



Attachment and the role of foster carers



NSW Department of
Community Services

Introduction

This Research to Practice Note, presents the key issues discussed in the research article, *The importance of attachment in the lives of foster children* (DoCS, 2006). This note discusses the importance of attachment within the context of foster care. It complements the Research to Practice Note, *Attachment: Key issues*.

Understanding the key principles of attachment theory is particularly important for foster carers. These resources have been developed to encourage and assist caseworkers and carers to discuss the importance of attachment. They should also serve to encourage carers to share concerns they may have about a child's behaviour and to feel comfortable asking for help and support when needed.

Background

Every child coming into foster care has a unique attachment history. Many foster children have experienced abuse and neglect which can significantly impact on how they form new attachments and often results in troubling behaviours.

These behaviours can make forming a close relationship very challenging. Since every case is different, there is no formula for 'righting the wrongs' of attachment disturbance or disorder.

It is hoped, however, that by understanding the link between a child's attachment history and their behaviour, carers may be better able to modify their expectations and perceptions in order to build healthy, new attachments with these children.

What is attachment?

The term attachment is most often used to refer to the relationship between an infant and their parent or carer. Infants are born with behaviours designed to promote attachment, such as crying, sucking and smiling at the sight and sound of other people. These behaviours attract a response from caregivers which forms the basis of the reciprocal relationship, or attachment, between the infant and caregiver.

The most important time for a primary attachment to develop is between the ages of about six and 18 months.

Attachment is generally categorised as being either 'secure', 'insecure' or 'disorganised'.

The way a child behaves in times of emotional distress, or their display of attachment behaviour, helps to categorise the security of the attachment relationship.

Types of attachment

When children have their needs met sensitively and reliably, they form *secure attachments* to their carer and learn to trust the world around them. Most children are securely attached.

If there is a delay in meeting their needs or the response is unpredictable or inconsistent, children are often *insecurely attached*. Some children become very anxious and clingy while others cope by disregarding the presence of their caregiver.

Few children coming into foster care would be securely attached, many would be insecurely attached to some extent and a large proportion would suffer from extremely disrupted attachment referred to as *disorganised attachment*.

Disorganised attachment

Disorganised attachment is commonly observed in children whose carers have been abusive, neglectful, addicted to drugs or alcohol, victims of domestic violence and/or who have had disrupted attachments in their own childhood. It is generally thought to arise when a child experiences their carer as frightening (for example, due to abuse) or frightened (when a carer is 'helpless', or unable to provide reassurance and protection to the child).

Children are left emotionally overwhelmed and distressed for long periods of time because they do not possess a clear strategy for dealing with their distress. They can find no way of behaving that enables them to feel safe or to calm their constantly aroused feelings of fear and anxiety. The urge to both approach and to run away presents a dilemma they cannot resolve.

By the time they are toddlers, children in this situation begin to take responsibility for their own protection by seeking to control their parent or carer. They look after the parent's emotional needs while suppressing their own.¹

Disorganised attachment behaviour in infancy has been linked to a high risk of serious behaviour problems in later childhood.

Children entering care

Due to many children's attachment history, children often enter care with an expectation that their carers will be unresponsive or will hurt them. They cannot understand how their present carer can be available and nurturing when all their previous experience tells them that carers are unresponsive and frightening.

Children who have been hurt by a previous carer are often watchful, fearful and alert to danger, even when there is no threat apparent.

When children experience multiple separations they expect rejection and separation at each new placement. They resist forming attachments in order to avoid the pain of losing them. They do this by either actively detaching or alienating themselves from the caregiver.

Foster carers may find it hard to understand why their warm responsiveness is often ignored or met by whinging or a destructive response. Challenging, irrational and rejecting behaviours can bewilder, frustrate and demoralise even the most committed and experienced foster caregiver.

Building relationships in foster care

It is widely recognised that children with disturbed relationship histories are able to develop positive attachment relationships with new and sensitive carers.

A child with a disturbed attachment history needs to develop trust that the caregiver will provide predictable, sensitive and effective care during times of emotional need. Recent foster care studies have related highly sensitive care² and the experience of feeling loved unconditionally by a sensitive and available carer³ to measures of attachment.

Sensitivity is defined as the ability and willingness to try and understand behaviours and emotions from the child's point of view. Sensitive caregiving is intrinsically linked to giving the message of availability.

Looking at the child's behaviour from an attachment viewpoint can help foster carers make sense of a situation, have empathy with the child and develop parenting strategies that can reduce a child's distress.

For older children and adolescents, providing comfort may involve physical care and opportunities for safe physical intimacy (such as cuddles) generally associated with parenting younger children. As children develop security in the relationship, comfort can be provided in more age-appropriate ways.

To form new attachments, a child needs to develop trust that the carer will provide predictable, sensitive and effective care during times of emotional need.

A child's ability to form a secure attachment in foster care, appears to be influenced by:

- the degree of dysfunction in their early relationships
- the duration of the inadequate care experienced by the child
- disrupted care
- whether the child has had the opportunity to form an attachment relationship during infancy.⁴

Things to consider

- A child may have to go right back to 'square one' to begin to learn to trust, value and enjoy open communication with a sensitive carer.
- Carers can help allay children's fear of being abandoned by informing them in advance of comings and goings.
- All parents and carers struggle to meet children's needs at some point and it's a real strength to know when to ask for help.
- Therapeutic caregiving requires expert support and guidance.
- It is likely to take some time before real progress with children is observed through changes in their attachment behaviour.

Conclusion

Research studies have found that if a child has at least one attachment figure who is trustworthy and makes them feel cared about, the child has a much better chance of growing up to be a healthy adult.

Further reading

- *The importance of attachment in the lives of foster children: Key messages from research.* NSW Department of Community Services, 2006.

Endnotes

- 1 Crittenden P & DiLalla D (1988) Compulsive compliance: the development of an inhibitory coping strategy in infancy. *Journal of Abnormal Child Psychology*, 16, pp.585-599.
- 2 Scholfield, G., & Beek, M. (2005) Providing a secure base: Parenting children in long-term foster care. *Attachment and Human Development*, 7, 1, 3-25.
- 3 Schofield, G. (2002) The significance of a secure base: A psychosocial model of long-term foster care. *Child and Family Social Work*, 7, 259-272.
- 4 O'Connor, T.G., Marvin, R., Rutter, M., Olrick, J., Britner, P., and the English and Romanian Adoptees Study Team (2003) 'Child-parent attachment following Early institutional deprivation'. *Development and Psychopathology*, 15, 19-38.

The DoCS Research to Practice program aims to promote and inform evidence-based policy and practice in community services.

Produced by

Centre for Parenting and Research
NSW Department of Community Services
4-6 Cavill Avenue
Ashfield NSW 2131
02 9716 2222

www.community.nsw.gov.au
researchtopractice@community.nsw.gov.au

ISBN 1 74190 005 0