



Centre for excellence
for looked after children in Scotland



Attachment Matters for All - An Attachment Mapping Exercise for Children's Services in Scotland

Judy Furnivall, Mary McKenna, Shelagh McFarlane, Edwina Grant

December 2012

Contents

Introduction.....	7
Why attachment matters - theory and evidence base	9
Definitions	9
Research	9
The early years	10
Categories of attachment	10
The role of the care giver	11
Attachment and development	11
Attachment and violence	11
Brain development	12
The impact of trauma.....	13
The persistence of early attachment patterns	13
Correlations between attachment and functioning	14
Assessing children’s attachments and adults’ care giving capacity	14
Impact of separations for looked after children and care leavers	15
Attachment and place	16
Attachment-based interventions	16
Methodology	18
Policy Context	19
Language and practice in different contexts.....	21
Early years.....	21
Education	21
Health.....	22
The legal system.....	22
Social work	22
Findings.....	23
Introduction	23
Qualifying training.....	24
Social work.....	24

Education	24
Nursing	25
SCQF Level 7 qualification.....	25
Qualification and competences for other medical professionals	25
Continuous professional development.....	26
Foster carers and adoptive parents.....	27
External influences and approaches	28
Training resources.....	28
General comments about training	29
Interventions across the life course	32
Perinatal and early years.....	32
Middle childhood	34
Adolescence	37
Care leavers.....	39
Supporting Caregivers.....	41
Transitions.....	42
General Comments.....	45
Paradigm shift	45
Quality of assessments.....	45
Doing to rather than with	45
Inter-agency working	46
Networks.....	46
Universal services	46
Factors supporting the development of attachment-informed practice	48
Enthusiasm and commitment	48
Organisational support.....	48
Excellent training and consultancy to embed application of practice.....	48
Factors inhibiting attachment-informed practice	50
Performance management and targets rather than relational and professional culture	50
Bombardment	50
Risk-averse culture.....	51
Lack of shared understanding and priorities	51
Conflicting policies and guidelines.....	51

Conflicting models and theories (emphasis on behavioural “evidence-based” models)	52
Case Studies	52
Discussion	55
Appendix 1: Attachment definition from the Common Core.....	57
Appendix 2: Detailed examples	58
Training	58
Dyadic Developmental Psychotherapy (DDP)	58
Neurosequential Model of Therapeutics (NMT)	58
Assessment and Intervention	59
Family Nurse Partnership (FNP).....	59
Change is a must	59
Glasgow Infant and Family Team (the G.I.F.T. project)	60
Mellow Parenting, Mellow Babies and Mellow Bumps.....	60
Solihull Approach	61
Early Years Framework for Assessment and Intervention for Attachment and Resilience (EY FAIAR)	61
Roots of Empathy	61
Nurture Groups.....	62
Appendix 3: Attachment-focused Case Studies	63
Seamab School	63
Edinburgh City Council.....	64
Appendix 4: Contributors	65

Introduction

As part of the first phase of the Looked After Strategic Implementation Group (LACSIG), the Scottish Children's Reporter Administration (SCRA) undertook research into care and permanence planning for younger children in care.¹ They focused on 100 children all aged under four years old when they first came to the attention of services and examined how long it took from that point to achieve permanence. For over 90% of children this process took longer than two years and more than half had still not achieved a permanent placement four years after first contact with services. Several children had also experienced multiple placements, with transitions between carers often occurring at critical developmental points. The research highlighted the negative impact on long-term outcomes of such continued disruption of children's attachments.

Part of the Scottish Government response to this research was to commission the Centre for Excellence for Looked After Children in Scotland (CELCIS) and Scottish Attachment in Action (SAIA) to map attachment training and attachment focused practice in Scotland. Included in the aims for this mapping exercise were:

- To explore the extent to which attachment theory is taught and used in practice in assessments and care planning for looked after children;
- To discover whether similar theories and language regarding attachment are currently used in communicating the needs of children during training and operational practice of social workers, foster carers, children's hearing panel members, adopters, kinship carers, and relevant childcare, health and education practitioners;
- To identify organisations who have consciously constructed systems to include attachment theory in their practice and to highlight structures and policies that inhibit this.

This report will examine the importance of attachment as an underpinning and cohering theoretical framework for practice with young people in care and care leavers for all professionals and agencies that contribute to their care and support. It will also identify how a greater focus on understanding attachment and supporting attachment-informed practice can support the delivery of key Scottish central and local government policies. Although many professionals involved with children, and in particular children in care, share a passionate desire to improve children's experiences now and to enhance their opportunities in the future, there is not always a shared understanding or language to support an integrated approach. This report examines how attachment theory can inform the particular concerns of different professionals and seeks to encourage the use of a shared language and theoretical approach. Although the main focus of this exercise has been provision for looked after children, it is also important wherever possible to prevent children needing compulsory measures of care.

¹ Henderson, G., Hanson, L and Whitehead, I. (2011) *Care and Permanence Planning for Looked After Children in Scotland*. Stirling: Scottish Children's Reporter Administration.
www.scra.gov.uk/cms_resources/Care%20and%20Permanence%20Planning%20for%20Looked%20After%20Children%20in%20Scotland.pdf

Developing an attachment-informed approach for all professionals working with children, including those within the universal services, offers the best prospect for effective early intervention for children whatever their age and family situation.

Within the resources available and the limits of a restricted timescale, CELCIS and SAIA sought to involve as wide a range of individuals and agencies as possible in informing the mapping exercise. The report provides an outline of the methodology used and an analysis of the findings. The discussion and conclusions were informed by extensive consultation with colleagues within CELCIS and SAIA. The findings of the report will inform an action plan to enhance attachment-informed practice across the children's services sector within Scotland.

An executive summary of this report has also been produced.

Why attachment matters - theory and evidence base

Definitions

As part of developing the *Common Core of Skills, Knowledge and Understanding and Values*² for those who work with children and young people a shared definition of attachment was created which is included in Appendix 1. This locates attachment within a developmental process and identifies the core conditions needed to create secure attachments as well as some of the factors that might make this more difficult. This simple definition is intended to help staff and volunteers in any setting working with children understand the importance and relevance of attachment in their practice. In drawing together the information collected in this exercise, however, it seemed important to examine the theory base of attachment-informed practice in greater detail.

There are a few key terms associated with attachment that will be used throughout this report:

Secure base: The attachment figure/relationship provides a safe space (literally or symbolically) from which to explore the world.

Safe haven: The attachment figure/relationship is a safe place (literally or symbolically) to retreat to at times of danger or anxiety.

Internal working model: Infants begin to develop beliefs about themselves, others and the world as a result of their attachment relationships and how effective they experience themselves as being. These beliefs influence social expectations and begin to govern interactions with other people and the world in general. If a child has mainly adverse and frightening experiences this will be reflected in a distrustful and negative working model. These models become more resistant to change over time even if an individual's social and emotional environment undergoes significant changes.

Attunement: This is a crucial process between caregiver and infant in which they are able to "tune in" to each other's physical and emotional states, and through a process of co-regulation the infant learns to manage stress and anxiety. Where the child's stress is met by a stressed adult who is unable to respond sensitively and effectively to the child's needs, instead of co-regulation, co-dysregulation may occur in which both care giver and infant distress escalates.

Research

There has been a vast volume of research on attachment across diverse cultures and over time. This has produced some consistent findings which demonstrate the importance of using attachment theory to underpin all professional practice with children and young people.

² Scottish Government. (2012) *Common Core of Skills, Knowledge and Understanding and Values for the "Children's Workforce" in Scotland. Final common core and discussion questions*. Edinburgh: Scottish Government. www.scotland.gov.uk/Resource/0039/00395179.pdf

The early years

Attachment theory explores some of the earliest interactions between infants and their caregivers and seeks to explain how different responses from adult caregivers can affect infants' immediate wellbeing and indeed their developmental trajectory throughout childhood and into adulthood. Attachment theory, as outlined initially by Bowlby³ suggests that babies are primed to seek proximity to their caregivers at times of distress for both protection and comfort. This provides an evolutionary advantage as it ensures that infants remain safe when threatened with external danger or internal difficulties. Infants are extremely dependent and display attachment behaviours, such as crying, from birth but they do not initially show strong preferences between adults. This changes over time, however, and by about the age of seven months most babies have begun to have selective attachments and express anxiety when faced with a stranger. These selective attachments develop as a result of regular repetitive experiences of care giving.

Categories of attachment

Most children, except those in situations of extreme neglect which can take place in large institutional care, make some kind of attachment to their caregivers. Early research into infant attachments identified different behavioural patterns that appeared to be associated with different kinds of care giving.⁴

- In the optimal situation babies experience care giving from one or two adults which is predominantly reliable, sensitive and attuned to their individual temperament and needs. These children develop **secure** attachments to their care givers which enable them to express distress and accept comfort easily and which also allow them to explore their world with an inner certainty that their care giver will be available to them if needed.
- Less fortunate children with care givers who are not so attuned to their needs have to find different ways to attach to their care givers.
 - Some babies, for example, learn to suppress the expression of negative emotions because they realise that their care giver is unable to tolerate their distress and will respond to crying either aggressively or by withdrawal. These babies may not protest or appear distressed at separation from their caregiver but when their physiological responses are measured they are clearly experiencing intense anxiety. These babies are described as having an anxious avoidant attachment to their care giver.
 - Others are uncertain whether their care giver will reliably respond to their distress, or, in some cases, when the caregiver does respond, the response is out of tune with the baby's needs. These infants tend to escalate their distress and resist being comforted because this keeps their caregiver available but means that the baby finds it hard to relax and accept soothing. These babies have an anxious resistant attachment to their caregiver.

In extreme cases where the care giver is experienced by the infant as extremely frightened or frightening the child is unable to develop an organised way of attaching to their caregiver. They face an irresolvable dilemma - they are frightened and want the proximity of their attachment

³ Bowlby, J. (1969) *Attachment and Loss. Vol 1: Attachment*. London: Hogarth Press.

⁴ Ainsworth, M. D., Blehar, M. C., Waters, E and Wall, S. (1978) *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale NJ: Lawrence Erlbaum.

figure but the source of their fear is the very attachment figure from whom they seek comfort. This leaves the babies unable to organise any consistent strategy that allows them to feel safe with their caregivers. These infants are described as having a disorganised attachment.

The role of the care giver

Sensitive reliable responses to the behavioural cues of the infant that reduce physiological arousal and promote an experience of wellbeing are fundamental to the development of secure, organized attachments. Equally important, however, is the capacity of the care giver to respond to the infant's emotional experience. Care givers who promote secure attachments in their babies are fascinated by what is happening in their child's mind. They treat the baby as a human being with developing emotions and react not only to behavioural cues such as crying but also to the negative emotion they assume underlies the distress. Through facial expressions and verbal cues these care givers reflect back to their baby what they believe is happening in the baby's mind. This "affect mirroring" process repeated several times a day from birth enables securely attached children not only to develop a sense of their own internal world but also helps them to recognise others as beings with minds, emotions and intentions.⁵ Children whose care givers cannot demonstrate this interest in and awareness of their infant's internal world can experience great difficulty in developing this kind of "mind mindedness" which is an essential building block of social competence.

It is important to recognise that adults who are unable to provide this kind of sensitive mentalising care may still genuinely love their children. It is also, however, important not to privilege the fact of parental love over other aspects of the child's needs. As a review of attachment theory undertaken for the Royal College of Psychiatrists asserts: 'A loved child who is unsafe is in physical and psychological peril. Love alone is insufficient.'⁶

Attachment and development

Although the primary purpose of the attachment behavioural system in infancy is to increase proximity to the care giver at times of perceived danger in order to receive protection and relieve stress, the attachment relationship also becomes the vehicle for a whole range of other developmental tasks. As care givers comfort the distressed infant they are also teaching the rudiments of self-regulation that are essential for later competence in social, emotional and learning relationships. The capacity for trust and intimacy are also connected to the attachment relationship. The experience of sensitive, responsive mentalising care giving provides a template of human beings as understandable, trustworthy, reliable and safe to be close to. In contrast, insecure attachments, particularly disorganised attachments, can leave children with an impaired capacity for managing stress and disturbances in their relationships with other people.

Attachment and violence

One important evolutionary purpose of attachment is to develop control over innate aggression. Longitudinal research shows that physical aggression peaks at about the age of two and

⁵Fonagy, P., Steele, M., Steele, H., Higgitt, A and Target, M. (1998) 'The Emanuel Miller Memorial Lecture 1992. The theory and practice of resilience.' *Journal of Child Psychology and Psychiatry*. Vol. 35 (2): 231 - 257.

⁶Prior, V and Glaser, D. (2006) *Understanding Attachment and Attachment Disorders: Theory, Evidence and Practice*. London: Jessica Kingsley. p.58

thereafter shows different individual developmental trajectories with most children's aggression steadily reducing over subsequent years.^{7 8} This evidence questions traditional assumptions that violence is learned and suggests instead that the socialization of children requires aggression to be unlearned.⁹ An important challenge for humanity is to ensure that aggression is successfully inhibited in normal interactions, where social co-operation is key to the success of the species, without losing the capacity for aggressive reactions in hostile and threatening environments where individual or group survival is at risk. The resolution of this dilemma is through the development of mentalisation - the capacity to understand the subjective experience of another. Effective mentalisation is largely unable to exist simultaneously with violence towards the other. It seems likely that the capacity for mentalisation is one of the most important emotional and cognitive effects of the attachment relationship and develops when the infant experiences another human being understanding and responding to their internal world. Factors which interfere with the development or maintenance of secure organized attachments in infancy and early childhood thus contribute to the continuation of aggression and violence into later childhood, adolescence and beyond. Other longitudinal work¹⁰ suggests that the later formation of strong healthy attachments to other adults can help divert children from the developmental trajectory associated with continued violence. Children may be able to develop the capacity for mentalisation through exposure to these influences within their wider social and emotional environments

Brain development

Attachment theory was originally developed as an evolutionary explanation of human development, based on detailed observations of children's behaviour. Recent research in the field of neurodevelopment, however, has both confirmed the importance of attachments and enriched our understanding of how the attachment relationship directly contributes to healthy brain development. Bruce Perry¹¹ for example, describes the sequential development of the brain from the brainstem, which regulates basic physiological and survival systems, through successive areas of the brain that govern more complex emotional and intellectual abilities such as the amygdala and the cortex. He emphasises the importance of the social and emotional environment of a child's first years and suggests that the repetitive, rhythmic care giving activities undertaken by attuned parents not only produce a secure attachment but are essential to develop a well-organised functional brain. He contrasts this with the neurological impairments that can occur in children exposed to chronic adverse early experiences of neglect or abuse. Modern imaging techniques allow researchers to examine the brain directly and differences have been identified between the brains of children and adults who experienced a

⁷ Nagin, D. S and Tremblay, R. E. (2001) 'Parental and early childhood predictors of persistent physical aggression in boys from kindergarten to high school.' *Archives of General Psychiatry*. Vol. 58 (4): 389 - 394.

⁸ Shaw, D. S., Gilliom, M., Ingoldsby, E. M and Nagin, D. S. (2003) 'Trajectories leading to school-age conduct problems.' *Developmental Psychology*. Vol. 39 (2): 189 - 200.

⁹ Fonagy, P. (2003) 'Towards a developmental understanding of violence.' *The British Journal of Psychiatry*. Vol. 183: 190 - 192.

¹⁰ Rutter, M., Pickles, A., Murray, R and Eaves, L. (2001) 'Testing hypotheses on specific environmental causal effects on behavior.' *Psychological Bulletin*. Vol. 127 (3): 291 - 324.

¹¹ Perry, B. D and Hambrick, E. (2008) 'The Neurosequential Model of Therapeutics.' *Reclaiming Children and Youth*. Vol. 17 (3): 38 - 43.

neglectful or abusive environment and those who grew up in a more emotionally positive environment.¹²

The impact of trauma

Infants who have secure organized attachments begin to learn the skills to regulate their own stress and also develop a fundamental sense of trust in their caregivers which creates an internal working model of themselves as loveable and other people as safe and reliable. If children with these early experiences encounter traumatic events later they are likely to recover from them more quickly and completely than children with more difficult attachment histories. Secure attachment enhances children's capacity to process and resolve traumatic experiences particularly if their parent is psychologically available to them and not themselves overwhelmed by the trauma. At the same time, however, traumatic events in infancy can undermine existing positive attachments by introducing unmanageable stress in the infant-parent relationship.¹³ Children with impaired early attachments are less likely to have learned effective self-regulatory and reflective skills that might enable speedy or spontaneous recovery from trauma. The social and emotional environmental precursors of disorganised attachment also mean that this group is more likely to experience chronic rather than acute trauma throughout childhood and for the traumatic experience to occur in the context of an attachment relationship. Childhood trauma is a risk factor for a wide range of health, social and emotional difficulties and it interacts with impaired attachment in a complex and cumulative fashion.

The persistence of early attachment patterns

Attachment is associated in infancy with safety and survival but attachment relationships continue to exist and have significance throughout the life course. As individuals move through adolescence and into adulthood they tend to shift the focus of their attachment behaviours to their peers and romantic partners. These relationships are much more reciprocal than those between parents and children and both care giving and attachment-seeking behaviours are more likely to be mutually shared. Attachment patterns have now been examined through longitudinal studies such as the Minnesota Longitudinal Study of Parents and Children¹⁴ which have followed individuals from infancy through to young adulthood. The evidence points to a continuity of attachment pattern in which infant classifications persist into childhood and evolve into predictable adult categories (secure to autonomous; avoidant to dismissive; resistant to preoccupied; disorganized to unresolved), unless some discontinuity occurs such as changes of caregiver or care giving behaviour, serious trauma or therapy. There is some evidence that children with particularly difficult attachment histories can evoke sub-optimal care giving responses even when placed with new caregivers, particularly if these caregivers' own capacity for reflective function is compromised either through current stresses or their own unresolved childhood experiences. The insecure disorganized attachment classification which is often associated with early maltreatment is both most resistant to change and also associated with

¹² Teicher, M. H., Andersen, S. L., Polcari, A., Anderson, C. M., Navalta, C. P and Kim, D. M. (2003) 'The neurobiological consequences of early stress and childhood maltreatment.' *Neuroscience and Biobehavioral Reviews*. Vol. 27 (1-2): 33 - 44.

¹³ Lieberman, A. (2004) 'Traumatic stress and quality of attachment: Reality and internalization in disorders of infant mental health.' *Infant Mental Health Journal*. Vol. 25 (4): 336 - 351.

¹⁴ www.cehd.umn.edu/icd

less positive outcomes. These continuing attachment patterns can influence adults' capacity to manage work settings, intimate relationships and parenting.

Correlations between attachment and functioning

The same longitudinal studies demonstrate clear advantages to individuals with secure attachment histories. Children and adolescents with secure attachments were significantly more likely to demonstrate greater empathy and to be more socially competent, self-reliant, reflective and altruistic than insecure children and adolescents.

In contrast insecure attachments were associated with an increased likelihood of later difficulties. Anxious-avoidant children were more at risk of developing hostile and aggressive behaviours and anxious-resistant children were more likely to receive a diagnosis of anxiety disorder.

Infants who display disorganized attachment behaviour can go on to develop extremely controlling behaviours later in childhood. This can manifest in punitive hostile behaviour to the caregiver or in some cases children enter into a role reversal where the child feels compelled to look after the parent. In the Minnesota study disorganised attachment in infancy was the biggest single predictor of global pathology at age 17½. Dissociation was also strongly associated with disorganized attachment particularly if the young person had experienced trauma during childhood. Despite the close association between disorganized attachment and later violence and distress, disorganised attachment is not of itself a disorder. As with all attachment patterns it is the infant's most adaptive response to their emotional and social environment. As yet it is not clear exactly what mechanism leads to some children with disorganized attachments displaying considerable resilience in the face of extreme adversity, but there seems to be a complex interplay between the child's genetic inheritance and the environment. Adult attachment patterns also have an impact on an individual's capacity to parent optimally. There is strong evidence that the parent's own model of attachment, as assessed through the Adult Attachment Interview (AAI), is linked to the child's attachment classification. This association is also found even if the mother's representations of attachment are assessed antenatally.¹⁵ There is a particularly strong association between autonomous parents and secure infants and also between unresolved parents and disorganized children.

Assessing children's attachments and adults' care giving capacity

A recent systematic review concluded that there are no quick or easy measures of attachment available for children.¹⁶ Although a variety of assessment measures are available they are time consuming and are usually only used in a clinical or research context. They are not necessarily suitable for front line professionals attempting to make rapid assessments when children are at risk, although they can be very useful as part of a rigorous assessment and intervention

¹⁵ Steele, M., Steele, H and Fonagy, P. (1996) 'Associations among attachment classifications of mothers, fathers and their infants.' *Child Development*. Vol. 67 (2): 541 - 555.

¹⁶ Lim, K., Corlett, L., Thompson, L., Law, J., Wilson, P., Gillberg, C and Minnis, H. (2010) 'Measuring attachment in large population studies: A systematic review.' *Educational and Child Psychology*. Vol. 27 (3): 22 - 32.

programme. There is, however, convincing evidence that certain care giver characteristics are associated with the development of disorganized attachment. These include: unresolved loss and trauma which may re-emerge when faced with the stress associated with caring for an infant or toddler; disconnected¹⁷ or extremely insensitive parenting,¹⁸ shown when a parent's behaviour suddenly changes or becomes frightened or frightening without explanation, or when the parent's responses to the infant are characterised by extreme neglect or over-intrusiveness and aggression; low parental mentalisation or reflective function, when parents demonstrate no capacity to understand the perspective of their infant as a separate human being with their own needs.¹⁹ In contrast, the caregiver attributes associated with the development of secure attachments are sensitive responses to the infant's attachment behaviour, mind-mindedness, in which the caregiver recognises and comments on the child's mental state and is able to reflect on their own, and the capacity of the caregiver to help the child regulate affect.

Assessing care giving capacity both in birth families and in alternative care is perhaps more important than assessing attachment security and organisation, as most effective attachment based interventions target the care giver and the relationship rather than the child directly.

Impact of separations for looked after children and care leavers

Although young people in care have often experienced difficult early experiences that have impaired their capacity to make secure, organized attachments, separation from their attachment figures can still cause profound distress and anxiety. In infancy and early childhood separation from attachment figures is experienced as very threatening whatever the quality of attachment relationship. For older young people, although the severity of threat may not be as intense, the experience of loss is still profound and can be exacerbated as they also experience separation from a whole range of additional people who may have provided some degree of safety or security for them. In a review of the impact of placement instability on looked after children's wellbeing, the authors point out that the experience of multiple placements in care can reinforce the attachment-damaging aspects of the initial adverse emotional environment and prevent children from developing secure attachments to their new carers.²⁰ Recent research²¹ on the psychological needs of care leavers identified that among the research participants only those with a secure attachment style did not report clinically significant psychological distress. Those young people who demonstrated high attachment anxiety and high avoidance of attachment relationships were much more likely to be experiencing levels of difficulty that required clinical intervention. Moreover using the theory of schemas (core stable

¹⁷ Out, D., Bakermans-Kranenburg, M. J and van Ijzendoorn, M. H. (2009) 'The role of disconnected and extremely insensitive parenting in the development of disorganized attachment: the validation of a new measure.' *Attachment and Human Development*. Vol. 11 (5): 419 - 443.

¹⁸ Lyons-Ruth, K and Jacobvitz, D. (2008) 'Attachment disorganisation: genetic factors, parenting contexts, and developmental transformation from infancy to adulthood,' in Cassidy, J and Shaver, P. R. (Eds) (2nd Ed.) *Handbook of Attachment: Theory, Research and Clinical Applications*. New York: Guilford Press.

¹⁹ Fonagy, P and Target, M. (2005) 'Bridging the Transmission Gap: An end to an important mystery of attachment research?' *Attachment and Human Development*. Vol. 7 (3): 333 - 343.

²⁰ Munro, E. R and Hardy, A. (2006) *Placement Stability - a review of the literature. Report to the DfES*. Loughborough: CCFR. www.lboro.ac.uk/research/ccfr/Publications/placementstabilitylitreview.pdf

²¹ Murphy, R. (2011) *Psychological Needs of Young Adults Leaving the Care System*. ClinPsy Thesis, Cardiff University. <http://orca.cf.ac.uk/10490/1/2011MurphyREDClinPsy.pdf>

constructs of self) developed by Young,²² a number of early maladaptive schemas (EMS) were identified among this group of care leavers. Of particular concern was the prominence within this group of the EMS “disconnection and rejection” which is associated with the highest levels of psychological distress. The findings of this study are strengthened by preliminary results from research undertaken within CELCIS²³ on adult care leavers which identifies the overwhelming sense of loss and rejection experienced by children and young people at various points through their care journey and particularly at the point of transition to independence. Moreover, work undertaken with adults who access their files later in life suggests that their internal attachment representations may be weakened by the sterile or negative written recording which they encounter in their files: and this can undermine their sense of the relationships that had provided them with some measure of security in childhood.

Attachment and place

In recent years there has been growing interest in using central concepts from attachment theory to understand the power of the emotional bond that many people experience to places that are significant to them.²⁴ Individual attachment to place appears to serve many of the same functions as attachment to other people. Attachments to particular places form when these places have been associated with safety and comfort or when they were experienced as a safe haven which supports emotional regulatory processes. Moreover, places may be bound up with identity and continuity and to some extent act as physical representations of self.²⁵ These ideas may be of particular importance when considering the impoverished social environments of many looked after children before they enter care and also in understanding that for children in some residential care settings they may experience more comfort and security from the stability of the place in which they live than in relationship to an ever-changing group of staff and fellow residents. It is also important to attempt to promote an active attachment to place for looked after children through engaging them with their local community spaces and places and encouraging them to talk about the meaning of place for them. This may require active involvement from community groups which can also promote a greater understanding and community claiming of vulnerable children.²⁶

Attachment-based interventions

A recent review of attachment-informed practice with young people in care concluded that the evidence suggests that the most effective means of increasing security and organisation of attachment in children is by intervening with their caregivers, whether these are birth parents

²² Young, J. E., Klosko, J. S and Weishaar, M. E. (2003). *Schema Therapy: A Practitioner's Guide*. New York: Guilford Press.

²³ Personal communication with Zachari Duncalf, Research Fellow, CELCIS.

²⁴ Giluiani, M. (2003) 'Theory of Attachment and Place Attachment,' in Bonnes, M., Bonaiuto, M and Lee, T. (Eds) *Psychological Theories for Environmental Issues* Aldershot: Ashgate.

²⁵ Scannell, L and Gifford R., (2010) 'Defining place attachment: A tripartite organizing framework.' *Journal of Environmental Psychology*. Vol. 30 (1): 1 - 10.

²⁶ Jack, G. (2010) 'Place Matters: The significance of place attachments for children's well-being.' *British Journal of Social Work*. Vol. 40: 755 - 771.

or substitute care givers in a family or residential setting.²⁷ Interventions that increased parental sensitivity, supported reflective function and encouraged co-regulation of affect showed positive effects on children's attachments to their parents whatever the age of the children.^{28 29} For children placed away from home, it is the change of caregiver that is the vehicle for changes in attachment security and organization. The adverse early experiences of some of these children, however, can result in behaviour or emotional responses that undermine their new caregivers' capacity to remain sensitive and attuned to them. Interventions that support carers or workers to understand and reflect on the meaning of the child's behaviour and recognise its impact on themselves are most likely to maintain stability of placement which is associated with good outcomes for children.^{30 31} Adults who respond to children in their care in an attuned and sensitive way that recognizes children's developmental, rather than chronological, age are able to help them to repair emotional and neurological injuries.³²

Although there has been a strong research focus on young children's capacity to attach to new parents in adoptive families, there has been much less consideration of the importance of foster carers or residential workers as attachment figures particularly for children who enter the care system at an older age. Nonetheless, there is a well-developed practice literature that recognizes the importance of attachment theory as a key underpinning base for positive work with children and young people.³³ This highlights a number of important practice principles that should inform interventions: identifying, developing and maintaining secure attachments in children's lives is a priority; safe touch is an important component of helping children develop self-regulatory capacities; all transitions, whether occurring as a result of normal developmental processes or as a result of care planning decisions should include a recognition of children's attachment histories and needs; the attachment experiences that children have in care have life-long ramifications for the adults they will become³⁴ and this should be recognized within plans for individuals as well as in wider systemic thinking (for example, over access to records policies).

²⁷ Furnivall, J. (2011) *Attachment-informed practice with looked after children and young people*. IRISS Insight no. 10. Glasgow: IRISS. www.iriss.org.uk/sites/default/files/iriss_insight10.pdf

²⁸ Puckering, C., McIntosh, E., Hickey, A and Longford, J. (2010) 'Mellow Babies: A group intervention for infants and mothers experiencing postnatal depression.' *Counselling Psychology Review*. Vol. 25 (1): 28 - 40.

²⁹ Marvin, R., Cooper, G., Hoffman, K and Powell, B. (2002) 'The circle of security project: Attachment-based intervention with caregiver-preschool child dyads.' *Attachment and Human Development*. Vol. 4 (1): 107 - 124.

³⁰ Dozier, M., Stovall, K. C., Albus, K. E and Bates, B. (2001) 'Attachment for infants in foster care: the role of caregiver state of mind.' *Child Development*. Vol. 72 (5): 1467 - 1477.

³¹ Becker-Weidman, A and Hughes, D. (2008) 'Dyadic Developmental Psychotherapy: An evidence-based treatment for children with complex trauma and disorders of attachment.' *Child and Family Social Work*. Vol. 13 (3): 329 - 337.

³² Cameron, R. J and Maginn, C. (2008) 'The authentic warmth dimension of professional childcare.' *British Journal of Social Work*. Vol. 38 (6): 1151 - 1172.

³³ Cairns, K. (2002) *Attachment, Trauma and Resilience: Therapeutic caring for children*. London: BAAF.

³⁴ Duncalf, Z. (2010) *Listen Up! Adult care leavers speak out. The views of 310 care leavers aged 17 - 78*. Manchester: Care Leavers' Association. www.careleavers.com/research

Methodology

A search was made of all universities or higher education institutions in Scotland offering an undergraduate qualification in social work, education or nursing or a postgraduate diploma in education. Fifty-five relevant courses were identified and 49 course leaders or administrative staff were contacted and asked if they would undertake a brief survey about how attachment theory featured in their courses. In all cases successful graduation from these courses entitles the individual to register with one or more of the relevant regulatory bodies and embark upon professional practice:

- Nursing -20 courses identified across 11 universities;
- Education -26 courses identified across eight universities;
- Social Work - nine courses identified across eight universities (including the Open University).

There was a very low initial response rate, partly because the request coincided with a particularly busy period within universities. Subsequent email and phone contact increased the response rate slightly. In total, 20 courses finally responded (Nursing (6), Education (8) and Social Work (6)); however, several responses provided no substantive comments. Some courses provided handbooks or module content and these were separately examined for mentions of attachment theory. The Scottish Qualifications Authority was also approached to establish to what extent attachment theory was an essential component of the HNCs in Early Years and Social Care. In addition the content of individual units from the courses was scrutinized.

All members of SAIA were also contacted and asked to fill in a short survey identifying attachment-based training or good practice within their areas. This generated 15 written responses in addition to several verbal communications identifying a range of training providers offering attachment-informed continuous professional development opportunities and also describing a number of attachment-based interventions.

The mapping team also undertook face-to-face or telephone interviews with managers and practitioners from social work, health and education as well as with independent providers of training, care or intervention programmes. Time and resource constraints prevented a comprehensive survey of all relevant organizations and individuals in Scotland. A pragmatic approach was taken drawing on contacts identified through the SAIA survey and additional information provided by SAIA committee members and CELCIS staff members. Members of the review team also attended meetings, conferences and consultation events focusing on issues such as the Scottish Government parenting strategy, supporting children's move into permanence and the development of the common core of skills, knowledge and understanding and values for the children's workforce. The data gathered in this process was discussed and analysed on an iterative basis by the research team and these discussions informed further data gathering. Before the report was written the team met for a full day with representatives of the SAIA committee to analyse the data, identify underlying themes and agree key messages.

Policy Context

In 2007, Scottish Ministers set out an outcomes-based approach in a National Performance Framework for the next ten years. The National Performance Framework aims to monitor the progress of the Government and public services in creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth. Following a refresh in December 2011, the Framework includes 16 National Outcomes and 50 National Indicators. The National Outcomes that are especially pertinent for looked after children and young people and those with a care history are:

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens;
- We have tackled the significant inequalities in Scottish society;
- We live longer, healthier lives;
- We have improved the life chances for children, young people and families at risk;
- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

To achieve these aims, the Scottish Government developed three overarching and interconnected social policy programmes: *Achieving our potential: A framework to tackle poverty and income inequality in Scotland*, *Equally well: Task force on health inequalities* and the *Early Years Framework*. These three frameworks are intended to form a coherent approach in tackling disadvantage and inequalities in Scotland.

More specifically, the Scottish Government's national programme, Getting it Right for Every Child (GIRFEC) aims to improve outcomes for all children across Scotland. Getting it Right for Every Child is founded on 10 core components which can be applied in all settings, in all circumstances and which act as a benchmark for managers and practitioners. These include: an integral role for children, young people and families in assessment, planning and intervention; a unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on well-being indicators; a common approach to gaining consent and sharing information and a lead professional to co-ordinate and monitor interagency activity where necessary. The eight well-being indicators are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (sometimes known by their acronym, SHANARRI). This holistic approach is also reflected in the national Curriculum for Excellence which aims to achieve a transformation in the education in Scotland through a coherent, more flexible and enriched curriculum for children aged 3 to 18.

Within Scotland there is a cross party consensus on the importance of providing positive experiences for all children but there is also a particular focus on the need to improve both the current quality of life for looked after children and also the opportunities they can access in adulthood. Both the current administration and the previous one have given a strong policy lead on the importance of all community planning partners taking an uncompromising stand on the centrality of their responsibility as corporate parents and family for looked after children. The 'We Can and Must Do Better' Report and the guidance that was developed in its wake highlighted the unacceptable outcomes for many children in the care of local authorities and provided guidelines for good practice.

A series of key government policies and strategies demonstrate the importance placed on improving the experiences of vulnerable children at every stage of their childhood. Parliamentary inquiries and independent reviews further highlight the desire to improve outcomes for children and young people facing additional challenges. Despite this emerging policy consensus, there is less evidence of a coherent strategy to ensure that these interconnected policies are translated into transformational change.

Language and practice in different contexts

Concern that there is a lack of a shared language among professionals about attachment was one of the reasons for undertaking this mapping exercise. Although this concern was found to be justified, the development of a shared language is unlikely to occur unless and until professionals can understand the relevance to them of these concepts in undertaking their key tasks. The review team, therefore, began to identify some of the practice connections of attachment theory for particular groups of professionals. The language of attachment is clear, the challenge is to identify for all professionals why attachment matters in their practice.

Early years

- Early years workers view their job as supporting the development of children from birth to school age.
- Many small children spend substantial parts of their lives in day care, often from babyhood. This period of life is fundamental to every aspect of a child's future development. Many emotional, social and cognitive developmental tasks are most easily accomplished in the context of secure attachment to a reliable, sensitive caregiver. Early years workers are appropriately placed to become additional attachment figures for the children in their care.
- An understanding of attachment can inform the daily practice of workers in early years' settings by helping to identify potential difficulties for children and strengthening and supporting existing attachments.
- An attachment-informed approach can help workers to manage transitions, separations and leavings of children and staff in a respectful and supportive way.

Education

- The primary role of education staff is to ensure that children are enabled to learn the basic cognitive and social skills required for becoming independent adults and to realize their full potential.
- Children who have experienced the sensitive and responsive caregiving that is associated with the development of secure, organised attachments are more likely to be ready to learn when they reach school.
- Children who have social, emotional and behavioural difficulties who present class teachers with serious challenges and who disrupt learning for their peers are more likely to have had suboptimal attachment experiences. An understanding of the impact of insecure and disorganised attachments may help teachers to support these children more effectively.
- Designing the learning environment within and transitions between schools in an attachment- and trauma-informed way can minimise disruptive behaviour and produce better learning outcomes for all children.
- Where appropriate, teachers and other educational support workers may become important attachment figures for young people whose other relationships are not meeting these needs. This can enhance resilience and improve children's outcomes across a range of measures.

Health

- Health workers provide services that promote health and prevent and treat illness.
- Secure, organised attachments are associated with the development of effective physiological regulatory systems and better physical and mental health outcomes across the life cycle.
- Children with disorganized attachments are significantly more likely to have a developmental trajectory associated with anti-social behaviour and violence. They are more likely to require disproportionate levels of health care themselves and in some cases their behaviour to others may result in physical or emotional injury.
- With appropriate attachment training midwives and health visitors could be well placed to recognise early difficulties in sensitive and responsive care giving and support the development of secure, organised attachments.
- In developing public health interventions such as parenting programmes, vulnerable families are more likely to accept attachment-informed approaches that can enhance sensitive, responsive care giving and enhance the development of reflective function in parents.
- For vulnerable families and traumatised children it can be very important that primary and secondary health services are delivered in an attachment-informed way by limiting the number of new professionals involved to the minimum consistent with quality.

The legal system

- Practitioners within the legal system are often required to intervene in families' lives and make significant and life-changing decisions about children.
- Making attachment-informed decisions about placement, contact and permanence in courts and children's hearings can alter the long-term outcomes for children in a positive way.
- Most cases of anti-social behaviour in children and young people can be understood better with an awareness of their attachment and trauma history. Interventions that respect and encourage the maintenance or development of secure attachments are more likely to divert children from criminal behaviour than a simple behavioural or punitive response.

Social work

- The role of social workers is to enable children, adults, families, groups and communities to function, participate and develop in society.
- Attachment theory is not only useful in assessment but should be an essential component of work involving prevention of problems for children and families, and is a key tool in helping children and families recover from adversity and repair relationships and capacity.
- A sophisticated understanding of attachment can inform the development of interventions whether these are personal interactions with individual children or their families, establishing therapeutic programmes or settings, or creating communities or inter-professional networks to support effective work.
- An understanding of the importance of attachment relationships in the co-regulation of stress can help in direct work with families and children but also in developing effective supervisory and learning opportunities for staff.

Findings

Introduction

The data collected from respondents ranged from simple descriptions of individual pieces of training or good practice to extensive discussion about a number of initiatives and the organisational and policy constraints encountered in implementing them. These more detailed accounts typically explored recurring issues and concerns about current policy and practice. As many of those interviewed held senior roles within their organizations they were able to describe several examples of work taking place across a range of settings delivered by different professionals and designed to support looked after children of various ages and the adults who care for them. As well as providing descriptions of work being undertaken, the interviews provided a reflective space in which managers and practitioners were able to explain their perspectives on the wider experience of childhood and parenting within Scotland and explore how attachment-informed transformational change might occur on a societal level. The content of these discussions is also included within the findings.

The information gained on qualifying training has been organised according to different professional groupings. The information on continuous professional development is more complicated and ranges from brief introductory inputs to award-bearing courses at postgraduate level. Some providers or programmes were repeatedly mentioned and where this is the case they are highlighted explicitly in the report. Some more general comments highlighting training gaps and concerns are also included.

The intervention data has been broadly organized into different categories reflecting development across the life course. Some issues and examples crossed different categories and these have been drawn out for separate consideration. Most of those interviewed also identified factors that supported the development of attachment-informed interventions and others that inhibited such development. Two detailed case studies of organizations that are attempting to place attachment theory at the centre of their work with looked after children are used to highlight these factors.

Finally the views of participants on the need for change within the wider social and political context are presented. Although these do not have a specific focus on looked after children, they provide eloquent arguments in favour of social and political changes that might reduce the numbers of children experiencing such adversity that they require compulsory measures of care.

Where detailed information about a particular training programme or intervention is available a description is provided in Appendix 2. Although members of the team were able to contact providers, managers and practitioners across Scotland representing a diversity of backgrounds, there will inevitably be many organizations and individuals whose work has not been included in this report. This in no way reflects on the quality of such work but rather highlights the constraints of limited resources and time.

Qualifying training

Social work

Information from all the undergraduate qualifying courses that responded suggested that attachment theory is an essential component of students' learning. Not only is it taught as a discrete academic subject, the theory was seen as underpinning a range of modules throughout the course, and is assessed through formal assignments. For those students whose practice placements were in child and family settings, there was usually an expectation that students would undertake assessments that required them to draw on attachment theory. Some courses also required students to undertake reflective tasks that enabled them to explore their own attachment histories and the impact this had on their practice. There is, however, a caveat to this positive picture; many respondents within practice settings were very concerned at the overall inability of many social workers to articulate or use attachment theory in their work with children and families, with some suggesting that they leave university ill-prepared for the job. One social worker informed an interviewer that it was not until she undertook a postgraduate child protection course that she had properly studied attachment or understood how it could be applied to practice. It seems possible that for many newly qualified social workers the overwhelming experience of dealing immediately with several frightening and painful child protection cases and confronting the loss and hurt of looked after children can undermine the learning and understanding achieved during the qualifying courses. Some respondents argued that the introduction of a protected probationary year analogous to that required for newly qualified teachers might provide an opportunity to consolidate learning and a safe space to develop practice skill and experience.

Education

There was little evidence from those that responded that attachment theory informed either initial education (I.T.E.) courses or indeed childhood practice degrees. A notable exception is the BA in Social Pedagogy provided by Aberdeen University, where attachment theory is fundamental to the course. This programme, however, is largely associated with one particular large provider of care and education for children with disabilities and not immediately relevant to more general training for education professionals. Aberdeen University is, however, about to introduce an elective module into the B.Ed. programme focusing on child development in which attachment theory will be a key component. This module will not only introduce students to attachment theory but will require students to undertake activities such as direct observations of young children to improve their understanding of normal child development and self-reflection to become aware of the impact of their own attachment histories. The module will also explore the relevance and application of attachment theory and other key developmental theories to the teacher's role. If the course is positively evaluated it will become a core module in subsequent years. In discussion with respondents from the courses it was clear that many of them believed that attachment theory was very important but they stated that there were already inflexible requirements and pressures on the I.T.E. and Childhood Practice courses which made it impossible to justify the inclusion of a strong focus on attachment theory. Several respondents argued that study of attachment theory is more appropriately located in postgraduate courses. A brief examination of the requirements for achieving an educational psychology qualification suggests that there is little or no explicit focus on the need to understand or apply attachment theory. All educational psychology students will, however, have

already gained a psychology degree in which attachment theory is likely to have been taught at some level, although this might have been very basic.

Nursing

The only nursing qualifying course that identified any teaching on attachment was a Child Nursing course which included a single lecture on attachment, although the theory was said to underpin other teaching within the course. An examination of the competences required at the point of qualification for pre-nursing and pre-midwifery courses found a single brief mention of attachment in the midwifery requirements and none in the general nursing requirements.

SCQF Level 7 qualification

This level of qualification is required for practitioners in residential child care and in day care services for children. The most usual qualifications are the HNC/SVQ3 in Social Care (for residential child care workers) and the HNC Early Education and Child Care or associated SVQ3 qualifications (for day care practitioners). In discussion with a respondent from SQA there was an acknowledgement that attachment theory did not feature prominently enough in these qualifications. An examination of the unit content confirmed that with the exception of the 0-3 Unit in the Early Education and Child Care HNC there was little explicit reference to attachment theory, although it was mentioned as one theory that could be taught in relation to human development. The content of these courses is about to be reviewed and as a result attachment theory is likely to be given a stronger emphasis throughout the units required for these qualifications. The SQA respondent pointed out that this was an important opportunity for change and the stronger the pressure from the sector the more likely it was that attachment theory would be highlighted in future. Any changes in the HNC will also be reflected in other associated qualifications (for example NC Awards).

Qualification and competences for other medical professionals

A brief analysis of the requirements for achieving the key professional qualifications for medical practice with children (Diploma in Child Health, Membership of the Royal College of Paediatrics and Child Health and Membership of the Royal College of General Practitioners) suggested that knowledge of attachment was not mentioned as necessary. The recent framework of competence for CAMHS practitioners highlights the importance of knowledge of attachment in understanding normal child development and the implications of inadequate care giving for children's mental and emotional health.³⁵ The strong emphasis on evidence-based models within the framework, however, means that attachment is barely mentioned either in the sections on assessment skills or on interventions.

³⁵ Roth, A. D., Calder, F and Pilling, S. (2011) *A Competence Framework for Child and Adolescent Mental Health*. Edinburgh: NHS Education for Scotland.
www.ucl.ac.uk/clinical-psychology/CORE/child-adolescent-competences/CAMHS%20Competences%20Framework_V1%20%282%29.pdf

Continuous professional development

Some universities offer postgraduate certificates, diplomas or masters qualifications that include a strong focus on attachment theory. These include in particular those that are targeted at professionals working with vulnerable children and families. Although some of these courses are intended to be interdisciplinary they appear generally to be located within either social work or health care departments in universities rather than education departments. Some of these courses are offered in conjunction with independent organizations such as BAAF, where the training and assessment is primarily undertaken by the non-university partner but quality control and accreditation is offered by the university. These arrangements are highly valued by practitioners as the training is experienced as firmly based in current practice, but at the same time being underpinned by rigorous research and gaining credibility from the university connection.

Many local authorities are using their own psychological services or specialist practitioners to offer attachment-based short courses within their own areas. The length of such courses can vary from an hour's input to one full day a week over several weeks. Participants are usually drawn from health, education, social work or police services but in a few cases have also involved Children's Panel members.

In some cases a clear coherent rolling programme of training has been developed which addresses the needs of practitioners across all professional groups and which recognises the different requirements of professionals in universal services and those in more specialized provision. Highland Council, for example, is planning to consolidate existing training by creating a Framework for Training across Integrated Children's Services to support the implementation of Getting It Right For Every Child (GIRFEC). This is a multi-level approach ranging from awareness training to specialist and advanced training which would normally attract some kind of accreditation. Attachment will be one of the underpinning theoretical bases for this framework. Other agencies such as Dundee City are planning to incorporate reflective learning based on real cases through the introduction of action learning sets and using excellent practitioners to lead regular training and reflective sessions.

Some agencies use external providers of training in addition to, or instead of, their own resources. Some of these involve attendance on external short courses, seminars or conferences such as those provided by organizations such as SAIA, Children in Scotland, BAAF, or CELCIS. Although these can be extremely powerful in creating "light bulb" moments for practitioners, there appears to be more lasting effect when training is delivered to whole teams and where there are opportunities to follow up the learning later.

Within Scotland there are several excellent independent consultants and trainers who provide attachment-focused developmental services ranging from single short courses to long-term consultancy relationships with teams of staff. Some of these individuals are particularly associated with specific models of assessment or training such as Dyadic Developmental Psychotherapy (DDP³⁶) but all are passionate about the importance of an understanding of attachment across all children's services. Several of these individuals have been key figures in the founding and development of SAIA. DDP and other training influenced by this approach was mentioned by several respondents very positively. Many of those agencies that had used this

³⁶ See Appendix 2

training had invested heavily in ensuring a substantial proportion of their staff had the opportunity to participate. The concepts underpinning the approach were felt to be extremely helpful in enhancing the quality of direct care and the strength of the relationship between child and caregiver whether in adoptive, foster or residential settings.

Sally Wassell is an independent trainer and consultant whose work was mentioned by respondents from several local authorities. Her work is strongly attachment-focused and she offers training and consultancy to professionals from a range of different disciplines. She identified several factors that were helpful in effecting genuine changes in culture and practice. She emphasized the importance of a continuing relationship with an agency and commitment from senior managers. Her model of training included follow-up sessions based on case practice examples, and where possible proactive consultation on complex cases. She emphasized that awareness of the importance of attachment needed to be consolidated through reflective supervision and relationship-based practice supported throughout the agency.

Several residential child care providers have used combined training and consultancy from CELCIS focusing on the importance of attachment, trauma and resilience to work with teams to achieve a change of culture. This has involved teams focusing on themselves and the children they work with and using theory and reflection to identify the philosophy and practice they wish to establish. Although this seems to have been very powerful in initiating change, continuing progress depends on ensuring that the approach is embedded through follow-up sessions of training and consultancy.

Foster carers and adoptive parents

Many organisations have also provided training about attachment to foster carers. The course developed by the Fostering Network, *Fostering Skills* is widely used as an introduction for new carers. Several authorities across Scotland have also used accredited online training for foster carers, provided by AKAMAS Care and Education. The material for this was originally created by Kate Cairns, a highly regarded social work writer, trainer and consultant, but she is no longer involved in the company. The material focuses strongly on attachment, trauma and resilience and is of high quality. Learning, however, is dependent on foster carers engaging with the online process and most success has been achieved when agencies have provided significant face-to-face support through their foster care link workers either to individual carers or in a group setting. A few independent fostering agencies across Scotland have also used a course *Fostering Attachments* developed by Kim Golding, who is a DDP therapist. This seems to be a particularly effective training intervention for foster carers though it does require substantial time commitment (18 sessions over several months) and reports suggest that foster carers report reduced stress, increased understanding of their foster children and in some cases believe that the training enabled them to maintain placements that would otherwise have disrupted.³⁷ Because this is such a resource-intensive course, Edinburgh City Council is the only local authority within Scotland that has been able to access this training which has been provided at no cost by Shelagh McFarlane with funding from the Early Years Action Fund and the Big Issue Foundation Scotland *With Kids*. Some agencies have used Adoption UK's *Its A Piece of Cake* course designed for adoptive parents or long-term foster carers who have had a child in

³⁷ Laybourne, G., Andersen, J and Sands, J. (2008) 'Fostering attachments in looked after children: Further insight into the group-based programme for foster carers.' *Adoption and Fostering*. Vol. 32 (4): 64 - 76.

placement with them for at least a year. This is a six-day course based on attachment theory which aims to help parents and carers to develop their understanding and capacity in dealing with difficulties resulting from attachment problems and early unresolved trauma, explore their own expectations and share new ideas and strategies with others. The programme is intended to minimise whole family distress and reduce the danger of disruption or breakdown. At the meeting of Chairs of Adoption and Fostering Panels attended by one of the team, the consensus was that although some relevant and valuable training on attachment was provided in agencies, very few routinely rolled out attachment training to all foster carers and even fewer had included adoptive parents in this training.

External influences and approaches

In addition to training provided from within Scotland, several organizations have invested heavily in bringing charismatic and influential figures from other parts of the UK and North America to address conferences and seminars. In some instance this has led to a continuing relationship or the development of training opportunities within Scotland. Dan Hughes, the originator of DDP, has visited Scotland every year since 2004 and has addressed several major conferences as well as providing direct training on his approach. Bruce Perry, from the Child Trauma Academy, has developed a model of assessment, Neurosequential Mapping Therapeutics (NMT)³⁸ based on his understanding of the impact of failed attachment and trauma on brain development. His visits to Scotland have led to an interest in his approach not only among professionals but also in politicians, policy makers and civil servants. Some professionals are now undertaking training to gain accreditation in NMT. Holly van Gulden is also a regular visitor to Scotland and has addressed a number of conferences. She has a particular focus on helping foster and adoptive parents who are struggling with children with particular very early developmental difficulties around “permanence” (understanding that people or objects continue to exist even when they no longer have a direct sensory connection to them) and “constancy” (understanding that an individual can have a range of ways of being/responding but still remain the same person). In addition to developing the AKAMAS training that is widely used within Scotland for foster carers, Kate Cairns has been invited by several agencies to provide seminars about attachment, trauma and resilience to foster carers, social workers, residential workers and teachers.

Training resources

There is a range of excellent resources available to support learning and development professionals and operational managers enhance the understanding of practitioners, carers and parents about attachment. Some of these have been developed very recently within Scotland. Suzanne Zeedyk’s DVD *The Connected Baby* which focuses on everyday care-taking tasks provides compelling evidence of the readiness of infants to attach to and communicate with their parents or carers. St Andrew’s Children’s Society has produced a training pack intended primarily for staff in education settings, *Building Bridges in Managing Attachment Difficulties*, which includes video role plays and interviews, research and practice summaries and specific training exercises. The *We Can and Must Do Better* training materials DVD-ROM has a strong focus on the importance of attachment, trauma and resilience for children in care of all ages and is in the

³⁸ See Appendix 2

process of being updated. The *Ready Steady Baby* book given to all new mothers is also being revised and the importance of attachment and attunement emphasized in the new edition. All of these resources are either free or extremely inexpensive and although some have been widely distributed, they could be more strategically targeted and effectively used by professionals.

General comments about training

Some key themes about training emerged consistently from the interviews: child development; lack of shared language; inter-professional and interagency training; particular gaps in training; embedding and consolidating knowledge and skills.

As a result of their continual exposure to very difficult child protection cases, social workers were perceived as often having a very poor knowledge of **normal** child development. This in some cases led to thresholds for concern in relation to very young children being set either too high or too low. Health visitors were seen as having a much better understanding of the normal milestones of development but usually little awareness of attachment theory or its importance in adverse family situations. Moreover, a general concern was expressed that the qualification requirements for the new public health nurse role were leading to a reduction in the child development component of the training. The general perception was that child development was hardly covered at all in teachers' initial education. Many of those interviewed believed that child observations, particularly of babies and toddlers, should be a requirement for all professionals centrally involved in children's services.

Several course leaders in universities, while accepting the importance of attachment theory, believed that this was more appropriately covered at postgraduate level. Although all professionals in children's services are required to demonstrate continued professional development to maintain their registration, there is no requirement that this is at postgraduate level. If in-depth study of attachment is largely located at postgraduate level then many key professionals will not necessarily have a good enough understanding of this in their work. Many of those interviewed also believed, however, that a better developed post qualifying framework should be put in place by SSSC with the expectation that all professionals undertake postgraduate level qualifications. Some people argued that there was a need for an attachment-based postgraduate qualification for those working with looked after children, similar to those focusing on child welfare and child protection.

Most of those interviewed identified a lack of shared language between professionals and a considerable amount of inaccuracy about the concept of attachment. There was a sense that professionals knew the word but not the underlying theory. In particular it was pointed out that there appeared to be confusion between "attachment" and "love" within families and "attachment" and "relationship" in other settings where children are cared for or educated. Although there are obvious connections and some overlap between these concepts, it was felt to be important that there was clarity about the specific association between safety/ comfort and attachment behaviour rather than assuming that the multiple aspects of relationships between children and adults are all associated with attachment. This both devalues other important attributes of relationships and undermines the effectiveness of the concept of attachment in assessing and intervening to ensure the core safety and emotional development of children. There were differing opinions about the use of the word "attachment", although there was strong support for the importance of the fundamental concept. Some people felt that it was

intimidating to parents, others felt that it has uncomfortable connotations and preferred the word “nurturing”. Most people, however, felt that it was important to retain the term and since it refers to a very specific theoretical concept, it seems unlikely that developing a shared language will be helped by introducing a confusion over definitions.

One way of addressing the lack of shared language around attachment and improving the integration of services is through inter-professional and interagency training. Almost all qualifying courses for professionals within children’s services are offered in Higher Education Institutions that provide training for a range of professionals and this should offer a clear opportunity for early shared training. Although the potential benefits of such shared training are recognized by qualifying courses this only happens in rare instances. The explanation given for this cited the logistical difficulties involved in coordinating timetables, particularly for professional courses that inevitably involve practice placements. Unless there is a clear requirement for this type of training to be included as part of professional qualifying courses, inter-professional training will not happen on a regular basis at this early point in practitioners’ development.

Within continuous professional development a distinction was made between training where different professionals or agencies just happened to be involved, and inter-agency or inter-disciplinary training which focused specifically on understanding the differences and connections in approach, knowledge and demands among professionals. While both types of training were felt to be important, training which enabled a systematic shared examination of difference and promoted opportunities for developing appropriate shared understanding was felt to be of particular value in developing truly integrated services. The importance of the recognition and valuing of the particular knowledge, skill and value base of different professionals and how attachment theory might inform practice within and across settings was emphasised.

As identified earlier, there was considerable evidence of some training on attachment being provided for a wide range of professionals and carers across children’s services. Nonetheless, there was widespread concern that certain groups of professionals had little or no awareness of attachment theory or the implications of attachment impairments. The lack of understanding among mainstream teachers about attachment and trauma was repeatedly mentioned. For adoptive parents, foster carers and residential child care workers, this frequently undermined their attempts to improve the emotional wellbeing and educational success of their children. When teachers were able to access training or develop an understanding of these concepts, the impact was often transformational for children. Other particular gaps in provision were identified for midwives, children’s panel members and sheriffs. It was pointed out that in England judges involved in making decisions about children’s care are required to undertake mandatory training but that this is not expected in Scotland. As well as identifying groups of professionals that did not get basic training about attachment, many of those interviewed noted the lack of training in assessing adult attachment across all professional groups.

Where training was available to professionals this was usually very well evaluated and for many people provided new insights into the needs and behaviours of children they work with or care for. What was far less evident was the necessary systematic approach to consolidating knowledge, values and skills through follow-on training and consultancy or embedding the concepts and skills in practice through reflection and supervision. Where such consolidation had occurred the focus on attachment-informed practice was maintained and experiences for children appeared more positive.

Those interviewed consistently reiterated that attachment should be a core theoretical underpinning for all work with children and not an optional add-on. Although this exercise identified a range of specific events or training that practitioners or carers have attended, these have often occurred without reference to core underpinning knowledge and in the absence of an implementation framework. Although the interest in attachment is clear and widespread with some excellent training initiatives and several knowledgeable and highly skilled trainers, the actual knowledge of attachment and the associated skills in assessment and intervention within children's services in Scotland is patchy. Few organizations have developed a comprehensive plan that addresses the training needs of practitioners in particular settings and with different levels of responsibility. Moreover, even when a systematic approach has been taken to ensure that staff can access training, there is not always a clear mechanism to support the translation of theory into direct practice.

Interventions across the life course

Perinatal and early years

The importance of secure attachments for the healthy development of babies and toddlers is generally recognized among professionals working with vulnerable families and this is reflected in the number of initiatives in place around Scotland to identify parents and children in need of support and to provide targeted help. Despite this recognition, however, there is still a lack of skills and knowledge about attachment within the universal workforce. Midwives, health visitors and early years workers have regular and easy access to almost all babies and small children and their parents. It was clear from the interviews, however, that many of these practitioners have not had sufficient training in attachment theory and the importance of supporting the development of secure attachments for all children. Moreover, there was serious concern expressed that the availability of health visiting as a universal service for all children up to the age of five had been seriously eroded. There are important signs that this may be in the process of change. An additional contact with health visitors is to be reinstated for all children between 24 and 30 months of age, which provides an opportunity to screen for social, emotional and behavioural difficulties. There is also considerable interest emerging in strengthening the awareness among midwives of the importance of attachment. The Maternal Public Health Special Interest Group has an attachment subgroup which aims to empower the midwifery service and antenatal education in Scotland to raise awareness of the importance of attachment and bonding and to have a positive impact in this area. There is a growing awareness that the earliest emotional and relational experiences of babies have lifelong implications across a whole range of health and social outcomes. The forceful leadership of the Chief Medical Officer for Scotland has resulted in the widespread recognition that attachment impairments are a public health issue and that alongside targeting support to vulnerable families, it is appropriate to instigate universal health improvement measures focused on increasing the numbers of securely attached infants. The high profile *Play Talk Read* campaign has been aimed at all parents of babies and toddlers. This is also going to be followed by the launch in October this year of the *Scottish Government Parenting Strategy*, which emphasises the importance of bonding and family connectedness and is underpinned by attachment theory.

A similar recognition is emerging within education that secure attachment is associated with school readiness at age five. This underlines the importance of early years workers having a clear focus on attachment both in supporting families and in organizing services for young children in a way that maximises the opportunity for children to develop secure attachments to their additional caregivers.

The Jeely Piece Club is a community-led resource in Castlemilk which offers services for children of all ages and their parents. It was established in 1975 by local parents to improve their children's experiences and has expanded significantly since then. Throughout its history it has enjoyed strong community support and involvement. The Jeely Piece Club attempts to support and strengthen families by making it a priority to work with children and their parents/carers together whenever possible. Within the service there is a strong focus on supporting the development of secure attachments not only in the everyday experience of the nursery and after school provision, but also through the development of more intense services such as "Special Playtime" in which selected children are offered opportunities for individual therapeutic play sessions. The work of the Jeely Piece Club has won many awards and has been consistently well

evaluated. Its success demonstrates that it is possible to establish a community approach to creating the conditions for developing and strengthening secure attachments. The ethos of Jeely Piece ensures that parents are able to learn and practise key care giving skills in a supportive and non-judgemental environment where parents and children are having fun together and with others in their community. This dense relational web is very effective in creating the general conditions for developing secure attachments in families within the community, but also offers a preventative opportunity for parents or families experiencing acute or chronic adversity and a place for early intervention if relationships begin to go wrong.

Within Scotland there are a number of parenting programmes that aim to support families in bringing up their children. Many of those who were interviewed expressed concern that several of these were behaviourally based and did not focus sufficiently on the importance of creating the conditions in which attunement between infant and caregiver can flourish. One person interviewed stated that her organisation had given up using *Positive Parenting Programme (PPP)* while others had adapted the programme by introducing more attachment-focused material. The inflexibility of some of the manualised behavioural programmes was also felt to be unhelpful and concern was expressed that without adapting to the particular needs of participants, it was difficult to maintain interest and attendance. Those attachment-focused models such as *Mellow Parenting*³⁹ and the *Solihull Approach*⁴⁰ which focus on helping parents to understand their own experiences and which create containing relationships between worker and parent were felt to be more effective especially with the most vulnerable and resistant parents. Christine Puckering, who developed the *Mellow Parenting* programme emphasised that these parents already know the “whole vocabulary, structure and syntax of bad relationships” and that it was only by concentrating on the relationship that they can begin to internalize good experiences. This does not imply that these approaches lose sight of the child, but they fit well with the evidence that suggests that for secure attachments to develop, caregivers need to be able to reflect on and attempt to understand the child’s emerging internal world. If overwhelming practical demands or emotional distress interfere with this reflective capacity, then providing support to the caregiver that develops or restores this function is an important component in improving the emotional wellbeing of the child.

South Lanarkshire psychological services have developed and are about to pilot an attachment-based framework for developing individualised programmes with parents of very young children (The Early Years Framework for Assessment and Intervention for Attachment and Resilience).⁴¹ Rather than delivering a standard programme that follows a prescribed format, this enables parents and professionals together to work out which areas to focus on and in which order.

The intensive attachment-based approach taken by the *Family Nurse Partnership (FNP)* project⁴² was seen as very effective for the young women involved, many of whom had a care background. There were concerns, however, that FNP was only available to a restricted group of first-time mothers although the underpinning concepts and skills were felt to be transferable to other vulnerable families. It was also pointed out that investment that was being made in FNP at the same time that there was a reduction in the universal availability of health visiting services which share some of the fundamental characteristics of FNP. The Family Nurses themselves felt very positive about the work they were able to do but were encountering problems at the end of

³⁹ See Appendix 2

⁴⁰ See Appendix 2

⁴¹ See Appendix 2

⁴² See Appendix 2

their two-year involvement with the mothers because there was a lack of understanding within universal health services of the particular needs of these young women and their children.

Another intensive home visiting programme *Minding the Baby* is being piloted in East Ayrshire by the NSPCC; unlike FNP this model combines the expertise of health and social work professionals. It is targeted at particularly vulnerable women up to the age of 25 during their first pregnancy and support is delivered from the third trimester of pregnancy until the baby reaches the age of 2. Again the focus is on enabling the mother to become a secure attachment figure for her baby and increasing her capacity for mindfulness by developing a reflective and containing relationship between her and the professionals.

For a small minority of families there are profound concerns about parents' capacity to protect their children and keep them safe. This may be as a result of uncontrolled substance misuse or because of documented examples of neglect or abuse. The SCRA research identified that with these families it sometimes took several years before a decision was made that provided children with permanence. Several initiatives are underway across Scotland to try to speed up decision making for these children by undertaking rigorous attachment-based assessments and offering robust interventions to families. These are conducted within a time frame that fits the developmental needs of the child, and the intention is that where families are unable to provide safety and protection for their children, a decision about removal and placement with permanent carers can be speedily achieved. In the *G.I.F.T. Project* in Glasgow⁴³ a multidisciplinary team has begun to work with very vulnerable children and their families. Children are placed with foster carers to maintain their safety and to have the opportunity to develop a secure attachment, and the assessment and intervention team supports carers in this process. At the same time, however, the team also assesses the parents and works intensively with them to understand the attachment needs of their children and to develop the qualities necessary to become secure attachment figures for them. The aim of the project is for children to return home wherever possible, but when parents are not able to provide safe and protective care for them, children are able to remain permanently with a carer to whom they have already made a secure attachment. It is hoped that the rigour of the assessment and intervention process and its time-limited nature will enable rapid clear decision making for children by courts. A joint initiative between health and children's services in Perth and Kinross, *Change is a Must*,⁴⁴ works with substance-using parents and has had considerable success in improving children's health and wellbeing using an attachment-based assessment and intervention programme. Another attachment-focused intervention provided jointly between Scottish Adoption and Edinburgh City Council, *Chance for Change*, works with birth mothers who have already lost one child to adoption and are in danger of losing another. This focuses primarily on helping mothers to reflect on their own attachment experiences and to regulate themselves so that they can build a more accurate sense of their babies needs and develop the capacity to respond to them.

Middle childhood

For children of primary school age, the educational setting can be both the environment in which impaired attachment becomes most obvious, and the place where alternative more positive attachments can be fostered. The demands of school, even in the early primary years

⁴³ See Appendix 2

⁴⁴ See Appendix 2

can be overwhelming for children who have been unable to achieve the basic self-regulatory capacity that comes with good enough attachment experiences. Handling stress, managing rage and impulse, accepting correction and having some capacity to understand their own and other's feelings and respond empathically form the foundation for school readiness and all are developed most easily in the context of secure attachment relationships. Although children with adverse attachment histories may struggle with the basic requirements of school, the organisation of primary schools provides them with real opportunities to have a degree of corrective experience. The fact that children generally have the same teacher who can provide reliable, predictable attention and care for substantial periods of time every day can be enormously reassuring to many children. These teachers can become associated with safety and comfort and may act as a secure base or safe haven at least within school.

Unfortunately, however, many teachers have little awareness of the impact of attachment difficulties and may perceive a child as badly behaved, controlling or attention-seeking who is actually desperately in need of comfort and safety. Post Adoption Central Support (PACS) have developed a number of extremely helpful simple resources to help explain to their teachers some of the bewildering behaviour looked after and adopted children can present. In some areas teachers have been involved in CPD sessions led by Looked After Children teachers or have participated in training based on the *We Can and Must Do Better* training materials. For many teachers this has been their first opportunity to understand the implications of attachment difficulties and the impact of trauma on learning and behaviour and it has helped them to recognize underlying emotional difficulties not just for the looked after children they teach but other vulnerable children in their classrooms.

In some areas more intensive support is also offered within educational settings to support children who are struggling with the demands of school. Glasgow City, for example, has invested heavily in providing nurture groups,⁴⁵ which are based on attachment theory, in many of its primary schools and this has been extended to some early years provision. The benefits have been seen not only within the schools but also in the home setting where parents have described their children as “transformed”. Some of the children included in the nurture groups have been from the “looked after at home” group of children as well as others who are in foster or residential care. For some children this experience has diverted them away from specialist out-of-authority placements because their capacity to learn, manage socially and behave acceptably within their own schools improved so dramatically.

Some children in primary schools in Edinburgh and Glasgow also have access to trained and accredited volunteer counsellors through the *Place2Be* organisation. This provides easily accessible support to children individually and in groups. Counsellors are also available to teachers and parents and this can provide containment for adults trying to deal with the emotional demands or behavioural challenges of children and support them to remain thoughtful and engaged rather than punitive and rejecting. The training provided to volunteers, counsellors and teachers is strongly based on attachment theory and has helped to transform the understanding and management of children's behaviour. Comments relayed to the mapping team emphasized that this service was quickly felt to be indispensable in those schools that had access to the *Place2Be*.

Even the most skilled and attachment-aware primary school teacher is likely to struggle to meet the needs of a child with a severely disrupted attachment history while simultaneously providing

⁴⁵ See Appendix 2

a positive social and learning environment for thirty other children. Some children may be provided with additional help within the classroom by having a dedicated behavioural support worker with them for some or all of their time in the class. This resource, however, is expensive and under threat in many authorities. There are also differences in the way the role is conceptualized and implemented. In many cases the support worker is not identified as “belonging to” a particular child and may be moved around to meet the shifting needs of the class or the school. An alternative model has been developed within the Sycamore Project in Fife. Workers are identified for a particular child and their role includes bridging the transition from home to school and becoming an attachment figure for the child, acting as a secure base to enable them to engage with learning and a safe haven at times when they are stressed or frightened. As they are involved in the training and support offered to all staff in the Sycamore Project they are also able to help teaching staff understand the reasons for children’s difficult behaviour and promote effective ways of dealing with it. Children themselves value the role and have a clear sense of its purpose. One child offered an anxious new arrival in her class the opportunity to “borrow” her worker because this would help the new child to manage feeling bad, but emphasised that although she was doing well at the moment she would have her worker back as soon as she needed her!

Many children at Primary School attend some form of after school care while their care givers are working. Although such provision is regulated by the Care Inspectorate there is no requirement on providers to ensure that their staff have any specific training on attachment or indeed to organize their service in an attachment-informed way. Some children as young as four spend substantial parts of their week in such environments and although some organizations such as the Jeely Piece Club have a strong awareness of the importance of attachment, this is by no means the norm.

Alongside attachment-informed interventions and training there are now a number of initiatives that are aimed at promoting emotional health and wellbeing among all children in a school. The *Roots of Empathy* programme,⁴⁶ which was developed in Canada, uses the emerging relationship between a baby and parent over the course of a year to simultaneously structure core learning tasks and provide an opportunity to strengthen children’s own emotional development. Even children whose own early attachment experiences have been difficult are able to gain a vicarious experience of positive early relationships. Within Edinburgh the Growing Confidence project has provided training to teachers, parents and carers about attachment and brain development and encouraged a whole-school focus on developing the emotional health and wellbeing of children.

Residential child care is generally intended to be a service for teenagers and the assumption is that younger children should be living in families. Within Scotland, there are, however, a few providers with a particular focus on residential care for children of primary school age. Some of these such as Harmeny School, and Seamab School have an integrated care and education programme, whereas others such as the units within the Sycamore Project for younger children aim to integrate children within mainstream settings wherever possible. There are also a few providers who take some younger children but also provide a service for older children, such as Ballikinrain School and Kibble Care and Education Centre. All these providers have invested strongly in attachment-promoting training such as DDP. In most cases they conceptualise their work and organize their provision in a way that emphasises the importance of developing secure organized attachments. These providers are generally well regarded and provide safety,

⁴⁶ See Appendix 2

stability, emotional security and new opportunities for the children in their care. They also create environments where their staff are able to learn theory, reflect on their practice and explore the impact of the work on themselves. Although these organisations generally provide a good experience for younger children they can experience severe challenges when young people have to move on, as this disrupts attachment relationships and transitions are not always managed in an attachment-informed and trauma-sensitive way. Some of these providers have developed their own fostering services as a way to ensure that transitions can be better managed and to continue to provide a service for young people that meets their needs and maintains a sense of belonging and connectedness with their previous carers.

In some local authorities younger children may have to be accommodated within places that are designed for teenagers with staff used to working with older children. This is unlikely to meet the attachment needs of these children and can expose them to frightening experiences with little support to help them regulate their terror. Instead of admission to care being a healing experience it can confirm their perspective of adults as unsafe and re-traumatise them.

Adolescence

It is often during adolescence that the damaging consequences of impaired attachments first become apparent and troubling for those beyond the child's immediate social circle. The transition from the relatively small, socially- and emotionally-containing environment of a primary school classroom to the bewildering, demanding and ever-shifting social and learning experience of a secondary school can overwhelm the fragile coping mechanisms achieved by children with attachment difficulties and push them into extremely challenging behaviours. In addition hormonal and physiological changes combined with social expectations and lack of secure attachments to adults may lead young people to try to meet their emotional regulatory and attachment needs through peer relationships. Whether this is through early engagement in sexual behaviour, shared experimenting with alcohol or drugs, truanting from school or becoming involved in delinquent or gang behaviour, these types of responses are likely to evoke punitive reactions from adults rather than understanding.

There were very few examples of attachment-based interventions in the community with adolescents. Although research currently being undertaken within CELCIS with children looked after at home is providing examples of the importance of attachment figures other than parents for these children, only a few authorities focus on systematic identification of and support for these relationships.⁴⁷ Most of the emphasis is upon interventions within residential child care or foster care settings. These are mainly in the form of training, consultation and emotional containment of the adults caring for young people so that they can provide some degree of compensatory, attachment-based, re-parenting for young people and help them increase their emotional, social and cognitive capacities. Some residential providers have developed their own attachment-informed approaches. Ballikinrain's *Alliance not Compliance* and the Aberlour Child Care Trust's *The Sycamore Way* are both examples of residential practitioners and managers using theory and experience to construct models of practice that work well within their own settings and that can support attachment-sensitive work with young people.

There were a few examples, particularly when young people were likely to be away from their own families for short periods of time, where social workers actively sought out and

⁴⁷ Personal communication with John Paul Fitzpatrick, Business Development Lead, CELCIS.

strengthened the young person's existing attachment relationships including those outside the family. A few local authorities were also using the skills of residential workers in making intense and effective relationships with young people and families by developing outreach work with families whose children were at risk of entering residential or foster care. Such projects provide direct support to parents in developing the capacity to be safe attachment figures for their children and help them to become more mindful and reflective about their children's behaviour and needs.

Many residential and foster care providers undertake some of this type of attachment-focused work but a few, such as Edinburgh City Council have chosen to incorporate an explicit attachment-promoting philosophy at the heart of their provision. Attempting to create a congruent organisational focus on attachment theory when working with children in the care system is difficult and challenging for a local authority and requires leadership, strategic and analytical thinking as well as enthusiasm, time and resources. A short case study of the work in Edinburgh is provided in Appendix 1 and will be used later in the discussion of inhibiting and supportive factors in implementing attachment-focused practice.

One common practice in working with young people who have a complicated and fractured journey within the care system is the compilation of some form of life story record often, but not always, in book form. Although helping a child to develop a coherent narrative is an essential attachment-strengthening task, the simple creation of a life story book does not always accomplish this. Understanding and maintaining connectedness and meaning on a daily basis - a lived expression of life story work - is more important than retrospective information collection, however sensitively undertaken. In the most attachment-conscious environments there is a deliberate respect and honouring of important relationships and events and these are recorded through photographs, video or writing. They are also, however, continually revisited with children, and memories and stories become internalised and part of both shared and individual narratives. Of particular meaning are leavings and other transitions and these are marked and the individuals celebrated and remembered, even when changes are the result of unplanned disruptions.

Although there were few examples given of explicitly attachment-focused work in the community, it is important to mention the work of the Violence Reduction Unit (VRU). This has produced an extremely powerful video demonstrating how early experiences for a child can lead to extreme violence later in adolescence. The VRU also has close links with Suzanne Zeedyk and is involved in developing attachment-promoting work with young parents in deprived communities. In relation to adolescence, however, their most remarkable work has been in reducing gang violence. Though not being portrayed as an explicitly attachment-informed intervention, it is certainly underpinned by an understanding of attachment theory. For many young gang members the gang is able to provide for some of their unmet infant attachment needs and the sense of belonging, connectedness and safety make it easier to engage in the violent and antisocial behaviour typical of gang membership. By attempting to engage whole gangs, it makes it easier for individuals to give up delinquent behaviour. Techniques which activate empathy and the offer of alternative relational opportunities are also used and these work to provide alternative attachment possibilities to these young people.

Care leavers

Leaving significant people and the place where they have lived to embark on independent living poses considerable challenges to young care leavers. For some of them this represents another separation from important attachment figures and this can undermine competence and equilibrium if the transition is not organised in such a way as to maintain real connectedness and the opportunity to continue to use place and people as a secure haven. Many young people still leave care and enter independence as early as 16 years of age and in some cases this may be to bed and breakfast accommodation. The increased pressure on resources, as a result of the adverse economic situation, has also meant that there is less willingness among funding authorities to maintain children in expensive out-of-authority placements beyond school leaving age, even if this would best meet their needs. Nevertheless, the team were informed of examples of practice that respected, maintained and affirmed the important attachment relationships formed in care.

Some organisations had worked to ensure that young people were able to be housed close to their previous home in order to facilitate continued relationships. *Living Nearby* for example is an initiative to improve success in transition between children's houses and independent living in North Lanarkshire. It involves joint working between housing and social work services to provide a scatter flat (a small, furnished flat provided on a temporary basis) or tenancy nearby so that young people can continue to be supported by the children's house in which they used to live. Some organisations are able to help young people by providing direct support to young people in their transition by ensuring that staff are available on a regular basis for the young person in their own tenancy, including at night time in some cases.

Managing the transition from secure accommodation to the community can be particularly challenging for young people. The opportunity arose within the secure estate in Edinburgh to change the remit of one of the open units and it was decided to create a dedicated after care resource. This involves both outreach work to support young people in the community and the availability of dedicated accommodation for planned respite or crisis care for young care leavers. This has at times included providing safe space for young women and their babies. Young people in secure accommodation are among the most vulnerable in the population and the experience of stability and safety in this setting can be very powerful. Maintaining relationships and connectedness and providing a safe haven to return to in times of crisis can ease the transition to independence and reduce adverse outcomes.

Another particularly vulnerable group of young care leavers are those who are placed out of their own local authority and have little or no contact with their own families. For these young people the adults in their residential home or school may have become their only attachment figures. Starley Hall School is developing a house in the local community where young people who have left the school can continue to receive direct support from those adults who have been important to them while they establish themselves in the world of work or further education. Easing this crucial transition through the use of existing relationships is more effective than just passing young people on to yet another adult, no matter how caring or competent a worker they may be.

Some young people spend a substantial part of their adolescence in the same residential unit and come to see this as their home. Lothian Villa is a local authority children's home in East Lothian which has developed a strong attachment-enhancing approach for almost twenty years.

When children arrive the focus is on creating a sense of belonging and connectedness. They are explicitly told that no-one ever really leaves the Villa, and that this is a “different kind of family”. This is reinforced by the photographs of previous and current staff and residents prominently displayed and by the regular contact with people who have previously lived or worked there. Even if a child has to be moved to a secure setting for a period, staff visit regularly and the expectation is that the child will return “home” to the Villa. Staff and residents share numerous carefully constructed experiences that build connectedness and memories, such as camping in Epping Forest each year, exciting activities and holidays as well as creating warmth and intimacy within the home through positive experiences of food, touch and activities such as storytelling and games. There are frequent visits from previous residents and some come for meals on a weekly basis. Lothian Villa has its own private Facebook page which can be accessed only by people over the age of 18 who have lived in, worked at or had another strong connection to Lothian Villa. This has become a place for sharing memories, photographs and news for people across the world with a connection to the Villa. Every week for the last fifteen years there has been a football session held at the local leisure centre for current and former residents to enjoy together. Staff members see it as their responsibility to respond to difficulties that previous residents may experience in a way that would mirror normal family care and concern as much as possible. On occasion this has included providing crisis accommodation if there is any space to do so. This continued claiming and sense of belonging acts as a buffer to some of the anxieties and challenges of separation from significant people and places, and paradoxically supports the development of autonomy and adulthood.

Although a few residential settings have been able to develop this kind of culture, notably the Sycamore Project and some of the units in Edinburgh, it often requires a determination to challenge prevailing assumptions, practice and expectations. More typically, young people’s opportunities to continue to connect with their “home” are relatively restricted and in some cases they are even perceived as a threat to the current residents. Current research being undertaken with adult care leavers provides moving examples of young people who clearly gained security and comfort in their residential placements but found the experience of leaving traumatic and still feel a degree of abandonment and rejection and a desperate desire to “come home”.

Within most families, children are held in mind by their adult attachment figures and over time this provides them with a coherent and stable narrative that contributes to their emerging sense of identity and ultimately autonomy. For young people within the care system this comfortable sense of being known, understood and held in mind is frequently absent. Several different people share a child’s development and history and it is unlikely that any one individual can help them to establish a coherent narrative and sense of self. For many young people who are leaving the care system it is their case file and the myriad of recordings held within it that encapsulates their life and history. Many adult care leavers seek to access their files later in life and this can be a very distressing experience for them for many reasons. At a very basic level it can be challenging to locate a file, as they are rarely properly archived and indeed may just be lying in a cupboard or attic in a children’s home somewhere. Even if a file is located it may only contain information relevant to one part of a person’s care journey. Moreover, the information in the file is frequently recorded in such a way as to leave the person reading it uncertain about the quality and depth of relationships they remember as there is often a focus on deficits and difficulties and the writing is sterile and distant. Some organizations are attempting to manage records in a more attachment-supporting way. Moore House School, for example, is planning to develop and evaluate a system that involves staff writing brief letters to children in their care each day outlining what has happened both good and bad and acknowledging the emotional

experience of interactions where appropriate. This will contrast with the current somewhat sterile, problem-focused recording that is rarely used to inform practice but exists primarily to meet legal reporting requirements. Some children have the opportunity to see part of their files while they are still in care and this approach can only strengthen attachment relationships. For an adult accessing their file this is likely to provide an experience that affirms the meaning of important attachment representations in their childhoods rather than undermining them. Other organizations, such as North Lanarkshire, Kibble Care and Education and Quarriers, are recognizing the importance of the records they hold and are ensuring that they are properly archived and that a positive policy is developed to enable easy, supportive access to them for adult care leavers. In addition to individual files many organizations hold institutional records and numerous group photographs. Some places are offering those who have worked or lived in such environments the opportunity to be involved in identifying and cataloguing these resources, which again enables the reaffirmation of connectedness and being held in mind across time.

Until recently the importance of attachment to place has been largely ignored within the care system. This is particularly apparent when children's residential units have been closed as part of a reorganization of services. These are often demolished to allow new building to take place with little thought given to ensuring that the memories of those who have lived there can be preserved in some way. When organisations have chosen to preserve a building for an alternative use, as has happened for example in North Lanarkshire, this can provide an emotional focus for previous residents and staff. If a building is changing hands or being demolished it can be very helpful to consciously create an accessible full record of the residential establishment. Quarriers is about to reorganise one of their residential services, Seafield School, which will mean selling the current building which has a long history as a space providing care for children living away from their families. They are planning to ensure that documents, photographs and a history of the school will be available on line for all previous residents and staff to access. In some cases, however, not only has the building disappeared but so has all record of its existence. CELCIS has created a database of residential child care settings from 1935 as part of the Scottish Government's work in responding to historic abuse. This provides an opportunity to expand this tool to include photographs and non-confidential historical documents that could be contributed to and accessed easily by former residents and staff.

Attachment to place is not only important for previous residents; it can also be specifically developed to support children's engagement with their local area and expand the range of spaces that enable them to feel safe and secure. The *Edinburgh Right to Read* project, for example, encouraged children to make more use of local libraries and enhanced the awareness of librarians of the particular needs of this group of young people. As a result one young man, after he left his residential unit would spend several hours each day in his local library and the staff recognized and welcomed him. For him the library had become both a secure base and a safe haven.

Supporting Caregivers

Throughout all the discussions with managers and practitioners, a constant theme which transcended developmental stage and setting was the importance of providing support to caregivers. At a very simple level there was an acknowledgement that a more comprehensive training about attachment was necessary both for the caregivers themselves and those who supported or managed them. Beyond this, however, there was a recognition that the demands involved in providing direct healing care to very hurt children were potentially overwhelming

and carers - whether adoptive parents, foster/kinship carers or residential workers - needed emotional containment and support themselves. There were some examples where such support was provided well. Several residential care settings had access to regular consultancy either through local CAMH services, such as the Edinburgh Connect service, or through independent consultants on a sessional basis. Nevertheless, staff members in the majority of residential child care settings have no access to this kind of emotional containment and reflective space and are left to manage very challenging behaviour and their own disturbing reactions and confusion without any support.

Some CAMH services, or local authority psychological services, also provide very helpful drop-in sessions for foster carers or adoptive parents. Many of these sessions are, however, reactive and carers access them only when difficulties have already emerged. This is in contrast to the proactive regular support most valued by foster carers and adoptive parents. In Bath, for example, the *Locate Project* which was led by a DDP therapist, provided a proactive service for all adoptive parents from the point of matching throughout childhood and adolescence. This involved regular sessions with members of the *Locate* team whether there were difficulties or not as well as an immediate visit if either child or parent requested it followed by intensive therapeutic support if needed. Despite recent research that suggests that in adolescence only a third of adoptive placements are trouble free with a third having collapsed and a further third in difficulties, no adoptive placements supported by the *Locate Project* broke down. Although there is a growing recognition that adoptive families are particularly vulnerable but poorly supported, there is still little formal provision for them. Adoption UK, which is a charity led by and for adoptive parents, runs a number of groups and events for families across Scotland and runs a parent mentoring scheme, all of which are experienced as very helpful. Some of these are provided with a degree of support from local authorities but most of the organisation and effort is provided by volunteer adoptive parents.

Although there were some excellent examples of support being provided to caregivers to help them to remain sensitive, available and connected to the children they care for and to support the development of secure attachments, there were also many instances where carers and practitioners were left to manage impossibly difficult situations and then blamed for their collapse. In particular the experience of CAMH services was very variable around Scotland with many of those interviewed describing them as anonymous, target driven and geared towards a behavioural medical model with no work being done on attachment. This was underlined by a communication to one of the mapping team from a CAMHS worker. This professional emphasized that attachment work needs a high level of reflective space, supervision and self-awareness and felt that it would always be difficult to create the organisational dynamics that would provide this. She believed, however, that the CAMHS environment in which she worked was the active antithesis of the culture required to develop a service for children, families and carers that worked in an attachment-sensitive way. Similar negative cultures that undermined this type of work could be found across agencies and disciplines. This perhaps reflects the overwhelming pressure experienced by professionals as a result of excessive external demands and the internal anxiety that connecting with intense human distress can evoke.

Transitions

Children's normal developmental journey involves important transitional experiences that are triggered by chronological age such as moving between different types of educational setting. For most children these transitions involve some degree of stress but they usually come when

their emotional, social and cognitive development has reached the point that they are competent to manage the move. Some children also experience additional transitions such as having to move school as a result of their parents moving jobs or home or dealing with a rupture in their family relationships as a result of parental separation. In most cases children successfully navigate their way through the additional stress caused by such transitions, although many experience temporary sadness and disorientation as a result of them. In managing these transitions, however, most children have a range of internal and external resources to draw on to help them. Positive early social and emotional experiences with their attachment figures provided them with the skills to regulate difficult emotions and use their emerging cognitive capacities to resolve problems they face during these transitions. Moreover, most children face these transitions with the continued daily support of at least some of the most important people who have been part of their lives since infancy. More vulnerable children who are in or on the edge of care face considerable challenges in managing transitions in their lives. They have often not experienced the secure attachments in infancy that would develop the necessary emotional, social and cognitive skills to manage transitions effectively; even “normal” developmental challenges can overwhelm their coping strategies. These children are, however, likely to face far more transitions during the course of their childhoods than other young people; such transitions are likely to be much more disruptive than those faced by their peers and often involve total removal from familiar places and people. Perversely, the care that is provided to help children recover from these destructive and damaging disruptions in their lives often compounds their problems by providing a string of disconnected care episodes in which important relationships are repeatedly broken and little respect paid to children’s need for enduring personal bonds.

Many of those interviewed emphasized that using attachment theory to inform transitions for looked after children would lead to fundamentally different decisions and approaches. Making attachment-sensitive support standard for children at key developmental transitions would reduce stress for all young people and might enable some children with histories of adversity to manage transitions successfully without becoming extremely anxious or developing challenging behaviour. For young people who are unable to live with their own families, a stronger focus on identifying, maintaining and strengthening existing attachments could ensure that they are able to cope with the inevitable loss and separation anxiety associated with admission to care. Children living in residential settings or foster families often have to move placements. Bruce Perry pointed out in a recent conference presentation⁴⁸ that the outcomes for children who moved along a series of excellent but disconnected placements tended to be worse than those where a child moved between several inferior placements but maintained relationship with one secure attachment figure throughout all the moves. This echoes the views of those involved with the Voice of the Child in Care *Blueprint Project* in England who argued that each child or young person should have a strong, enduring special relationship with one person who they called their BFG (big friendly giant). They suggested that BFGs should be chosen by the child and might come from their existing social support network or be someone who has worked with them in a professional capacity. In contrast to this model, in reality there tends to be rapid turnover of professionals involved with children and far from being accepted as an important support to a child’s development, any professional or carer who is interested in offering a continuing relationship is viewed with suspicion.

Professional career structures do not reward adults who choose to organize their development in a manner that supports children’s developmental needs. Rather than face the pain inflicted on

⁴⁸ EUSARF 2012 www.eusarf2012.org

children when important adults leave them for personal or professional reasons, there is widespread collusion with the belief that with an “appropriate ending” children are relatively unaffected by such losses. Often children’s important attachment relationships with professionals and carers are not even recognized in leaving events or transition plans. Although practitioners obviously do have the right to make important personal and professional decisions that may entail leaving a job or disrupting a relationship with a child, children also have the right to expect that adults who care for them will not take such decisions lightly and will acknowledge the meaning and impact of such disruption and plan for any endings in a caring and respectful manner. It was obvious from the comments of those interviewed that this type of attachment-informed thinking is remarkable for its absence. Even when an organization such as Seamab School attempts to implement careful transition planning and the maintenance of important relationships, this is met with lack of understanding and mistrust.

General Comments

Paradigm shift

Several of those interviewed emphatically stated their view that a complete paradigm shift was needed in relationship to attachment. They felt that this should encompass their community and the organisations that employed them as well as all the services provided by partner agencies. A constant theme was the need for clear, attachment-informed visions and underpinning values for any organisation delivering services to children and families, and the importance of these being implemented and adopted throughout the organization. This was also described in terms of the importance of creating a learning culture which can provide reflective space and safe containment from management through staff to children and their care givers.

Although there was a recognition that Early Years had moved higher up the political agenda, there was little belief that the fundamental understandings from attachment theory had informed this shift. There was a strong sense that until there was a political understanding of the importance for Scotland as a nation to value and nurture children's attachments, transformational change was unlikely not only within children's services but across society.

Quality of assessments

Many of the most experienced practitioners, managers and consultants interviewed were extremely concerned about the quality of assessments, particularly those undertaken by social workers. One area which evoked particular anxiety was the lack of attachment understanding displayed in assessments when a permanent placement for a child was being sought. As well as demonstrating a lack of knowledge about all child development, not just attachment, there was concern that social workers were often unable to exercise any analytical or critical thinking skills. Because social workers have statutory responsibility to make assessments that inform key decisions about children's lives, there was a particular focus on the lack of understanding and assessment skills displayed by them. These failures were also considered to be characteristic of other professionals involved with children. It seems likely that there is a real knowledge gap about attachment among professionals but there is also a pervasive culture of anxiety and blame which destroys critical capacity even when the potential for competence does exist.

Doing to rather than with

Many professionals expressed concern that current assessments and interventions were often experienced by care givers or children as imposed upon them rather than developed with them. Although this was most frequently mentioned in relation to health services it was a theme that crossed all services working with vulnerable children and their families. As attachment-informed interventions should focus on the development of safe and containing relationships, any approach that alienates or distances those involved is likely to undermine their effectiveness. A focus on co-production and co-regulation as fundamental to attachment-informed practice is likely to increase the impact on children's and their care givers' lives.

Inter-agency working

Working with other professionals is essential for delivering the most effective services to children and their families. Successful inter-agency work is, however, extremely difficult and can challenge assumptions, professional values and working practices. Shared training was seen as fundamental for developing more effective relationships with other professionals. As attachment theory is viewed as a helpful underpinning knowledge base, those interviewed were keen for it to be part of any programme of joint training. Moreover, the core concepts from attachment theory were seen as important in informing how professionals should work together and with families. It was seen as a cohering framework that should inform not only assessment and intervention but the structures and relationships for inter-agency work.

Some of those interviewed were very concerned that there was often a profound underlying problem at the heart of interagency work within children's services. The system as a whole cannot bear to deal with the intolerable nature of children's pain and goes into denial and either produces simplistic solutions or fractures along professional or agency boundaries and engages in mutual blame.

Networks

Some geographical regions such as Fife and Glasgow had developed local attachment networks which were extremely effective in developing connections between individuals from different professional groups and across agency boundaries. These networks were able to bring people together and also provide sharing of knowledge, skills and resources. At a national level this is mirrored in the effectiveness of Scottish Attachment in Action in developing an interdisciplinary focus on attachment across Scotland. Such informal, flexible and responsive groups of enthusiasts appear to be extremely helpful in enhancing formal inter-agency structures.

Universal services

The focus of this mapping exercise was attachment-informed training and practice for professionals working with looked after children. All these children, however, have considerable contact with practitioners whose main work is with the whole child population such as teachers or public health nurses. Moreover, the GIRFEC framework requires a named person for every child; the current proposal is that for children before the age of five this will be a health professional and for older children this will be a senior teacher. There were some questions raised by respondents about whether a health professional would always be the best choice for pre-school children, as for many of them the professional who will know them best will be within their nursery. The role of the named person is key in implementing GIRFEC and these professionals will need to have knowledge of attachment to fulfil their role effectively. In some cases the named person may also have to take on the coordinating role of lead professional if a child requires the support of more than one agency and in these more complex cases understanding concepts from attachment theory may become even more critical. Most of those being interviewed believed that the knowledge about attachment in these professional groups was negligible and all those interviewed believed that attachment theory should be a requirement in the training of all children's services workers. The work on the Common Core was seen as being very helpful in establishing the centrality of attachment theory and in emphasizing the values that underpin professional approaches to work with children and

families. There was also a recognition, however, that attachment theory should not be used only in assessments and direct relationship work but could also inform the way that services such as schools were organized, for example through using the Curriculum for Excellence to develop learning experiences that could more effectively engage vulnerable children within school.

Factors supporting the development of attachment-informed practice

Enthusiasm and commitment

In almost every instance of excellent attachment-based practice the interviewees were told of individuals and teams whose enthusiasm and commitment had triggered developments that then were integrated successfully within the wider system. This can occur at any level. In Inverclyde, for example, the determination of one of the senior operational managers in children's services was instrumental in pushing the attachment and other needs of looked after children to the top of the political agenda by engaging the interest and concern of the new Chief Executive. In other examples individual practitioners have undertaken training such as DDP or NMT and introduced these approaches directly within their work places. There were a few examples from those interviewed where this early enthusiasm from inspirational managers or practitioners has now led to well-established and effective models of care or treatment being provided. Initially at least, however, this often required some degree of resistance to prevailing practice, policies and assumptions, and being prepared to do what was felt to be right rather than just following guidelines. The focus, for example, on claiming, belonging and connectedness that is a long-standing feature of residential child care providers such as the Sycamore Project (Aberlour Child Care Trust), Lothian Villa (East Lothian) and Pentland View (Edinburgh), entailed managers making a conscious choice to stand against a culture which at that point denied the possibility and appropriateness of developing attachment relationships within residential child care settings.

Organisational support

Although such passion and endeavour can create foci for excellent attachment-based work, unless this approach is endorsed and supported by senior managers and developed in a strategic way, then such initiatives may collapse as result of changes in personnel or shifting priorities. Such strategic senior leadership also makes it more likely that organizations are able to address the challenge of developing an attachment-informed approach that is coherent and congruent across all aspects of the organization. Attachment-informed practice with children and young people is much more likely to happen where the adults caring for children are provided with the containing structures and relationships which enable them to remain reflective about themselves and their practice and hold young people in mind despite the challenging nature of much of their behaviour.

Excellent training and consultancy to embed application of practice

Core to the containing structures required to support attachment-informed practice are high quality training and the continuing support to translate high level concepts both into direct practice and organisational development. For some practitioners it is appropriate that attachment theory is studied and examined at an advanced level, but for many within universal services and even for some workers in specialist services, a more general awareness and

understanding may be sufficient. For all practitioners, however, it is crucial that training is delivered by people who understand the context in which their practice takes place and in a manner which is congruent with an attachment-informed approach. Regardless of the quality of training, however, substantive and enduring change will not occur unless there are mechanisms to ensure that new insights and understanding are systematically embedded within individuals' practice and across philosophy, policies and structures. This requires both strategic planning and continual opportunities for discussion, reflection and review across all organizational levels, preferably with the support of external consultation.

Factors inhibiting attachment-informed practice

Those managers and practitioners who were interviewed consistently identified a range of factors that made it difficult to undertake attachment-informed practice. Even when an organisation, such as Edinburgh City Council, had spent several years explicitly attempting to ensure that attachment theory underpinned practice and culture, these continued to cause difficulties.

Performance management and targets rather than relational and professional culture

There was considerable concern that a focus on achieving targets and following procedure, whether at the individual practitioner level or for whole organizations, had distorted the fundamental approach within all children's services. The recent report on Child Protection by Professor Eileen Munro⁴⁹ also identified that an emphasis on recording and following guidelines had interfered with practitioners using their relationship skills and engaging with children and families, and resulted instead in them spending a disproportionate amount of time at the computer. While accountability and transparency is undeniably important, capturing the more elusive but essential components of attachment-informed practice through current reporting mechanisms is extremely challenging. Some of the effects of attachment interventions may not be apparent until children reach full adulthood and take on for themselves the responsibilities of sustaining employment and parenting. The most compelling evidence of the importance of developing secure organized attachments comes from studies that have followed children throughout their childhood and into adulthood. While the effectiveness of attachment-based interventions in the very early years may be easier to measure than those aimed at older children and their care givers, attachment-informed practice does not fit comfortably within current targets or performance indicators. A governmental lead on identifying and valuing appropriate proxy measures for attachment-informed practice would help to reduce the unhelpful emphasis on more simplistic targets.

Bombardment

Many of those interviewed highlighted that practitioners working with looked after children and their families were often experiencing a relentless bombardment of demands that seriously interfered with their capacity to work in an attachment-informed way. Not only were they frequently struggling to meet the time pressures associated with larger workloads and greater needs; they also faced dealing with extremely demanding emotional situations on a daily basis. This level of demand led in some cases to a reduction of empathy or understanding and a more rigid punitive response. Critical thinking and analysis was also felt to be lacking among many practitioners and there were insufficient opportunities for reflective rather than managerial supervision that could identify and combat this erosion of values and competence. Such an environment is destructive of good practice of any kind but it makes the development of

⁴⁹ Munro, E. (2011) *The Munro Review of Child Protection: Final Report. A child-centred system*. London: Department of Education. www.education.gov.uk/publications/eOrderingDownload/Munro-Review.pdf

mindfulness and the emotional containment of caregivers that is essential in an attachment-informed approach almost impossible.

Risk-averse culture

Attachment is fundamentally about an intimate long-term connectedness between people that provides comfort, safety and opportunities for core emotional development. This intimacy cannot develop in a sterile or emotionally distant environment. The discovery of sexual abuse within care and educational environments has led to the creation of a very risk-averse culture which views touch, closeness and the continuation of relationships with acute suspicion. Some of this is enshrined within policies and guidelines both nationally and locally. This is exacerbated by the mythology that surrounds this culture and the anxiety that this evokes in workers themselves. Although there are signs that this is beginning to shift within residential care settings, these attitudes continue to undermine attempts to provide a more attachment-focused approach in schools and in managing transitions between placements.

Lack of shared understanding and priorities

Where providing services for children is just one part of a much wider remit, there is always the potential for senior managers to be faced with having to make difficult and, in some cases, harsh decisions about allocation of resources and prioritisation of concern. Unfortunately there is not a sufficiently wide or shared understanding of the implications of attachment theory at this level for managers to understand that the necessary increase in resources will ultimately provide savings. Some aspects of introducing a more attachment-informed approach require attitudinal and behavioural change rather than significant investment. Such changes, however, would require a wide-scale preparedness to recognise children and families' pain and distress; this brings its own cost and fuels resistance to change.

Conflicting policies and guidelines

In a meeting with representatives of the ADSW Children and Families Committee, the current context was described as a complex policy minefield with conflicting policies and programmes. The lack of integration of policy at governmental level was commented on by a number of people. Although there was acknowledgement that the importance of attachment as a key factor in the early years of children's lives was increasingly recognized by policy makers, through initiatives such as the Parenting Strategy and the Early Years Collaborative, many people felt that it was not always fully integrated in all relevant policies. Appreciation of the GIRFEC framework was widespread but there were some concerns that the importance of the dyadic, relational experience for children was not sufficiently emphasized. There was particular concern that the framework for assessing risk hardly mentioned attachment theory despite its central importance in assessing the capacity of caregivers to keep children safe. Integration of attachment theory in other policy areas was felt to be patchy despite increasing evidence that impaired attachment experiences can increase a whole range of risks including: failure to learn and to manage in school; engaging in anti-social behaviour; lack of involvement in employment; reduced future parenting capacity; and long-term physical and mental health problems. Those interviewed believed that the potential for using attachment theory as a cohering framework for all policy affecting children was as yet underdeveloped.

At a more local level, human resources policy can make the introduction of attachment-informed recruitment and selection procedures challenging despite the impact on both children and practitioners of appointing people whose own unresolved histories will undermine their capacity to work effectively in these contexts.

Conflicting models and theories (emphasis on behavioural “evidence-based” models)

There was a consensus among those interviewed for this exercise that attachment-informed assessment and intervention was essential in working with children and young people who had experienced early attachment impairments and developmental trauma. This was not, however, a view necessarily held among all practitioners within children’s services. Particularly within health services the appropriate emphasis on evidence-based practice has tended to privilege interventions which can be replicated and manualised and which can demonstrate measurable change on dimensions which can easily be quantified. This has led to the current dominance of behavioural models of treatment within many health settings. Moreover, the fact that an intervention does not currently meet the criteria to be accepted as “evidence-based” is often assumed to mean that it does not work or that there is no rigorous theoretical basis for the practice. There are, however, several encouraging studies and practice accounts about attachment-based programmes, and many parents, carers, practitioners and young people have found them to be transformational. Achieving the level of acceptable evidence for attachment-based interventions is challenging, but within Scotland there is a commitment to building this and several rigorous research studies are being planned or undertaken which will provide more clarity about the effectiveness of these interventions. Many of these are being undertaken within the University of Glasgow’s Institute of Health and Wellbeing under the leadership of Dr Helen Minnis, and this is creating a world-leading centre for this work.

Case Studies

These case studies have been chosen for illustrative purposes only and although they demonstrate coherent attempts to implement attachment-based practice, they are not the only examples of this kind within Scotland.

Within both Seamab School and Edinburgh City Council (see Appendix 3 for more details) there were enthusiastic and committed proponents of an attachment-promoting approach to practice. In both organisations a degree of resistance has been encountered at various points in the process, but senior managers supported and encouraged the developments and ensured that the approach was reinforced by training and policies. It has, however, been much easier for Seamab to create organizational congruence around attachment than it has for Edinburgh. The school is a small organization with the single purpose of supporting the recovery and developing the resilience of severely traumatized young children. Attachment theory is a key tool in achieving this primary task and it is relatively simple to use in a systematic way to ensure that every aspect of the school from physical environment to staff recruitment fits with an attachment-promoting model. In contrast, organisational congruence is as yet an elusive dream in Edinburgh. The Council has no single remit and experiences multiple demands on diminishing resources. Certain departments such as Finance or Human Resources provide services across the whole council and are unlikely to understand or appreciate the additional demands involved with

developing an attachment-informed approach in working with children and their families. There is not always a shared approach between departments or authorities sharing responsibility for looked after children; although there were some excellent examples of attachment-informed practice by education and health professionals in Edinburgh, most mainstream teachers or health workers had little understanding of the implications of attachment theory for their work.

Both organisations have invested heavily in training about attachment. In Seamab this is accompanied by a clear staff support system that continually emphasises the importance of attachment at every level of the organisation, and contains distress evoked by the work through supervision, consultancy, peer support and if necessary the provision of individual counselling. In Edinburgh there are also a number of structures to support the implementation of this process, particularly within the residential child care sector. Edinburgh Connect, a specialist CAMHS team for looked after children, provides a regular service for all the residential units and there is a sophisticated recruitment procedure for workers in residential child care which has resulted in a workforce with increased capacity and resilience.

Many of the factors that inhibit the development of an attachment-sensitive approach to practice could be effectively managed within Seamab. Although any residential child care provider is accountable to a range of bodies from referring agencies to regulatory bodies such as the Care Inspectorate, it is still possible to protect staff from an overly intrusive focus on performance management and targets. This is much less easy to manage within a local authority setting where a whole range of internal and external demands impinge on the capacity of staff to organise their work in a way which holds attachment theory central to their everyday practice. Seamab is also able to control who is admitted to their service and how such admissions are handled. In Edinburgh the Council has a statutory duty to provide care for all children within Edinburgh who may require it and this often occurs on an emergency basis. The Council has developed a number of mechanisms for managing this better through setting up an admissions panel and by developing an outreach service but there is still a level of bombardment which can interfere with processes designed to enhance attachment relationships. This sense of overwhelming demand accompanied by intense anxiety is likely to be even more acute within field social work teams who face the daily pressure of serious child protection referrals, the requirement to meet bureaucratic targets and diminishing resources. Part of the function of attachment relationships is to develop the capacity to co-regulate stress. In situations where practitioners are able to have regular access to reflective supervision this acts as a mechanism for such co-regulation; where, however, unrelenting demand and anxiety crosses over all levels of the organization then instead of co-regulation the experience of target-led management is likely to escalate anxiety and reduce competence. In Edinburgh there is strong leadership around attachment and considerable enthusiasm among many practitioners but at times structural and organisational bombardment means that good practitioners function at a less than optimal level, and instead of anxiety being contained within the system, it floods down to the child and their family. Such dynamics are likely to occur in any local authority or large organization facing such pressures and the cultural transformation required to develop alternative attachment-supported management and supervision is massive and requires a paradigm shift both internally and within the wider political context.

A similar paradigm shift is required to tackle some of the risk-averse assumptions that undermine attachment-informed practice. Within Seamab School intimacy, connection and touch are all accepted as necessary conditions for the development of attachment-informed work. There are clear policies governing these but they are designed to liberate good practice rather than to constrain workers and push them into defensive practice. Built in to the planning for all

children is the expectation that important attachment relationships will continue once they leave the school for as long as the child needs them. These attachment-informed practices sometimes evoke suspicion and mistrust, however, among external professionals who are operating within a prevailing culture that views touch, intimacy and continued connection between children and unrelated adults as inappropriate and dangerous. Although there are many examples within Edinburgh of similar attachment-informed practice and senior managers within the Children and Families Department are supportive of practitioners who work in this way, this does not necessarily permeate throughout the service and certainly not in to the wider council.

There is evidence that the introduction of an attachment-informed framework within Edinburgh City Council is having a positive impact and practitioners from other organizations commented on the quality of understanding displayed by social workers and their managers in Edinburgh. The differences in implementation between the two organizations do, however, reflect the size and complexity of the task involved in changing culture, understanding and practice in large open systems with multiple purposes and demands

Discussion

“This Government’s vision for children and young people is clear: We want Scotland to be the best place in the world for them to grow up”

This aspirational statement from Aileen Campbell, Minister for Children and Young People, has been reiterated on numerous occasions and is reinforced by the emphasis placed on children in the 16 National Outcomes that the Scottish Government aims to achieve by 2017. Three of these relate directly to children:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

This aspiration, however, contrasts starkly with the findings of the 2007 UNICEF⁵⁰ report that placed the UK at the bottom of a list of rich countries across a range of indicators measuring children’s well-being. As well as being placed bottom overall the UK was last on three of the six indicators: family and peer relationships; behaviour and risks; and subjective well-being. The evidence from this mapping exercise suggests that for Scotland to achieve the hopes and dreams of its citizens, not only in relation to children and young people but also for several of the other National Outcomes, a profound cultural and societal shift will need to take place. Although there are a number of important challenges facing Scotland’s Government and Parliament in tackling structural difficulties such as poverty and inequality, investing both political will and financial resources into supporting the development of secure attachments for infants and toddlers might go a long way to creating long-term changes. There is accumulating evidence that the impact of impaired attachment and early adverse experiences have cascading effects throughout childhood and into adult life. These are often, unfortunately, amplified by the responses of professionals whose well-meaning attempts to intervene may undermine positive attachments and relationships rather than support and strengthen them. Within the population of adults who present the most serious difficulties to their fellow citizens through violent or antisocial behaviour, homelessness, enduring physical or mental illness, substance misuse or long-term benefit dependency, those who had impaired attachment experiences in infancy are disproportionately represented.

Leading professionals in health, business, education and the police share a common perception that impaired attachment is a serious public health problem. A century ago children frequently died as a result of infectious diseases. It was not understood why some children succumbed to such illnesses while others were either immune or suffered only mild attacks. Our current level of knowledge about why some children appear to survive emotional and social adversity relatively unscathed while others suffer profound and long lasting damage is similarly underdeveloped. Infectious diseases were not managed by discovering cures for them; the reduction in deaths from infectious disease came about as a result of building effective sewage

⁵⁰ UNICEF. (2007) *An Overview of Child Well-Being in Rich Countries. A comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations*. Italy: UNICEF Innocenti Research Centre. www.unicef.org/media/files/ChildPovertyReport.pdf

systems, creating clean water supplies, providing public education about basic hygiene and developing vaccines. The work that needs to be done to reduce the emotional and social consequences of impaired attachment should be the emotional equivalent of good drains and clean water supplies. This requires a refocusing of resources and concern on our youngest citizens and providing support to their relationships with their care givers. Public and professional education about attachment ideas is essential for developing a societal culture which values children and recognises the importance of their earliest emotional development. The media are already interested in these ideas as the recent STV programme *Born to Lose* demonstrates, and may be prepared to develop further documentaries or storylines in popular series. This type of public health approach will reduce the numbers of children who go on to develop serious emotional and conduct disorders in adolescence and adulthood. There will always be some children whose attachments will be impaired either as a result of their vulnerability or through experiencing severe adversity and who may experience later difficulties. The reduced demand on resources, however, should enable the development of programmes or settings that are able to deliver intensive care and treatment from well trained and supported adults with the emotional commitment and resilience to provide healing experiences.

The infrastructure to develop such an approach will take time and the results may not be seen for many years but it is the ethical course to take and ultimately will provide both human and economic benefits.

Appendix 1: Attachment definition from the Common Core

We are all born with attachment-seeking behaviours such as crying, clinging, imitation and smiling. These behaviours are designed to keep carers close ensuring that the baby's needs for survival, safety and sensitive care are met.

Attachment is a process. When a baby needs something - food, comfort, play - he feels stressed and signals his discomfort through, for example, crying, seeking to have his needs met. Parents/carers 'tune in' (attune) to their baby's unique cries and signals for different needs. This ongoing attachment process in the first few years of life is crucial in shaping how we grow and develop through childhood and into adulthood - neurologically, physically, emotionally, socially and psychologically. What happens to us in the womb also contributes to our resilience or vulnerability.

Research informs us that a child's first attachments are vitally important; he or she needs to feel loved and special. Children whose needs have been met in a sensitive, loving and timely way by their primary carer - described as secure attachment - have a sense of trust and confidence in themselves. Securely attached children do better at school and are likely to be good at making friends. Their early attachments help them to form close relationships later in life. They grow up knowing that when they need something someone will help them.

There can be barriers to secure attachment - within the child, within the parent, within the environment. Children whose early experiences of attachment have been less optimal can have insecure or disorganised attachments. These children will potentially be more vulnerable with respect to coping with future relationships and life events.

As an employee or volunteer you will be aware of how early childhood experiences will have affected the way in which children have grown and are able to understand the world around them, and will be able to empathise and communicate with children in a way they are able to understand and respond to, informed by your understanding of the significance of your own attachment relationships.

Appendix 2: Detailed examples

Training

Dyadic Developmental Psychotherapy (DDP)

DDP is an evidence-based form of treatment⁵¹ developed by Dan Hughes using concepts from attachment theory. Hughes recognizes that children's development is influenced by the nature of the parent-child relationship. Hughes argues that most children experience attunement and affective mirroring from their parents. This is done with playfulness, acceptance, curiosity, and empathy. The dyadic exchanges that occur are constantly fine-tuned by parents to meet the developing needs of their child. Children in this environment experience safety and reciprocity and are able to develop normally. Children whose early attachment experiences are impaired through abuse, neglect or separations may not have experienced this dyadic interchange so essential for proper development. Although some children are able to respond to a change of caregiver such as an adoptive parent or foster carer and benefit from the increased attunement and reciprocity available to them, others struggle to respond to their new care giving environment. DDP provides therapeutic support to carers and children by focusing on encouraging the reflective function of the caregiver, enabling attunement, regulating emotion, increasing reciprocity, and co-creating meaning.

Within Scotland DDP training has been available since 2004. Level 1 courses have been held on an annual basis and Level 2 courses have also taken place most years. Over 230 participants from all across Scotland have undertaken Level 1 training and 72 have progressed to Level 2. Although all professional groups have been represented certain organisations have invested heavily in this training, notably in the residential schools sector (particularly Ballikinrain, Harmeny and Seamab Schools). Several staff from Lanarkshire CAMHS and Young People's Counselling Service have also undertaken the training and are exploring the possibility of becoming a DDP Centre. Scottish researchers are about to undertake a multi-centre trial of DDP across the UK.

As well as the formal DDP training there is other training available that draws on DDP concepts (particularly PACE-playfulness, acceptance, curiosity and empathy). Edwina Grant has provided Dyadic Developmental Approach training to staff in Edinburgh City Council (130 participants) and Sycamore Services, Aberlour Child Care Trust (150 participants). In addition, the "Fostering Attachments" training, developed by Kim Golding, that has been used with foster carers draws heavily on this approach.

Neurosequential Model of Therapeutics (NMT)

NMT, developed in Texas by the Child Trauma Academy, is not a specific therapeutic intervention but an approach that enables professionals to organise developmentally-informed information about a child's history and current functioning in such a way as to ensure that an appropriate intervention can be planned and tailored to the individual child. It sits alongside the full range of therapeutic interventions and is not intended to replace any of them. What it ensures is that an appropriate approach is planned that takes into account the actual level of a

⁵¹ Becker-Weidman, A and Hughes, D. (2008) 'Dyadic Developmental Psychotherapy: an evidence-based treatment for children with complex trauma and disorders of attachment.' *Child and Family Social Work*. Vol. 13 (3): 329 - 337.

young person's brain development rather than expecting them to respond to a therapeutic intervention that does not match their developmental need. This approach emphasizes the importance of the earliest sensory and emotional experiences and can provide a clear basis for developmentally-appropriate attachment-informed therapeutic intervention whatever the chronological age of the child.

Assessment and Intervention

Family Nurse Partnership (FNP)

The FNP is a preventive programme for young first-time mothers developed in the USA by Professor David Olds. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two. The Scottish Government is supporting this approach in two health board areas, NHS Lothian and NHS Tayside.

FNP aims to improve maternal health, child health and development and parental economic self-sufficiency. Family Nurses are required to undertake postgraduate study and one of the three core components of the training is attachment theory. Much of the work focuses on building strong relationships between the young mother and the family nurse to facilitate behaviour change and tackle the emotional problems that prevent some parents caring well for their child.

The programme has been in operation for over 30 years in the USA and has been rigorously evaluated in that context. It is one of only a few programmes that have been demonstrated to prevent child maltreatment.⁵² Early evaluation of the NHS Lothian FNP project suggests that the young women involved had improved their own health behaviours, felt better prepared and more confident about labour and delivery and more supported with emotional and mental health difficulties. There were also clear signs of increased parental confidence, improved parent-child attachment and greater knowledge about child health and safety.

Change is a must

This project is a joint initiative between health and children's services which works across Perth and Kinross Council with substance-using parents of children under the age of eight to help them make the necessary changes in their lives and parenting to meet their children's needs. The model used by the project is underpinned by adult attachment theory and includes assessments of parenting capacity that are undertaken within a clear time frame. These assessments contribute to timely decision-making for the children. The learning from this project is being rolled out across the wider children's services. Parents have engaged well with the project and have found the process of reflecting on their own life experiences has enabled them to better understand their relationships with their children and undertake their parenting role more effectively. There have also been significant improvements in children's health and well-being. Where children have been able to remain at home there has been an improvement in the emotional and physical availability of parents and their capacity to hold their children in mind. In addition, parents' own health has improved and their substance use has been reduced.

⁵² Macmillan, H., Wathen, C. N., Barlow, P., Fergusson, D. M., Leventhal, J. M and Taussig, H. N. (2009) 'Interventions to prevent child maltreatment and associated impairment.' *The Lancet*. Vol. 373 (9659): 250 - 266.

Glasgow Infant and Family Team (the G.I.F.T. project)

This programme, funded by the NSPCC, is based on an established project in New Orleans.⁵³ It targets very young children who have been removed from their families as a result of neglect or maltreatment and who are living in foster care. The team assesses the family's strengths and areas of concern and develops a tailored intervention for them. This involves helping parents to understand the effects of their own early experiences, recognise the importance of their role as parent and learn ways to make sure their children are safe and protected. The assessment of parenting capacity and the degree to which the intervention has improved parents' ability to care for their children will influence future decision making for the children. The intentions of the programme are to increase infant mental health and security of attachment, reduce maltreatment of children returned to their families and increase stability of placement. The programme is being rigorously evaluated.

Mellow Parenting, Mellow Babies and Mellow Bumps⁵⁴

Mellow parenting was developed initially within Scotland but is now used worldwide. It is an intensive fourteen-week programme where parents and their children come for one full day each week. Although parents and children enjoy lunch together along with some age-appropriate play, for most of the day the children are cared for in a children's group or crèche and the parents are free to focus on their group activities. These involve parents having the opportunity to reflect on their own childhood experiences and how that affects their current parenting capacity. They also view videos of parents and children together to draw out examples of positive parenting. This includes footage of the parents' own interactions with their children and the facilitators are trained to recognise and encourage the smallest examples of good parenting. Parents also discuss with each other new ways of approaching their children and are encouraged to try out new solutions at home. Although the programme recognises the importance of teaching parents behavioural strategies, it emphasises the importance of helping parents to develop an internal model of good enough parenting. This is developed through their relationships with the facilitators and their opportunities for reflection, which can challenge the adverse experiences of relationships they may carry from previous situations. There are a number of studies demonstrating change across a range of measures including better mental health for mothers, more positive and less negative interactions between parents and children, a reduction in behaviour problems for children and an improvement in children's language development. The approach is also cost effective not only in the longer term in diverting children and families from expensive interventions later in childhood, but also in the short term; a study in Luton demonstrated an average monthly saving of over £500.00 per family as a result of the intervention.

Mellow Babies is a specialised version of Mellow Parenting using the same core principles, developed for parents and vulnerable babies under one year of age. The programme has undergone a randomized waiting list controlled trial which demonstrated a significant impact on maternal depression and mother-child interaction, and a reduction in child protection concerns.

⁵³ Zeanah, C. H., Larrieu, J. A., Heller, S. S., Valliere, J., Hinshaw-Fuselier, S., Aoki, Y and Drilling, M. (2001) 'Evaluation of a preventive intervention for maltreated infants and toddlers in foster care.' *Journal of the American Academy of Child and Adolescent Psychiatry*. Vol. 40 (2): 214 - 221.

⁵⁴ Puckering, C., McIntosh, E., Hickey, A and Longford, J. (2010) 'Mellow Babies: A group intervention for infants and mothers experiencing postnatal depression.' *Counselling Psychology Review*. Vol. 25 (1): 28 - 40.

The recognition of the potentially adverse effects of maternal stress on the developing foetus led to the development of the Mellow Bumps programme. This involves mothers with identified additional health and social care needs attending a six-week group-based ante-natal programme. The programme is designed to decrease stress levels in mothers and support them to understand the importance of positive interactions with tiny babies for their developing brains. Initial evaluations point to reduction of stress and irritability in the mothers.

Solihull Approach

This approach began in 1996 as a result of a collaboration between health visitors and psychotherapists. It was initially developed to enable health visitors to support parents with infant and toddler behavioural difficulties. There are now resource packs for professionals covering the first five years, the school years, parenting courses and fostering and adoption. It uses a range of theories focusing on attachment, brain development, reciprocity and containment as well as behaviour management. The approach does not begin by introducing behavioural management techniques, however, but helps parents first reflect upon the meaning of their children's behaviour. The worker's own capacity to contain the parents' feelings prevents them becoming overwhelmed with children's distress or anger and helps parents to develop a more reciprocal relationship with their children.

Early Years Framework for Assessment and Intervention for Attachment and Resilience (EY FAIAR)

This framework has recently been developed by South Lanarkshire Psychological Services building on their earlier successful Framework for Assessment and Intervention for Resilience (FAIR) designed for work with school age children. The EY FAIAR has a dual purpose; it works as a self-assessment resource for parents as well as forming the basis for a programme designed to be used by professionals working with parents and carers of children aged 0-8 who have been identified as needing additional support. The programme aims to increase the sensitivity and responsiveness of parents to their children as well as improving their capacity for reflection on their own and their children's internal worlds and external behaviours. The ultimate effects of the programme should be to promote the resilience of children through attachment-informed parenting and develop in children a sense of safety, trust and being known. The programme is designed to be used as part of a multi-agency approach and training will be provided to all professionals using it in work with vulnerable families which will include methods to engage and support families that experience serious difficulty in changing their behaviour.

Roots of Empathy

This is an evidence-based programme that has shown significant effect in reducing levels of aggression among schoolchildren by raising social/emotional competence and increasing empathy. A local parent and baby visit the primary school on nine occasions during the baby's first year of life accompanied by a trained Roots of Empathy practitioner. Over the course of the school year, through watching the relationship between baby and parent progress they enjoy an intensive window on a crucial period of a human being's development. They are able to see how the baby uses the relationship with the parent to cope with distress and learn to manage emotions. They realise how the baby relies on the relationship with the parent to feel safe enough to explore their surroundings. Through watching these interactions, all children realise the importance of secure attachments and even those children whose early experiences have been difficult are enabled to reflect on the emotional content of the relationship. Children are encouraged to understand what the baby might be feeling and also to begin to reflect on their

own and each other's' emotions. Evaluations of the programme report significant reductions in aggressive behaviour and increases in pro-social and empathic behaviour. A study measuring the effects of the programme on brain development and behavioural changes has just begun. Action for Children has introduced this programme into 99 schools across Scotland during the last year.

Nurture Groups

The nurture group movement has been in existence for over 40 years. A nurture group consists of a small group of children supported by two trained adults. Groups are usually based in a mainstream educational setting. They first started in primary schools (usually in Year 1) but are now being used successfully in early years settings and some secondary schools. The nurture group is intended to be a short-term intensive experience. Children remain as part of their class group and usually return full time within four terms. Attachment theory is central to the philosophy of nurture groups and the development of trusting relationships is key to the approach. There are six key principles which inform the intervention:

1. Children's learning is understood developmentally
2. The classroom offers a safe base
3. The importance of nurture for the development of self-esteem
4. Language is a vital means of communication
5. All behaviour is communication
6. The importance of transition in children's lives

Children are individually assessed and individual and group plans formulated. All the relevant people are involved in this assessment and formulation including parents/carers and the children themselves. Staff members provide a variety of experiences and approaches directly tailored to meet the children's identified needs. The effectiveness of the intervention is constantly monitored in a non-threatening way. The nurture group replicates missed early experiences and treats children at their developmental stage rather than their chronological age. An evaluation undertaken within Glasgow schools demonstrated significant improvements in learning, emotional regulation and behaviour in children in nurture groups compared with matched control children in schools with no nurture group provision.⁵⁵

⁵⁵ www.nurturegroups.org/data/files/Our_ImpactPolicy_StatementsInspection_Reports/Nurture_Group_C-Paper.pdf

Appendix 3: Attachment-focused Case Studies

Seamab School

This is a small residential school providing care for children up to the age of 12. Attachment theory is a key underpinning framework for practice throughout the school and the importance of their children developing secure attachments is emphasised explicitly in the school's Vision and Values statement.

All staff, both care and education, undertake Level 1 DDP training and several have now undertaken Level 2 as well. There is regular in-house training on attachment-focused practice and staff also have the opportunity to attend external training, in particular the school was one of the first organisations to join Scottish Attachment in Action (SAIA) and staff regularly attend SAIA conferences and events. The impact on staff of working with children with disrupted and damaging attachment histories is recognised and daily debriefing for all staff is in place with additional support (both internal and external) available for any staff whose work has resurrected their own attachment histories. The school is also exploring the possibility of developing a recruitment policy that focuses more on potential staff's own attachment histories.

The physical, social and organisational structure of the school has also been developed to maximise opportunities for children to receive the individualised sensitive care giving that can develop secure organised attachments. As much as possible the physical environment and daily routines replicate normal childhood. The key worker role is conceptualised as an attachment-based one and there is considerable effort in place to make sure that there is a "fit" between adult and child. The importance of touch in enabling children to develop physical and emotional regulation is recognised and a carefully constructed programme supporting positive touch is now in place. The transition in and out of the school is recognised as a particularly vulnerable time for children and the importance of maintaining important attachment relationships at times of transition has led to the appointment of a practitioner whose specific remit is to address this.

The school is able to organise their work internally so that every aspect of the school's organisation and practice is congruent with an attachment-focused approach. The factors that impede their work becoming even more effective are largely external. The two most important problems that the school faces are risk-averse attitudes and a failure of understanding from referring authorities about the implications of attachment-based practice at transition points. The head of care described "the carbuncle of past enquiries into abuse" that has left professionals suspicious of touch and also created direct barriers to the continuation of important relationships such as the ban on children ever having staff phone numbers or visiting them at their own homes. She also identified a recurring problem when social workers or managers changed within the referring authority and new workers did not understand or appreciate the implications of an attachment-focused approach particularly at the point that children move on to new placements.

Edinburgh City Council

This large Scottish city has adopted an attachment-informed framework of practice for children looked after away from home across all settings. Although this began among residential child care managers and practitioners the approach has always received significant and public support from senior managers within the council. It coincided with other developments within education and health services that strengthened the approach and provided support in its implementation.

Adopting this framework has involved a major investment in training which has included residential workers, foster carers, adoptive parents, permanence and practice team members as well as senior managers. The training is considered by senior managers to have created a critical mass of staff members who are informed in the approach and who are now using insights from this in care planning. Attachment theory is now underpinning policies and is being consolidated into practice through supervision and consultation. It is seen as being no longer theory, but a shared language which informs strategies for responding to children's needs, not just managing their behaviour. The impact of this approach is particularly noticeable in residential child care where it has been implemented for the greatest length of time. Residential child care practitioners were described as not just working to rote but responding to individualised need. They no longer perceive difficult behaviour as challenging them personally and are becoming more confident about deploying their knowledge and skills in providing family support to children in the community to prevent admission.

There is clear evidence of a culture change within those services providing direct care to children looked after away from home. Despite enthusiasm from many frontline workers and strong leadership from senior managers within the council, there remains, a number of organisational and human constraints that make implementation of this approach less effective and complete than it could be. Although there is significant interest from some parts of the education department in the approach, teachers and managers in mainstream schools have been relatively untouched by these changes. There is also a lack of coordination with the parenting strategy and with health visitors around this framework despite the evident importance of attachment theory in assessing the care-giving capacity of vulnerable parents. Moreover, even within the social work department, which initiated this approach, there is not always sufficient supportive, reflective supervision for workers, which can undermine the capacity of frontline practitioners to remain compassionate, connected and concerned.

A large city council has many conflicting demands on limited resources. Although there is a strong acceptance within the council of the role of corporate parent it is difficult to ensure that all departments understand how that should influence the provision of their service. Even with strongly committed leadership and the provision of significant resources, implementing the Attachment-informed Framework in the city has taken several years and has met with varying levels of success.

Appendix 4: Contributors

The list below represents the agencies that employed individuals we interviewed as well as some independent practitioners. Those who contributed did not always have a whole agency perspective but presented their views and ideas from the position they occupied. Some contributions also came through professional networks and consultation events.

- Aberdeen City Council
- Aberlour Child Care Trust
- Action for Children
- Adoption UK
- ADSW
- Angus Council
- Argyll and Bute Council
- BAAF
- Barnardos
- Clackmannanshire Council
- Common Core
- Crossreach
- Dundee City Council
- East Ayrshire Council
- East Lothian Council
- Edinburgh City Council
- Edwina Grant
- Family Nurse Partnerships
- Fife Council
- Foster Plus
- Glasgow City Council
- Grampian Health Board
- Greater Glasgow and Clyde Health Board
- Harmeny School
- Health Improvement Scotland
- Highland Council
- Inverclyde Council
- Jeely Piece Club
- John MacFadyen
- Kibble Education and Care Centre
- Margaret Mackinnon
- Mellow Parenting
- Moore House School
- NHS Education for Scotland
- NHS Fife
- North Lanarkshire Council
- NSPCC
- Nurture Group Network
- Parenting Network
- Perth and Kinross Council
- Place2Be
- Renfrewshire Council
- Robert Gordon University
- Royal Aberdeen Hospital
- Sally Wassell
- Scottish Adoption
- Scottish Borders Council
- Scottish Government
- Scottish Institute for Human Relations
- Seamab School
- Shetland Council
- South Lanarkshire Council
- Starley Hall School
- SQA
- SSSC
- Tayside Health Board
- University of Aberdeen
- University of Dundee
- University of Glasgow
- University of Strathclyde

This report was commissioned by



Funded by



About CELCIS

CELCIS is the Centre for Excellence for Looked After Children in Scotland. Together with partners, we are working to improve the lives of all looked after children in Scotland. We do so by providing a focal point for the sharing of knowledge and the development of best practice, by providing a wide range of services to improve the skills of those working with looked after children, and by placing the interests of children at the heart of our work.

For more information

Visit: www.celcis.org
Email: celcis@strath.ac.uk