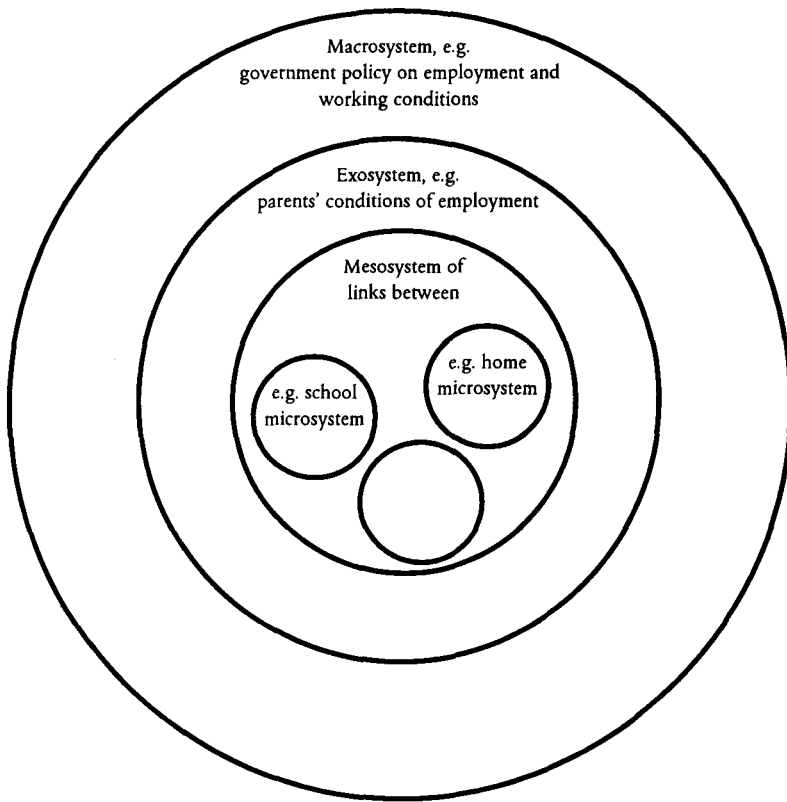


Figure 2.3 Showing Bronfenbrenner's (1989) ecological framework (from Smith and Cowie 1991)

- members of religious organisations
- friends and so on.

This approach requires that the child never be assessed in isolation and as such is consistent with an *ecological* view of child development as advanced by Bronfenbrenner (1989). It recognises that children do not grow up in a vacuum. Instead each child can be seen to be in the centre of a number of concentric circles (see Figure 2.3).

Immediately surrounding the child are *microsystems* which comprise family (or alternative family) and others with whom the child has most immediate, direct contact. Attachment networks as described above would be examples of microsystems. In turn, the microsystems are embedded within

exosystems which have an indirect influence upon the child. Examples of exosystems would be a parent's workplace or the parents' friendships. The *macrosystem*, which has influence over exosystems and microsystems comprises the wider political and cultural context. The economic situation, type of housing, ethnicity and so on, would all be part of the macrosystem. All these layers of influence help to shape the child's development, directly and indirectly. Ethnically sensitive practice is entirely consistent with an ecological approach that strives to improve the extent to which the material and social environment meets a person's needs (Devore and Schlessinger 1987). As stated in a code of practice for race and child protection:

Ethnicity is a concept which belongs to everyone. All practice should be seen in the context of class, race and gender, which in combination will show the uniqueness of all experience. Ethnically sensitive practice is not a 'sideline' or an addendum – it needs to permeate practice at all times and at all levels. (Baldwin, Johansen and Seale 1989/90, p.19)

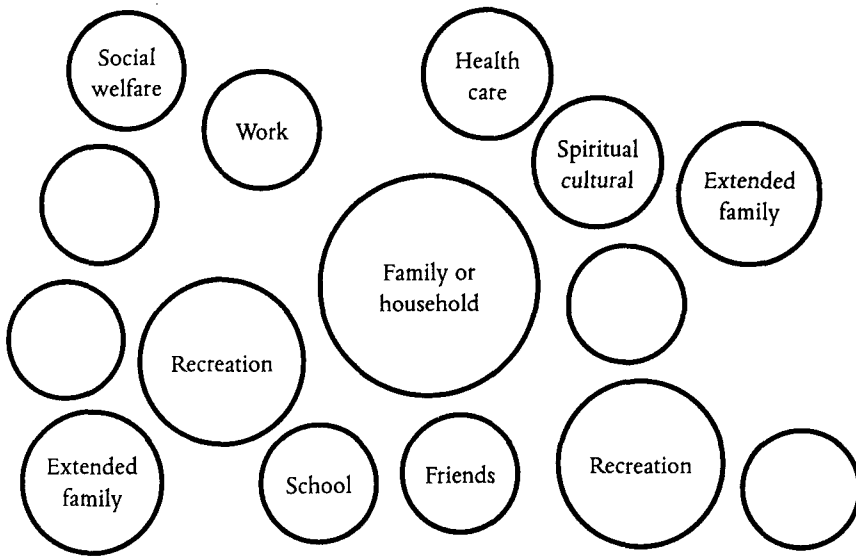
The ecological approach to child development suggests that detailed assessment of all aspects of a young person's situation, which includes consideration of all levels, including the wider impact of adversity such as racism and material resources, is essential for the planning of intervention with young people. This assessment must begin with the young person and their past and current experience.

Activity 2.4

Consider a child on your caseload.

Using the social network approach, map out each important relationship the child has. If helpful, use the ecomap provided (Figure 2.4).

1. Note what needs of the child are being satisfied by these different relationships.
2. Consider the implications for the child and adult when only one person is available to meet all the child's needs.



Fill in connections where they exist. Indicate nature of connections with a descriptive word or by drawing different kinds of lines: ——— for strong, - - - - - for tenuous, + + + + + for stressful. Draw arrows along lines to signify flow of energy, resources etc. → → Identify significant people and fill in empty circles as needed.

Figure 2.4 The ecomap can be a useful tool for mapping out the important relationships in a child's life (Hartman 1984)

Attachment disorders

The issue of attachment disorders is extremely complex and will be revisited in later chapters. Attachment problems can arise from either having an insecure type of attachment to a primary carer, and/or to attachment being interrupted in some way. Fahlberg (1994) cites Bourguignon and Watson's (1987) descriptions of three forms of attachment disorder which may be exhibited in different ways including psychological disturbance, behavioural problems, cognitive problems and developmental delays:

- The *traumatised* child, resulting from serious trauma in an early relationship which leads to a lack of trust or hope of making new attachments.
- The *inadequately* attached child, whose primary attachments were interrupted, unhealthy or intermittent and who has difficulty making new relationships.
- The *non-attached* child, which is the most severe as the child has been deprived of the opportunity to make a primary attachment.

Children who have experienced troubled or distorted attachment relationships will have great difficulty in forming healthy relationships. They may have problems with empathy and with showing affection. They behave immaturely and appear very self-centred. Because it is through early relationships that children learn social emotions, they may exhibit problems with conscience (see Chapter 7 for more on conscience development). Attachment for these children has meant pain and therefore their behaviour may well be aimed at keeping emotional distance in order to prevent further pain (Fahlberg 1994).

Binney, McKnight and Broughton (1994) have drawn on attachment theory to devise a therapeutic group-work programme for four- to seven-year-old children manifesting 'serious and global relationship problems at home and at school'. The children referred for such help were frequently being cared for by a single mother whose parenting was described as either rejecting or extremely over involved and guilt ridden. The mothers themselves had troubled lives and high levels of stress.

A summary cannot do the programme full justice, but briefly the therapy involves a structured programme that gradually moves from light contact group games through to more intimate activities between mother and child dyads. The groupwork is highly structured and therapists endeavour to act as secure bases for both parents and children. At the first stage group games such as grandmother's footsteps and paired games such as mirroring are used. By the final phase more intense pair games such as face painting and cradling while singing nursery rhymes are used. In addition a mothers' talk group is held to allow the parents to work out their own issues about the child's behaviour and their own experiences of having been parented.

An evaluation of one such programme suggested significant success, with one mother saying

We loved each other, but he didn't class me as his boss. I was just his [first name] ... I feel more like his mum now; before I was more like his sister ... I couldn't tell him what to do; he'd just turn around and say 'no way' ... He's calmed down a lot since I've been going there. It's amazing. (p.58)

In summary then the above suggests that not only can attachment theory be used to explain particular patterns of challenging behaviour in children, but it can also be used as a basis for intervention. Practitioners should also consider the use of such techniques with other significant adults in a child's life, not exclusively mothers.

Activity 2.5

Read the case study and answer the questions that follow.

Case study

Susan, aged two years, and Martin, aged three years, have been in their current foster placement for 12 months. They were abandoned at the social work office by their mother, Mary, who declared herself completely unwilling and unable to care for them. She has recently stated that she wishes them to be adopted together and that she will support such a plan. She wishes no continuing direct contact, but has offered to provide information for the department to pass on to the new family.

Mary has never actually lived with the children's father, Fraser, and during the early months of Martin's life, struggled with even the basic elements of care. Martin was a poor feeder and slept fitfully. Mary frequently left him with friends and neighbours during his first ten months of life. She says that she never felt close to him and was desperate in the early months of her pregnancy with Susan, fearing the increased demands of another small baby. When Martin was a year old, Mary requested that he be accommodated for the first time and a short placement of three weeks was followed by a return home. He had short periods with two other sets of carers in the ensuing twelve months. All carers found him extremely demanding in terms of their time and energy, principally because he rocked and banged his head and slept only briefly.

Martin's current carers confirm this to be a picture of Martin when admitted to their care a year ago. He was initially almost impossible to comfort when distressed and would go to any adult indiscriminately. He was unresponsive at other times, vocalising very little and stiffening when held. Since then he has begun to talk in short phrases, recognises his primary carers clearly and now expresses both distress at separation and relief at reunion. He is now beginning to explore his physical environment, but only in a tentative way. He panics and screams if separated from carers in an unfamiliar setting and still needs almost constant reassurance.

Martin is, however, also beginning to be reassuringly oppositional and this takes the form of 'nipping' his sister and having screaming tantrums. Susan, by contrast, was described as an 'easy' baby who was cared for little by her mother and was left for most of her first year with a paternal aunt who provided good care but was unable to continue. Not long after she returned Susan to her mother, both children were accommodated together.

The current carers say Susan was anxious and distressed in a healthy way for the first few months but has now made a warm and close attachment to them. She too is going through the stage of challenging and saying 'no'. She is achieving all her developmental milestones.

1. What would be your assessment of Martin and Susan's early attachments?
2. Are there any parts of the early attachments that could be maintained?
3. What advice would you have given the current carers to support them in helping both children develop more healthy attachments?
4. How might a move from the current carers be planned so as to take account of the individual needs of both children?

Hints for answers

Martin's early life has been extremely disrupted. He has had four care placements in total as well as many changes of caretaker during his first year. The last year has been the longest continuous period with one set of caretakers. Evidently his mother does not feel a strong sense of bonding with him. It appears that he did not have the opportunity to develop a secure attachment for at least two years. He now seems to be developing an attachment to his current carers, but judging by his reaction to separation his internal working model is one of mistrust. He may be developing an attachment to Susan.

Susan's early experience was less disrupted, as she spent a year with an aunt to whom it can be assumed she was attached. The move home from her aunt and the subsequent local authority accommodation will have been traumatic separations for her. However, she now seems to be attached to her current carers.

Although their mother is not expressing the wish to maintain contact, she may change her mind, or agree to some minimal contact. Martin has had a number of carers, formal and informal, and careful assessment will be needed to see if he was close to any of these and would benefit from contact. Susan would probably benefit from contact with her paternal aunt.

Both children have different needs. In some ways Martin appears to be functioning well below his chronological age and needs to be responded to on this basis. He may benefit from structured short separations and reunions within the context of a familiar setting. Both need to keep experiencing the availability of consistent adult caretakers. They also have to continue to learn how to interact with each other.

A further move should only occur if essential as both children appear to be developing close attachments to their current carers. All possible family alternatives would need to be considered, including their father and the paternal aunt who has already cared for Susan. The children should be placed together, although the timing of the moves could be different. Martin, who shows distress at strange places, is likely to need to become familiar with the new house in the company of his current carers. The presence of Susan may also provide him with comfort and familiarity. The prospective carers would need information about the children and about their routines. As language for both is limited, the explanations given to them would have to be in the form of pictures, photos, and stories. Life story information will need to be prepared for both children. There should be arrangements for contact with

Summary

This chapter has set out the reasons for using attachment theory as an underpinning theoretical approach. This does not mean that other theoretical approaches do not have much to offer to practice. For example, Chapter 8 draws from behavioural models when considering conduct disorders. However, the contention of this book is that in social work practice the majority of children encountered have difficulties that can be attributed to attachment issues. Many children have encountered troubled relationships with their main carers and many have experienced loss of important people.

Moreover, attachment theory can offer insights to guide intervention. For children who need to be looked after away from home, attachment theory can help us understand both the impact of separation from important people and the processes involved in making new relationships. Two key messages for practice are:

- Existing relationships are important and must be treated with respect. Even in abusive situations children are likely to have made attachments which have to be taken seriously. Children can always surprise social workers with the extent of their attachment to people who have apparently treated them with extreme cruelty.
- There is great reparative potential in the improvement of existing relationships and the making of new, healthy relationships.

The main components of attachment theory have been set out and the important concept to highlight is that of the secure base. This issue will be returned to in Chapter 3 and underpin material in later chapters.

The development of attachment can either be promoted or undermined. Observation and assessment of adult–child interactions can be sharpened if the operation of the arousal–relaxation cycle and the positive–interaction cycle are understood.

- It may be helpful in some circumstances to describe the operation of the two cycles to parents or to alternative carers with the aim of helping them to promote attachment. For example, some parents and alternative carers feel that children need to be shielded from all discomfort, however, the arousal–relaxation cycle suggests that it is the *soothing* process that is crucial, rather than the attempt to anticipate all discomfort.

The social basis of attachment theory has been stressed, which links with the role that the child plays in the development of attachment.

The message for practice is that it is important to look at *interactions*, rather than simply assessing parenting skills.

- This message, in turn, links with the ecological approach, which stresses the importance of looking at an individual child's development in context.
- Any assessment of a child has to take account of the potential network of important adults and other children in their lives.

Finally, attachment disorders can undermine the development of essential features of resilience, such as security and self-esteem.

- Very careful assessment of attachment disorders is required.
- Even though the early years are important for the development of attachment, it is still possible to intervene with attachment disorders with older children, and the potential for making new and healthy relationships should never be minimised. In other words, it should never be considered to be 'too late' for any child to be offered the opportunity to experience a good relationship with an adult who considers them to be special.

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