

**An exploration into Social Care Practitioners understanding of attachment theory when working with children and families.**

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## Declaration

I certify that the material submitted in this dissertation in part fulfilment for the Master of Arts in Child and Youth Studies is entirely the work of the author, and that all references to other people's work are referenced appropriately, both in the text and in the list of references, as set out in the policies mentioned.

Signature of Candidate

Date

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*“Thanks to the phenomenal success of attachment theory, great progress has been made in understanding child and adult relationships. The success of attachment theory opens the way to new research directions that can extend its successes even further. In particular, more work on the fundamental nature of attachment that respects recent biological research is important, as is concentrated effort on the related caregiving system” (Bell, 2012, p.275).*

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## **Abstract**

There has been much debate in the past decade around the development and use of attachment theory in work with children and families. The utilisation of attachment theory within social care practice does not feature prominently in Ireland. This influenced the researcher to conduct this study as there is a lack of previous research undertaken in regards to the use of attachment theory by social care practitioners.

In response to this the researcher interviewed five social care professionals working in the area of residential care to gain an insight into their understanding on the importance of attachment theory when working with children and families. The study also examined their views on the relevance of attachment theory and examined if and how they use attachment theory when working with children and families. Semi-structured interviews were used to conduct the research. Thematic analysis was used to analyse the data from the interviews.

Results found that the participants had limited knowledge of attachment theory. As a result they were unable to apply the theory to their practice with children and families. The participants believed and acknowledged the relevance of attachment theory in their work but were restricted in many ways to implement the theory in their practice with children and families. Contextual factors such as time constraints left it extremely difficult to use attachment theory even if the participants were trained in the area.

The research concluded with recommendations that further research would be useful in the area of social care practice to explore the impact of the use of attachment and explore if the outcomes for children and families are improved as a result.

**Section 1**  
**Literature Review**



## Section 1

### Literature Review

#### 1.1 Introduction

Throughout the years, there has been much debate regarding the development of attachment (Judge, 2004). Attachment theory attempts to explain both attachment and attachment behaviour. Attachment theory has many explicit implications for social care practice. Much of this inquiry has been guided by the formulations of attachment theory, which describes how infants develop their first attachments to caregivers and the immediate and long-term significance of these relationships (Ainsworth, 1973; Bowlby, 1969, 1982, 1973). Attachment theory is one of the most extensively used theories in social work with children and families (Barth, Crea, John, Thoburn, Quinton (2005 p. 257) with Beckett (2006) suggesting that “anyone interested in child and family social work should be familiar with attachment theory. Research currently available on attachment theory is primarily associated to social work. The lack of research available on attachment theory in social care is limited. The researcher explored social care practitioners understanding of attachment theory when working with children and families as this is a relatively under-developed topic with limited research in the area of social care practice.. Consequently the researcher looked at research available in the allied profession of social work as both professions are similar in nature.

#### 1.2 The use of attachment theory in Social Work

According to US- based academic Dr Patricia Crittenden (2010) suggests that a fundamental understanding of attachment theories is one of the most important weapons in any social care professional’s armoury. The Munro Review (2011) of the child protection system in England suggests that “*as a minimum the capabilities being developed for child and family social work must include a knowledge of child development and attachment*” (2011a, p.96, paragraph 6.14). The majority of literature surrounding attachment theory and child and family work primarily relates to theoretical or “in principle” deliberations on the ways and means in which attachment theory could potentially be utilised in practice. There is limited research

available on how child and family practitioners and social care professionals actually do use attachment theory in their work with children and families(Wilkins, 2014). Crittenden (2010) has argued that “bad information” regarding attachment theory is worse than “no information”.

Cyr, Michel, Poulin, Losier, Dumais, Moss, St-Laurent, Dunois-Comtois & Pascizzo (2012) propose that *“the contribution of attachment theory in the assessment of parental capacity in child protection cases is considerable and significant”* (p.80). In addition Gilligan (2004) discussed the notion of “resilience” which is an attachment related concept and how a simple knowledge of this could potentially benefit child and family social workers.

Ward, Brown, Westlake & Munro (2010) conducted a longitudinal study which consisted of 57 young children across ten local authorities the researchers found that “some professionals showed little understanding of infant attachments” (p.4) Waters and McIntosh (2011) have questioned whether professionals are asking the right questions in regards to attachment in their work.

Lemma (2010) evaluated data from 18 semi-structured interviews which revealed that practitioners considered relationships and past experiences of trauma and loss as significant. Lemma (2010) concluded that this is coherent with attachment based assessments for young people who have experienced trauma. Although it was not clearly evident if practitioners themselves understood the assessments. In contrast to these findings an implicit use of attachment theory, indicating if practitioners were asked directly they would be unable to categorise specifically what areas in which their practice was theoretically or research-derived (Wilkins,2014).

Botes and Ryke (2011) described the findings on a small scale study conducted in South Africa on the knowledge and use of attachment theory by social workers responsible for the assessment off foster care placements for children and young people. From the study the findings revealed that *“the low percentage scores across all the variables indicate that attachment theory may not be well known or widely used...this is a concern, because the increased risk of placement disruption and collapse have been positively linked to the ineffective attachment patterns of children not being addressed (p.9)*. The authors came to the conclusion that *“attachment theory was in general not used in any of the researched application areas [and] the*

*presence of attachment-related issues in the case loads of these social workers seemed to be largely unnoticed and the attachment needs of the children [were] not taken into consideration” (p.10).*

It is suggested that attachment theory is particularly useful when identifying and assessing the behaviour of neglected or abused children (Zeanah, Berlin & Boris, 2011). Mc Mahon and Farnfield (1994, 2004) have argued for the implementation of attachment theory suggesting that it provides a framework for the observation of behaviours.

Shemmings and Shemmings (2011) have also argued that it is vital that social care professionals are well informed about attachment theory but without expecting each individual to undertake in-depth specialist training by organisations such as attachment training. McMurray, Connolly, Preston-Shoot & Wigley (2008) interviewed 19 social care professionals in England exploring their practice in foster care. The findings suggested that participants portrayed the basic explanations of attachment related topics. The researchers concluded from these findings that the participants displayed poor levels of knowledge regarding attachment theory.

### **1.3 What is Attachment theory?**

Attachment theory emphasises that attachment to a caregiver, occurring during the 1st year of life, is considered by the development of a close relationship between the child and their primary caregiver (Judge, 2004). A person's emotional and social development are established in their early attachment relationships because experiences of reactions from significant others are the basics of a child's `model` of relationships and how the `self` and relationship behaviour are thought and felt about (Lewis, Nichlos, Prescianotto- Baschong, Riezman & Pelham 2000). Although quality of attachment may differ, attachment helps to promote a sense of security in the child by enabling optimum levels of closeness with their caregiver (Judge, 2004). It describes a child's dependency that develops towards their caregiver in the early years of childhood. It is mostly observed during times when children are hungry, tired, thirsty, sick, injured, anxious or afraid (Bowlby, 1980, 1969, 1982; Schore & Schore, 2008; Gunner et al., 2000; Ainsworth 1978; Neimann & Weiss, 2012; Pronchenko & Fernando, 2013). Such experiences are essential for the formation of

a secure bond with their primary caregiver, and for the development of other relationships. It develops a sense of worthiness and belonging and enable emotional self-regulation (Schoore & Schoore, 2008; Pronchenko & Fernando, 2013).

Attachment theory is a theory primarily based on interpersonal relationships (Bretherton, 1991). The main purpose of using attachment theory when working within a social care setting is twofold. Firstly the provision of safety and secondly the provision of comfort (Graham, 2006). The theory of attachment prioritises that sensitivity and continuity to responses to young people in care are core features of the environment of care giving (Rutter & O`Connor, 1991). Social care settings focus on the establishment of an environment in which individualised care-giving of clients occur (Graham, 2006). Bowlby indicates that the most prominent element in the establishment of a secure relationship with young people is by how visibly available the care-giver is, how the carers treats the young person and is not based on the young person's history (Bowlby, 1988).

Usually when a child ends up in residential care this itself is a crisis in the child's life. Crises stimulate attachment behaviour. The need of practitioners to identify the importance of communication when a child enters residential care is fundamental to the development of the reciprocal relationship which is to become the secure base for the young person (Graham, 2006). Hill, Lamber, Trisliotis, Buist (1992) looked at 100 cases of child protection, they learned that in every single case reference was explicitly made to the child's attachment relationship and attachment theory.

Children and young people communicate to social care practitioners many aspects about themselves when they build up trust therefore it is essential that social care workers decode these messages of the displayed behaviour. In a real life and tragic case of Victoria Climbié, social workers observed Victoria as being "happy" and seen to be "smiling". The second social worker also reported indications of positive emotions from the child. It was these false perceptions by professionals which led to failure on Victoria's behalf. Victoria suffered 128 injuries which led to her death which was inflicted by her aunt with the help of hers aunts partner (Crittenden,2010). Crittenden (2010) insists that good attachment based assessments can help social workers and child and family workers to "look deeper" at behaviours which could potentially be a defensive mechanism developed by the child. Precise decoding will

involve recording behaviours in a systematic way (Whittaker, 1979). An individualised response by social care practitioners to the individual's specific attachment strategy is essential for the most beneficial outcome (Graham, 2006).

Purvis et al. (2007) noted that sensory experiences with a caregiver were essential for the child's formation of secure attachment patterns; for example, where parents and babies smile and coo to each other, the child begins to build the ways of learning healthy social connections. Feeding, cuddling, holding, and rocking are examples of such sensory experiences that promote secure attachment development (Pronchenko & Fernando, 2013; Purvis, Cross & Sunshine., 2007; Muntean & Ungureanu, 2012). Many of these experiences may be missing for children and youth people within the social care environment.

According to attachment theory, a child's everyday experiences with their primary caregiver determines the quality of the child's attachment bond. An attachment figure is defined as the child's primary caregiver, who provides both emotional and physical attention and who has consistency in the child's life (Ainsworth, 1978; Bretherton, 1999; Stinehart, 2012; Van den Dries, Juffer, Ijzendoorn, Bakermans-Kranenburg 2009). When the caregiver responds quickly and appropriately to their child's signals, the child feels secure and knows their caregiver is available to meet their needs. This can include biological, adopted or foster parents, grandparents, siblings and other care givers, e.g. social care workers. However, if the caregiver responds as being unavailable, this sense of security that was experienced, is then compromised, which could be the case for a child living in residential care (Houlihan, 2010; Stinehart, Scott & Barfield, 2012; Ainsworth, 1978; Pearce, 2009; Bretherton, 1999). How a child interprets and expresses relationships is influenced by their early attachments.

#### **1.4 History of Attachment Theory**

John Bowlby (1951, 1969, 1982, and 1988) was seen as the founding father of attachment theory. He was trained in the medical and psychoanalytic profession and as a child psychiatrist he focused on object relations theory, which looked at how a child's mind and self develops when relating to others, especially the interactions they have with their primary caregiver (Bretherton, 1992; Johnson, Dweck & Chen,

2007; Houlihan, 2010, Howe, 2009; Muntean & Ungureanu, 2012). Bowlby aimed to identify the biological and psychological development of attachment between the child and their primary care giver and any disruption highlighted through separation, bereavement or deprivation which could affect their attachment process (Muntean & Ungureanu, 2012). Bowlby (1951) understood this basic nature of attachment was rooted within the child's needs to maintain physical closeness to their primary caregiver (Howe, 2009; Wright, 2009; Bretherton, 1992; Johnson, Dweck & Chen, 2007; Houlihan, 2010; Cohen & Westhues, 1998). Bowlby (1951) also introduced the idea that children developed a behavioural system that involved numerous signs that anticipates a response from their caregiver in relation to the child's feeding, exploration, fear and anxiety (Howe, 2011; Johnson, Dweck & Chen, 2007; Muntean & Ungureanu, 2012).

Mary Ainsworth (1973) was an American developmental psychologist known for her work on early attachment relationships. Ainsworth's methodology assisted Bowlby to further investigate and assess his ideas within attachment (Bretherton, 1992; Houlihan, 2010; Levy, 2010). Ainsworth (1963, 1967) conducted a longitudinal study in Uganda during the mid-1950, on early mother and child interactions within a natural environment (Bretherton, 1992; Houlihan, 2010; Levy, 2010). Three categories had emerged out of this Ugandan study. It concluded that babies that were securely attached were easily comforted, whereas babies who were insecurely attached, cried a lot and were not as easily comforted. The third category showed little difference in the babies' behaviour towards their mother, compared to other people (Bretherton, 1992; Levy, 2010). Ainsworth also added the idea of the primary caregiver as a secure base, where a child is able to explore the world around them (Bretherton, 1999; Howe, 2011; Houlihan, 2010; Levy, 2010). She came up with the idea of the primary caregiver being sensitive to the signals of the child and the positive responses provided to develop secure attachment between mother and child (Bretherton, 1992; Howe, 2011; Houlihan, 2010; Van den Dries Juffer, Ijzendoorn, Bakermans- Kranenburg, 2009).

## **The Strange Situation Model**

Ainsworth also developed Strange Situation normally used with babies' from 12 to 18 months of age. The strange situation is considered to reliably assess the child's stress reactions to separation based on Bowlby's guiding principles (Roberson, 2006). It was designed to assess the baby's perception of the availability of their caregiver during separation, where the child is most likely to seek protection. There are three major styles of attachment: secure, avoidant and ambivalent (Roberson, 2006). Although Bowlby and Ainsworth both worked independently during their early years, they were both influenced by Freud and other psychoanalytic thinkers (Bretherton, 1992; Levy, 2010). Main and Soloman (1990) proposed another category of attachment called disorganised attachment, also recognised as reactive attachment disorder (RAD).

The idea behind attachment theory is the role of maternal responsiveness and sensitivity, where caregivers are consistently available to the child both physically and emotionally (Houlihan, 2010; Van den Dries et al., 2009). When caregivers are sensitive to the child's signals for attention and immediately accept and respond to the child's distress, this tends to produce a securely attached child. Maternal responsiveness can be defined as how immediate, appropriate and sensitive the actions of a mother/caregiver are towards their child (Houlihan, 2010; Van den Dries et al., 2009; Levy, 2010).

## **Attachment Styles**

Attachment behaviours involve how a child can maintain some kind of closeness to their caregiver in times of need, no matter how unpredictable, unresponsive or cold the caregiver is. The style of attachment behaviour developed by a child signifies a particular defensive strategy learned, in order to help the child cope when they are feeling anxious or stressed, which may be triggered in situations such as danger, threat or need (Howe, 2011; Levy, 2010; Riggs & Peterson, 2002). Social care practitioners must be cognisant of all children, respecting and recognising their attachment strategies and devising personalised responses to their behavioural cues

aimed at ensuring their experience of safety and comfort and the provision of a secure base (Graham, 2006). Social care practitioners should aim to modify the strategy rather than reinforce it. Below, we will discuss the different attachment styles 1.) Secure attachment, 2.) Avoidant attachment, 3.) Ambivalent attachment. Another style of attachment was established called Reactive attachment disorder, however, this is not recognised as one of the main attachment styles.

Research conducted by Muhamedrahimov (1999) which reported that babies received less than 12 minutes of interaction with a caregiver during a 3 hour span of observation. The quality of the interactions were limited to activities of daily living e.g. nappy changing and feeding, with limited social interaction, stimulation and because the quality of psychosocial experiences can have a huge impact on a child's attachment, social and emotional development, this would have a detrimental effect on their ability to form positive relationships and display positive social behaviours later in their life (Muhamedrahimov, 1999).

### **Secure Attachment**

This is where a child feels they can approach their primary caregiver in an open and confident manner, knowing their distress will be responded to with comfort and understanding (Howe, 2011; Levy, 2010; Riggs & Peterson, 2002). A child with a secure attachment is happy and comfortable to explore around them and are secure in seeking out their caregiver if the need arises; this enables the child to develop a sense of trust in others and develops a recognition of the meaning of cooperative behaviour (Howe, 2011; Riggs et al., 2002; Levy, 2010). Howe (2011) stated that caregivers who are receptive and consistent in responding to the child enables them to develop a positive internal working model that their self feels loved. As a result, the child feels worthy, independent and competent. The child then experiences others around them as approachable and predictable; this results in the child being able to express their need for safety and comfort freely without any doubt or distortion (Riggs et al., 2002; Howe, 2011; Levy, 2010).



## **Avoidant Attachment**

The second style is avoidant attachment. This can develop in a child if the caregiver acts or responds to the child in a controlling or rejecting manner. When a child shows they are upset, it seems to irritate or disturb the caregiver. Their response to the child's upset behaviour may result in them being disciplined and therefore their needs are dismissed (Howe, 2011; Riggs et al., 2002; Levy, 2010). Behaviours such as following, clinging or crying are unsuccessful in gaining a positive reaction or response from their caregiver. This results in the child learning that closeness to their caregiver is only obtained by not displaying any signs of upset or distress (Howe, 2011; Riggs et al, 2002; Levy, 2010). This outcome can result in no communication of the child feeling helpless and they may then suppress their emotions. This style of attachment involves their internal working model, where their self is perceived as unloved and unworthy (Howe, 2011; Levy, 2010). This attachment style would also be contradicted in relation to children living in residential care, as children being cared for who are withdrawn are more likely to become unnoticed. This can result in the child inhibiting sentimental signals in order to reduce rejection (Graham, 2006).

## **Ambivalent Attachment**

A child with an ambivalent attachment style seeks closeness or attention from their caregivers who are insensitive, inconsistent and unresponsive, which then maximises the child's needs and anxiety further. The child's threshold for stimulation is low and they may be prone to worry, cling and shout. This behaviour may be viewed as demanding attention (Levy; 2010; Riggs et al., 2002; Howe, 2011).

## **Reactive Attachment Disorder (RAD)**

Reactive Attachment Disorder is a disruption in a child's attachment process resulting in the failure to form a secure attachment with their care giver (Bowlby, 1988). Reactive Attachment Disorder can vary greatly, as children diagnosed with it may show a number of symptoms, such as their inability to display appropriate attachment, difficulty being comforted, failure to gain weight, feeding difficulties or unresponsive behaviour (Becker - Weidman, 2008; Stinehart, 2012). They may show

a lack of control or empathy. These disruptive behaviours seem to lie in the child's inability to grasp cause and effect thinking (Hall & Geher, 2003; Stinehart, 2012). This could be related to children in care, as many children have been separated from their primary caregiver e.g. mother, father, siblings or grandmother. They may no longer protest separation or feel a sense of sadness. Instead, they may have become detached and are less likely to feel distressed by the separation when they have entered the care system (Roberson, 2006).

### **Internal Working Model**

Research and clinical work conducted with parents and their children has expanded the framework of attachment theory to impact on a child's entire life (Muntean & Ungureanu, 2012). The experience in early childhood, between the child-caregiver and their response in their role as secure base for the child's explorations, will create a child's internal working model (Muntean & Ungureanu, 2012). The child builds their internal working model from their primary caregiver, usually the mother, and their way of behaving and communicating towards the child. The internal working model is already functioning from the first year of a child's life and it eventually becomes recognised as their dominant cognitive structure (Bowlby, 1989; Muntean & Ungureanu, 2012). This could then raise the question of how being in care impacts on a child's internal working model.

Secure quality of attachment involves the caregiver remaining a central support for the child's resilience and mental health. This resilience will empower the child in facing any problems, allowing it to continue to develop healthily (Muntean & Ungureanu, 2012). It is recognised that the caregiver will not always be able to protect the child from every risk in their life. Nonetheless, they are able to provide a secure base from which the child can explore and enjoy the world, and where they are able to return for comfort in times of need. Bowlby (1988) pointed out that even if the child receives only threats of abandonment from their caregiver, these alone are more debilitating than actual separations.

For various reasons, a child may be deprived of these experiences when living in residential care (Johnson, 2002). Deprived of a chance in developing healthy attachments with a primary caregiver. The main reasons for this may include, experiencing neglect due to high turnover of staff, as staff faced with overwhelming

responsibilities rarely have time to attend to each child individually (Johnson, 2002). A child experiencing a disruption in normal attachment patterns may be at risk of developing poor or disorganised attachments in future relationships (Becker - Weidmann, 2008; Stinehart et al., 2012; Van den Dries et al., 2009).

## **1.5 Conclusion**

It is evident from the literature above, that attachment is an essential aspect for children's overall emotional and social development. Early attachments are significant, not only as an indicator of the child-caregiver relationship, but also because of its significant effects on other aspects of the child's functioning e.g. emotional and social functioning. Children in care, although having received adequate physical care, have practically little or no social, cognitive or emotional stimulation, with few opportunities to establish a relationship with a consistent caregiver. Children living in residential care appear to follow a different course in attaching to a primary care giver in comparison to parent reared children. It is not clear if social care practitioners are explicitly using attachment theory as a framework for their practice with children and families although while in some circumstances reference has been made to the utilisation of attachment theory in practice but in the majority of studies mentioned earlier practitioners have made little reference to the use of the theory in their work. This raises concern as to the centrality of attachment theory in child and family work and its uses within practice. With regards to the above literature reviewed none of the research suggests that social care practitioners working with children and families fully understand the theory and are routinely using the theory as an overlay framework for practice. This has influenced the researcher to explore social care practitioner's views on the importance of understanding attachment theory and how they utilise this theory when working with children and families in the social care context.

## **Section 2**

### **Methodology**

## **Section 2**

### **Methodology**

#### **2.1 Introduction**

The purpose of this section is to describe how the research was conducted. It explains the qualitative approach used to collect and analyse the research findings. Factors that influenced the method used consisted of the research topic, the type of questions used and the availability and access to participants involved in the study. Semi-structured interviews were conducted with Social Care Practitioners working in the area of Residential Care.

#### **2.2 Design:**

Bowling (2002) suggests that it is necessary to choose an appropriate research method. Questionnaires were considered in the terms of quantitative research however the researcher decided against questionnaires as they can regularly lead to predetermined responses (Britten, 2006). A qualitative research design was chosen to conduct the research. The decision to use a qualitative method in the form of interviews was chosen as it allowed for the interviewee to speak openly about their views and experiences in comparison to quantitative methods such as questionnaires. Bryman (2004) suggests that individual interviews are likely to be more preferable and that structured interviews allow detailed information on the topic to be revealed while facilitating freedom of expression and flexibility to both the interviewee and interviewer. The researcher acknowledged these other methods which could have been used to conduct the research however the use of semi-structured interviews allowed the researcher to get involved and capture the attention and view the responses of the participants. Bryman (2004) proposes that semi-structured interviews enable specific information in a research topic to be revealed, while also allowing flexibility and freedom of expression to occur. Punch and Potter (2007) suggests that a qualitative researcher strives to understand the topic through the eyes of the participant.

The researcher used an interview schedule which consisted of a number of pre-planned questions. Each participant involved in the research was asked the same amount of questions in the same manner to obtain more reliable data (Cicourel, 1964; cited in May, 2003:pg.67). The use of this technique allowed for probing if required and clarifying questions to the participant which may have not been possible in other data collection methods. Opportunities arose during the study to clarify answers which allowed for the gathering of additional information. Rubin & Rubin (2005, p.4) describes qualitative interviews as “conversations in which the researcher gently guides their conversational partner in an extensive discussion. The researcher can extract details surrounding the research topic by following up on the answers provided by the interviewee during their conversation”. The researcher strongly believed that the utilisation of structured interviews as a qualitative method of research was suited in this research study.

### **2.3 Materials**

The materials used in conducting the research included an interview schedule, an information sheet, a consent form, a Dictaphone and a notepad. The interview schedule examined social care practitioner’s views on the importance of attachment theory and examine how they use the theory when working with children and families (see appendix 3). All participants willingly agreed to use of a recording device during the interviews. Bryman (2012) acclaims that the use of a recording device when conducting research proves useful when transcribing and analysing data. Consequently audio recordings were a vital aspect in this particular research study. Prior to the commencement of the interviews an information sheet was dispersed to the participants. The purpose of the information sheet was to accurately inform the participants of the nature of study (see appendix 1). Initial consent was obtained from the participants by filling out a consent form which explained the study and obtained written consent to participate in the study and to consent to be recorded during the study. The information sheet specifically outlined the topic of the research and the aims and objectives of the study. The notepad was used to transcribe the interviews and compile the study.

## **2.4 Participants**

Five participants took part in the study. This was a convenience sample. The researcher selected the participants for the sample who were students within Athlone Institute of Technology. Participants were required to have worked or work in a residential setting which involved caring for children and young people. Participants ranged from 25- 47. Participants involved were all female. Three of the participants worked in a residential house for children in care. The other two participants worked as child support workers in a residential centre for children in care. Bryman (2004) states that there are limitations in regards to small sample size and validity.

## **2.5 Procedure**

Prior to conducting the study the researcher submitted a proposal form to the ethics committee at Athlone Institute of Technology. After submission to the ethics committee permission was granted to conduct the research. The researcher implemented a number of measures to ensure ethical practice was maintained during the entire study. The consent form which was given to all participants involved in the study explained what the interviews would entail (see appendix 2). Included in the consent form was the request to receive permission to audio tape the interview. The researcher undertook two pilot interviews. The findings from this are not included in the study. The pilot study allowed the researcher to gain experience in conducting interviews. In addition it allowed the researcher to test the effectiveness and quality of the questions and to modify them if needed. The use of pilot interviews was very effective as it provided feedback to the researcher such as a change in layout, wording, questions etc. which in turn promoted the quality of the data collected.

At the beginning of each interview the participants were reminded of the aims and objectives of the study. They were reassured that anonymity and confidentiality would be guaranteed during the duration of the study. The interview consisted of seventeen questions and additional probing questions were also included if needed by the researcher to gain additional information. The questions were revised with the researcher's supervisor.

The interviews were carried out within Athlone Institute of Technology in a quiet room which was booked through the library. The interviews took on average 25 minutes to complete. At the end of each interview the participants were asked if they had any further comments in case the researcher had left something out. The interviews were audio taped and transcribed after the interviews took place. This allowed the researcher to concentrate solely on conducting the interview in a professional manner. Typed transcripts for each interview was completed by the researcher. Thematic analysis was used to analysis the data collected. The transcripts were read and re-read over again to identify re-occurring themes in the data. Once the themes were identified the researcher then started to code the data. Coding refers to a mechanism of processing the meaning of particular data while decreasing the extent of large volumes of data (Huberman & Miles, 1994, cited in Denzin & Lincoln, 2008). This led to the formation of themes and sub- themes. The sub-themes allowed for additional information to be gathered. Bryman (2008) suggests that the identification of emerging themes needs to be outstanding and similar to previous findings. In this study it incorporated grouping together the main themes visible through the research such as limited theoretical knowledge of attachment theory, lack of training in attachment theory, constricted timeframes to implement attachment theory and shortage of staff making it difficult for social care practitioners to engage in further training in the area.

## **2.6 Ethical Considerations**

Ethical issues are a crucial part of any research and Flick (2006) proposes that research should be created on informed consent and it should avoid harming the participant which includes not invading their privacy, promoting confidentiality and not deceiving them about aims and objectives of the research. The participants were explicitly informed that anonymity would be maintained and that all the information received from the study would be kept in a locked cabinet and stored on a computer with passwords intact. Hand and Hillyard (2001) p.59 suggest that research ethics is essential *“not only to maintain public confidence and to try to protect individuals and groups from the illegitimate use of research findings, but also to ensure its status as a legitimate and worthwhile undertaking”*. Sarantakos (1998) proposes that any



information received from participants should solely be used by the researcher for the purpose of the research study. Participants were encouraged to use their own words and reflect on personal experiences during the interviews.

## **2.7 Delimitations**

With every research study comes limitations. The participants were selected by convenience sampling. As this research sample is moderately small with only five participants working in the area of residential care, more participants to interview would have led to better data collection for the study. It was difficult to get more participants involved in the study due to other commitments. Bryman (2004) states that quantitative researchers occasionally analyse qualitative research as being too *"impressionistic and subjective"*. The main tool for gathering information is the researcher. The researcher determines which areas are given more attention during the interview. Wilkinson (1998) suggests that the importance of the researcher, to have the capacity which permits them to clarify the angle from which they approached the material, this will help them to overcome any issues that may arise during the research.

## **2.8 Conclusion**

In this section the researcher outlined the qualitative method used to gather the data for the study. It was seen as the most suited method to collect the data for the research as it allowed the researcher to interact with the participants face-to face to gain a personal insight into their views and opinions. It also allowed the researcher to maintain control over the interview topic keeping in mind the aims and objectives of the research. The researcher is of the belief that qualitative research with the use of competently structured interviews was an accurate method in conducting this particular study. Such interviews allow the participants to divulge their individual experiences in relation to their own views on their education and training received in attachment theory. It allowed for opinions and views to be exposed more willingly and with more honesty. Along with this it is important that the participants were allowed flexibility to outline their views they regarded as important, the qualitative method of research also provides an environment where this can take place. Key to

this research was the participant's perceptions and understanding of attachment theory and to gain an insight into how they utilize this theory when working with children and families.

This section also outlined the design of the research including the materials used to gather the data. Furthermore how the participants were sought and how their consent was received and the carrying out of the semi-structured interviews were also explored. Ethical considerations were discussed. Lastly, the procedure on how the interviews were conducted and the delimitations of the study were also highlighted. In carrying out the research the researcher refers to literature on attachment theory in the area of social work as limited literature on attachment theory in social care is available.

## **Section 3**

### **Results**

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### **Results**

#### **3.1 Introduction**

This section describes in detail the research results of the qualitative semi structured interviews which explored the participant's individual views and perspectives in relation to attachment theory. The researcher will describe the findings of the study which were examined and explored.

#### **3.2 Method of Analysis**

In terms of the analysis of the research findings the researcher used Ritchie & Lewis (2003) 'framework' to compile a matrix of themes. Thematic analysis involves the application of 'codes' to 'data' (Miles & Huberman, 1994). This allowed the researcher to gain an overall perspective from the data collected from the individuals. Three stages were involved in the conducting of the thematic framework. These stages were identifying and establishing themes and categories, creating and coding to link the identified themes and summarizing the key points which were acknowledged. The researcher reviewed each transcript to find emerging reoccurring themes that the participants had revealed in their interviews. The personal experiences and perceptions of the participants proved valuable in the collection of data.

Links between the categories researched needed to be exposed to allow the researcher to conduct a complete picture of the data the researcher had gathered from undertaking the study. The researcher then refined themes and summarized the main points in relation to each portion of coded data.

Quotations have been used to identify the emerging themes by the participants. The identity of the participants is protected by allocating numbers to the participants i.e. Social Care Practitioner 1, 2, etc.

### 3.3 Results

The interview schedule was split using three headings:

- Social care practitioners views on the education and training received on attachment theory
- Social care practitioners knowledge and understanding of attachment theory as it relates to their work with children and families
- Social care practitioners views on the relevance and use of attachment theory to their work with children and families.

As mentioned, the first objective was to gain an insight into social care practitioner's views on the education and training regarding attachment theory.

The themes that emerged from this section included:

- Limited theoretical knowledge and training in attachment theory
- Participants views on how attachment theory can be incorporated into college courses and organisations.

#### Theme 1:

##### **Limited theoretical knowledge and training in attachment theory**

The participants were asked about their knowledge and training in regards to attachment theory in college and within the organisation in which they work. The majority of participants stated that they did receive the basic education in regards to attachment theory but not to extent in which they could incorporate the theory into their work practice. Others reported that they received the minimum education and training in the area but not to the level they would have hoped for. The education received was mainly received in college. The following quotes are by the participants on their education and training regarding attachment theory.

*"We covered a little bit on attachment theory within the BA Honours degree in Applied Social Studies in Social Care but to be honest I can't remember doing a lot on it" ... (Social Care Practitioner 2)*

*“Yes I did in third year. It was included in one of the modules but it did not go into great detail. I assume because attachment theory is huge and it would take months to cover aspects of it and we were restricted to a short time frame to cover topics”.*  
(Social Care Practitioner 3).

The opportunity for training in attachment theory within an organisation was highlighted by organisations but never implemented. Participants spoke of the prospect of the implementation of additional training within the organisation and its failure to be fulfilled by managers within the organisation. In addition lack of resources influenced the failure of the introduction of additional training in the area.

*“Attachment theory has been discussed in meetings within my organisation and there is talk of more education and training being offered within the organisation but there is no sign of this happening soon with the workload at the moment”*( Social Care Practitioner 1).

*“No, the organisation I work in is under a lot of pressure with financial cuts and short staffed so a day or two off for additional training is out the window... we are struggling to get the time and opportunity to implement interventions we do know and understand already”* (Social Care Practitioner 2).

Some participants stated that they did not believe they received an adequate level of training and education on attachment theory within the organisation in which they work.

*“No not in many ways do I believe I have received adequate training in this. I don’t believe a one-day workshop is sufficient to learn how to implement attachment theory into my work. Attachment theory is difficult to understand as it entails so much”* (Social Care Practitioner 1).

*“No, not to the extent I would have hoped for”* (Social Care Practitioner 3).

It appeared that attachment theory did not feature explicitly during the participants education and training. The participants seemed to have an undeveloped understanding of what attachment meant i.e. secure and insecure attachments. The participants were asked on their understanding of attachment theory. It appeared that the majority of participants had a superficial understanding of the meaning of attachment theory.

Participants were asked to rate their education and training in attachment theory. Participants rated their education and training in the area of attachment; 1 being very poor and 10 being very high. The results revealed that none of the participants rated their education and training above 4. This suggests to the researcher that the participants involved received a low standard of education and training in attachment theory.

*“I’d give it 4” (Social Care Practitioner 1).*

Two participants in the study undertook workshops in the area of attachment theory which was conducted over a short space of time. The time scale in which the workshops were conducted was restricted and learning was limited due to the complex nature of attachment theory.

*“Yes, within the organisation I work we undertook a workshop based on attachment theory... It was not very detailed as a lot had to be covered also but it did help me get a better understanding of attachment theory” (Social Care Practitioner 1).*

*“Not within my organisation but before I started work there I completed a number of courses to equip myself for working with children in residential care as I always wanted to work in that area. Attachment theory and TCI were a course in itself and lasted the day” (Social Care Practitioner 5).*

### **Participants views on how attachment theory can be incorporated into college and organisations:**

The participants suggested ways in which attachment theory could be incorporated into education and training in college and within organisations.

*“I think college courses should have in class training courses on attachment theories and have scenarios for students to work on. I know with lack of finance available this is unrealistic... Continuous professional development, constantly being made aware of training courses especially in regard to attachment theory” (Social Care Practitioner 1).*

*“I believe every organisation should have it incorporated into their organisation whether it be by courses, workshops, a speaker etc... Colleges should spend more*

*time on theory and not just cover it by using a few slides on a PowerPoint presentation. Hands on is the best approach to learn. Speakers in the area should be invited into colleges to show students how to implement attachment theory in their future work. Organisations especially within residential care should promote additional training regarding attachment theory because it benefits both the organisation and the client” (Social Care Practitioner 2).*

*“By managers ensuring that each Social Care Practitioner has knowledge of the theory and if not provide more training if resources are available” (Social Care Practitioner 3).*

*“By allocating money for extra training within organisations... By revising the current syllabus in collage and by organisations incorporating it as a major aspect of their practice” (Social Care Practitioner 4).*

*“By spending more time on the theory and how to implement it” (Social Care Practitioner 5).*

Under the second objective in the study which aimed to explore Social care practitioner’s knowledge and understanding of attachment theory as it relates to their work with children and families. Two themes emerged from the findings as follows:

- Limited understanding of attachment theory
- Knowledge of a secure base

## **Theme 2 Limited Understanding of attachment theory**

The theoretical knowledge of aspects of attachment theory to the participants seemed restricted due to the limited amount of education in the area. The participants were unable to give a detailed explanation of attachment theory and the outcomes of using attachment theory when working with children and families.

*“Attachment theory to me is how individuals form a bond with a particular person” (Social Care Practitioner 1).*



*“How people form a relationship with a particular person” (Social Care Practitioner 2).*

*“How children attach themselves to an individual” (Social Care Practitioner 3).*

The outcomes of secure and insecure relationships for children were explored. Participants appeared to know the simple definition of the terms by replying to the questions using short, to the point answers.

*“A secure attachment relationship for a child means a child will be happier in childhood and in later life” (Social Care Practitioner 1).*

*“A secure attachment relationship tends to have positive views on relationships in later life” (Social Care Practitioner 3).*

*“The child finds it difficult to form a trusting relationship and find it hard to build relationships with people” (Social Care Practitioner 3).*

*“It may affect the child’s self-esteem and they may feel that their needs are not being met” (Social Care Practitioner 1).*

### **Knowledge of a secure base**

The participants seemed to portray a general knowledge of a secure base but did not go into great detail when asked what their understanding of the term was.

*“Eh a secure base is where the child returns to when angry and upset to someone they trust” (Social Care Practitioner 1)*

*“Where the child returns to when they stray, to someone they can trust” (Social Care Practitioner 2).*

*“It is where the child feels comfortable and familiar with people? I’m not sure if that’s correct” (Social Care Practitioner 4).*

*“Where the child feels most comfortable, a place they return when needy or in doubt” (Social Care Practitioner 5).*

One participant was unable to answer the question but made an attempt.

*“Eh I can’t really answer you there, is it somewhere the child feels safe” (Social Care Practitioner 3).*

Objective three of this study sought to explore Social care practitioner’s views on the relevance and use of attachment theory to their work with children and families. The themes that emerged on this section are:

- Lack of application of attachment theory to practice
- Constraining contextual factors
- Perceptions on the relevance of attachment theory within the social care context.

### **Theme 3**

#### **Lack of application of attachment theory to practice**

The participants reported that they were not sufficiently equipped to apply attachment theory to their practice due to their lack of knowledge surrounding the area. The researcher determined that it was likely that the attachment needs of the children and young people they work with were not sufficiently addressed.

*“Yes in ways, but I wish I had a better understanding of it” (Social Care Practitioner 1).*

*“Not really at this moment in time as I don’t fully understand the theory” (Social Care Practitioner 2).*

*“Not really as I do not know fully how to use it in my work” (Social Care Practitioner 3).*

*“No but I think it should...” (Social Care Practitioner 4).*

A participant reported that they “try” to incorporate attachment theory into their work with children and young people.

*“I try and use my knowledge around attachment theory when building relationships with children and young people” (Social Care Practitioner 5).*

### **Constraining Contextual Factors**

Contextual factors made it difficult for organisations to introduce and implement attachment theory. The researcher got the impression that the participants really cared about their work but felt restricted within their organisations due to limited resources available. Time seemed to be a major element. The work load of participants suggested that it was difficult to engage in attachment theory as it requires time and effort. Shortage of staff also was identified which also a major constraint which led to even heavier workloads with little or no time to work on using attachment theory with children and young people.

*“Not really, staff always seem too busy and life in the organisation is hectic with little or no time for emphasis on important aspects such as attachment theory which could potentially enhance our practice” (Social Care Practitioner 2).*

*“No but I think it should. Time is a problem for me. It’s all go and high staff turnover is putting more pressure on workers with heavy workloads to deal with” (Social Care Practitioner 4).*

### **Perceptions on the relevance of attachment theory within the social care context**

It was clear from the findings that the participants did acknowledge the relevance and effective utilisation of attachment theory in their work with children and families. The participants spoke about their reasons for its relevance to social care practice. The following quotes illustrate the participant’s views on the relevance of attachment theory.

*“Because children who enter my organisation have being separated from their primary figure. I as a Social Care Practitioner need to engage with the child or young person to explore the disruption in their attachment and why they commonly use*

*anger to express this disruption... it should be incorporated as a measure of early intervention" (Social Care Practitioner 1).*

*"Yes I believe the implementation of such a valuable mechanism would promote practice and enhance the development of staff-client relationships... To get a better understanding of the child background and to explore who was their main attachment figure in their lives before entering our care. " (Social Care Practitioner 2).*

*"It allows Social Care Practitioners to try and build positive professional relationships effectively by understanding the different types of attachment styles children have" (Social Care Practitioner 4).*

*"Children who enter into the care system have already experienced breakdown in attachment relationships, we need to understand this to work on from it for the child..."Yes. It makes us understand the roots of children's attachment styles and why they cling to certain individuals and not others" (Social Care Practitioner 5).*

### **3.4 Conclusion**

The overall findings from the study indicated that Social Care Practitioners had limited theoretical knowledge of attachment theory which led to lack of application of attachment theory into their practice. The participants described attachment theory in its basic description and did not go into to much detail when asked of their understanding of attachment theory. Lack of application to practice was common among participants. However despite their limited knowledge in regards to attachment most of the participants did view attachment as an important element in their work with children and families.

The relevance of attachment theory in social care practice was discussed and participants viewed it as a valuable mechanism but was rarely acknowledged by organisations within which they worked. Little opportunity was recognised by participants for additional training in the area within organisations due to the unavailability of resources and lack of commitment by organisations to incorporate the theory into daily practice.

Constraining contextual factors were identified which prevented and restricted the implementation of attachment theory in practice. Limited resources such as shortages in staff, time constraints and financial issues were noted.

All the participants included in the study believed that the use of attachment theory in their practice could potentially enhance their work with children and families and yield better outcomes especially in the area of early interventions with children and families. This concludes the main findings from the study.

## **Section 4**

### **Discussion**

## **Section 4**

### **Discussion**

#### **4.1 Introduction**

In this section the researcher intends to present, interpret and discuss the key findings of the study and highlight the significance and implications of the findings in light of the current body of knowledge on the topic. In addition the researcher intends to draw conclusions and make references for practice within the social care setting.

Currently there is no research that explores the views of social care practitioners on the role of attachment theory in their work with children and families therefore this study sought to explore this with social care practitioners in Ireland.

The first objective sought to gain an insight into social care practitioner's views on the education and training regarding attachment theory. The themes that emerged from this section were limited theoretical knowledge and training in attachment theory. In addition to this objective participants views on how attachment theory could be incorporated into college courses and organisations was also explored. The second objective in the study sought to explore social care practitioner's knowledge and understanding of attachment theory as it relates to their work with children and families. Two themes emerged which were limited understanding of attachment theory and social care practitioners knowledge of a secure base. Objective three of this study sought to explore social care practitioner's views on the relevance and use of attachment theory to their work with children and families. The themes that emerged in this section were lack of application of attachment theory to practice, constraining contextual factors and perceptions on the relevance of attachment theory within the social care context. The overall findings of the study suggests that social care practitioners have limited theoretical knowledge and training in regards to attachment which in turn led to the lack of application of theory to practice. All participants stated they did believe that attachment theory was of crucial relevance to their work with children and families but was rarely incorporated by the organisations in which they work. The study found that opportunity for additional training in the area was restricted due to contextual factors. Limited resources such as time constraints, shortages in staff and financial issues were highlighted. All participants involved in the study believed that the utilisation of attachment theory in

their work with children and families could in theory enhance their work and lead to beneficial outcomes particularly in early interventions.

#### **4.2 Social Care Practitioner's views on the education and training regarding attachment theory**

The majority of participants stated that they did not receive an adequate level of education in attachment theory to a degree in which they could use it in their practice with children and families. Beckett (2006) suggests that "anyone interested in child and family social work should be familiar with attachment theory". The findings from the study revealed that attachment theory did not feature exclusively in their education. This is similar to the findings from a study conducted in South Africa on the knowledge of attachment theory of social workers in foster care supervision reported that social workers had limited knowledge in attachment theory, interventions and hindering factors which restricted the development of attachment relationships (Lesch, Deisst, Booysen & Edwards, 2013). This is similar to the findings from this study as social care practitioners portrayed limited knowledge and training in the area of attachment and could not go into explicit detail when asked of their understanding of the topic. The researcher believes that all the participants' education and training does not represent all social care practitioners working in the area and it is possible that others not involved in the study may have received a higher standard of education and training in attachment theory. Nonetheless based on the findings of the above study conducted by Lesch et al. (2013) it seems that colleges and organisations do not solely focus on providing a large extent of education and training in the area of attachment. It may be worthwhile to follow up on these findings and explore the reasons behind it.

The findings suggested that the discussion of additional training was recognised but rarely implemented by organisations. Lack of resources influenced the failure of the introduction of additional training such as shortages in staff, lack of resources and finances. *"No, the organisation I work in is under a lot of pressure with financial cuts and short staffed so a day or two off for additional training is out the window... we are struggling to get the time and opportunity to implement interventions we do know and understand already"* (Social Care Practitioner 2). The introduction of additional



education and training in colleges and within organisations would involve considerable investments of time from colleges, students and organisations.

The researcher was alarmed by these findings as the participants work directly with children and families on a daily basis and lack of education and training in the area prevents participants to understand and gain an insight into children's attachment styles and reasons behind the attachment style they exhibit to social care practitioners. The researcher believes that it is the children and families the participants are working with that is mostly affected as a result of the participants presenting limited knowledge and training in attachment theory. Education and training should be seen as beneficial starting point for social care practitioners working in the area with children and families. Organisations should implement training in attachment theory and allow staff the time to undertake such training with the view of its importance in informing their practice.

#### **4.3 Social Care Practitioner's knowledge and understanding of attachment theory as it relates to their work with children and families.**

The findings from the study suggested that social care practitioners were not explicitly informed in a way that they could use attachment theory when working with children and their families. The Munro Review (2011) of the child protection system in England suggests that "*as a minimum the capabilities being developed for child and family social work must include a knowledge of child development and attachment*" (2011a, p.96, paragraph 6.14). In addition Gilligan (2004) discussed the notion of "resilience" which is an attachment related concept and how a simple knowledge of this could potentially benefit child and family social workers.

Shemmings and Shemmings (2011) have argued that it is vital that social care professionals are well informed about attachment theory but without expecting each individual to undertake in-depth specialist training by organisations such as attachment training. The theoretical knowledge of aspects of attachment theory to the participants seemed restricted due to the limited amount of education in the area. The participants were unable to give a detailed explanation of attachment theory and the outcomes of using attachment theory when working with children and families. If a caregiver such as a social care practitioner responds as being unavailable to the

child the child's sense of security is compromised. How a child interprets and expresses relationships is influenced in their early attachments and this is why social care practitioners should be trained in the area of attachment theory to an extent where they know how to use the theory in their practice. This shows that the lack of understanding in the area of attachment theory is affecting their practice.

Likewise McMurray, Connolly, Preston-Shoot & Wigley (2008) interviewed 19 social care professionals in England exploring their practice in foster care. The findings from this suggested that participants portrayed the basic explanations of attachment related topics. The researchers concluded from these findings that the participants showed poor levels of knowledge regarding attachment theory. In addition Ward, Brown, Westlake & Munro (2010) conducted a longitudinal study which consisted of 57 young children across ten local authorities the researchers found that "*some professionals showed little understanding of infant attachments*" (p.4) The outcomes of secure and insecure relationships for children were also explored. Participants appeared to know the simple definition of the terms by replying to the questions using short, to the point answers. Participants did appear to demonstrate an ability to answer the questions but struggled to go into explicit detail which proves that a basic knowledge in the area is not sufficient to use this theory in their work with vulnerable children and their families.

Zeanah, Berlin & Boris (2011) suggests that attachment theory is particularly useful when identifying and assessing the behaviour of neglected or abused children. The use of attachment theory proves effective and of relevance from the findings. As stated earlier attachment behaviours involve how a child can maintain some kind of closeness to their caregiver in times of need, no matter how unpredictable, unresponsive or cold the caregiver is. The style of attachment behaviour developed by a child signifies a particular defensive strategy learned, in order to help the child cope when they are feeling anxious or stressed, which may be triggered in situations such as danger, threat or need (Howe, 2011; Levy, 2010; Riggs & Peterson, 2002). Social care practitioners must be cognisant of all children, respecting and recognising their attachment strategies and devising personalised responses to their behavioural cues aimed at ensuring their experience of safety and comfort and the provision of a secure base (Graham, 2006).

Participants interviewed believed that attachment theory is important in their work and could potentially influence and improve their practice with children and families. The findings suggest that if social care practitioners were adequately equipped to implement attachment theory their work could potentially be made a small bit easier by being able to look deeper into why children behave the way do and exhibit a range of behaviours. For example instead of assuming if a child is smiling they are displaying that they are happy when this may in fact be a defensive mechanism build up over time by the child. This is when social care practitioners need to engage and look beyond a smiling face to reveal the inside story of potential neglect and abuse. As mentioned earlier the tragic case of Victoria Climbié is a prime example of how social workers did not understand or look beyond Victoria's smiling face. They reported that she was seen as being happy and very smiley. Social workers failed to understand that behind Victoria's smiling face was a child who experienced severe abuse and neglect which led to her untimely death (Crittenden, 2010). The understanding of attachment theory and utilisation of this theory may have influenced social workers to look deeper and explore what was really happening in Victoria's life. There is clearly a need for social care practitioners in Ireland to be well informed and trained in the area of attachment theory to inform their practice which will benefit and protect the most vulnerable children in society. The researcher believes that attachment theory should be incorporated and embedded into practice within social care, social work and work with children and families. The benefits from using such a theory could have life changing outcomes for children and their families especially in terms of early interventions.

#### **4.4 Social care practitioner's views on the relevance and use of attachment theory to their work with children and families.**

The findings from this study is in disagreement with Barth, Crea, John, Thoburn, Quinton (2005) as they suggest that attachment theory is one of the most extensively used theories in social work with children and families. The findings from the study suggests that the participants reported that they were not sufficiently equipped to apply attachment theory in their practice with children and families and therefore do not use the theory in their work. Research and clinical work conducted with parents

and their children expanded the framework of attachment theory to impact on a child's entire life (Muntean & Ungureanu, 2012). Cyr et al. (2012) proposes that *"the contribution of attachment theory in the assessment of parental capacity in child protection cases is considerable and significant"* (p.80). The researcher is of the opinion that due to the lack of application of attachment theory to practice it was likely that the attachment needs of children and young people within their organisation were not sufficiently addressed. *"Not really as I do not know fully how to use it in my work"* (Social Care Practitioner 3).

Similarly Botes and Ryke (2011) described the findings on a small scale study conducted in South Africa on the knowledge and use of attachment theory by social workers responsible for the assessment of foster care placements for children and young people. The findings from the study reported that *"the low percentage scores across all the variables indicate that attachment theory may not be well known or widely used...this is a concern, because the increased risk of placement disruption and collapse have been positively linked to the ineffective attachment patterns of children not being addressed"* (p.9). The authors came to the conclusion that *"attachment theory was in general not used in any of the researched application areas [and] the presence of attachment-related issues in the case loads of these social workers seemed to be largely unnoticed and the attachment needs of the children [were] not taken into consideration"* (p.10). This concurs with the findings from the study undertaken by the researcher that attachment is not being fully utilised in social care professionals practice. Potentially if social care practitioners were more equipped to introduce and use this theory it could benefit practice to the social care practitioner and the people they work with. All participants involved communicated their views on attachment theory as being a relevant and valuable mechanism to be used when working with children and families. They reported that it would enhance their practice and thus lead to better outcomes. According to US-based academic Dr Patricia Crittenden (2010) suggests that a fundamental understanding of attachment theories is one of the most important weapons in any social care professional's armoury. In addition Mc Mahon and Farnfield (1994, 2004) have argued for the implementation of attachment theory suggesting that it provides a framework for the observation of behaviours.

Hill, Lamber, Trisliotis, Buist (1992) looked at 100 cases of child protection, they learned that in every single case reference was explicitly made to the child's attachment relationship and attachment theory. Participants stated *"Yes I believe the implementation of such a valuable mechanism would promote practice and enhance the development of staff-client relationships... To get a better understanding of the child's background and to explore who was their main attachment figure in their lives before entering our care."* (Social Care Practitioner 2). The findings reported that an understanding of children's attachment such as attachment style would influence social care practitioners in their work to promote the best outcomes for the child. Crittenden (2010) backs this up by insisting that good attachment based assessments can help social workers and child and family workers to "look deeper" at behaviours which could potentially be a defensive mechanism developed by the child. *"Children would enter into the care system have already experienced breakdown in attachment relationships, we need to understand this to work on from it for the child..."*Yes. It makes us understand the roots of children's attachment styles and why they cling to certain individuals and not others" (Social Care Practitioner 5). Graham (2006) suggests that an individualised response by social care practitioners to the individual's specific attachment strategy is essential for the most beneficial outcome.

Contextual factors outlined in the research made it extremely difficult for organisations to introduce and implement attachment in their work with children and families. For numerous reasons, a child may be deprived of developing strong attachments when living in residential care (Johnson, 2002). As noted earlier the reasons for this could include, experiencing neglect due to high turnover of staff, as staff faced with overwhelming responsibilities rarely have time to attend to each child individually (Johnson, 2002). A child experiencing a disruption in normal attachment patterns may be at risk of developing poor or disorganised attachments in future relationships (Becker - Weidmann, 2008; Stinehart et al., 2012; Van den Dries et al., 2009). The findings from the study suggested that high staff turnover and time restrictions made it extremely difficult to implement attachment theory in their work with children and families.

The researcher from the findings concluded that the participants involved put a lot of effort in their work with children and families but unfortunately due to limited resources were under a lot of pressure which restricted them to engage in additional training and even implement the theory when understood. Time constraints was a prominent factor. This is comparable to the contextual factors which were identified from the South African study described by Botes and Ryke (2011) which reported that workloads made it difficult to put effort into each individual care and time restrictions. Contextual factors made it challenging to incorporate attachment principles in this South African study in foster care. Workloads made it tough to allocate time to each case and thus led to the theory not being fully applied.

The findings from the study indicated that the notion of additional training within organisations was mentioned but rarely implemented due to lack of finances. Lack of skills and resources in the area of attachment highlights the need for additional training by organisations. To enhance practice organisations should promote and incorporate the need and the valuable of such an important mechanism to use when working with children and families. Children in residential care commonly come from a background where reciprocal relationships were not a common aspect of their lives. For social care practitioners in their practice it is essential to repair relationships and build new ones with the children and their families. Limited understanding in attachment theory leads the researcher to believe that these relationship needs are not being fully met for children in residential care. The researcher is aware that this small scale study does not represent all social care practitioners in Ireland and it is possible that other social care practitioners may have received more education and training in attachment theory and attachment-based practices.

#### **4.5 Evaluation of method and suggestions for future research**

To conduct this research a qualitative research design method was chosen. The researcher decided to use a qualitative method in the form of interviews because it allowed for the interviewee to speak openly about their views and experiences on attachment theory. The researcher acknowledged that other methods could have been used to conduct the research however the use of semi-structured interviews

allowed the researcher to get involved and capture the attention and view the response of the participant. Thematic analysis was used to analysis the data collected. Thematic analysis used to analysis the interview transcripts was a success as reoccurring themes emerged in each interview. Overall this method used worked well but a broader scale study including more participants would enhanced the study for future research. The sample included in the research was a convenience sample as it was difficult to obtain participants working in the area of residential care who study within Athlone Institute of Technology due to other commitments.

#### **4.6 Overall Summary and Conclusion**

The purpose of this study was to explore social care practitioner's views on the importance of understanding attachment theory and examine how they use the theory when working with children and families.

The first research question related to the participant's views on their education and training received on attachment theory. The emerging theme was that little education and training was received in the area of attachment theory in college and within the organization in which they work. All five participants stated that they did not receive an adequate level of training in attachment theory. The second question related to social care practitioners knowledge and understanding of attachment theory as it relates to their work with children and families. Basic explanations of attachment theory were supplied by the participants in which the researcher concluded that limited theoretical knowledge in attachment theory was displayed by all participants. However the participants were able to describe their understanding of attachment theory and a secure base in simple terms and were unable to go into vivid detail. The final question explored the participant's views on the relevance and use of attachment theory to their work with children and families. All participants noted the relevance of attachment theory and suggested ways in which it could inform their practice when working with children and families. Limited application of theory to practice emerged from the findings due to limited knowledge in the area. The literature reviewed for this study, with the use of semi-structured interviews conducted with social care practitioners working in the area highlights that the application of attachment theory in social care practice remains relatively underdeveloped with the participants interviewed reporting that they have received

inadequate education and training and training in the area and due to this are restricted in many ways to incorporate this theory into practice with children and families.

It was clear that the group of participants selected for the study indicated that attachment theory was a vital aspect of social care practice. The research findings indicate that a basic knowledge of attachment theory was presented by all participants. The knowledge of attachment theory explored by participants did not however explicitly inform their practice with children and families. Potential training in attachment theory was identified by organisations but rarely implemented due to lack of resources for additional training. The need for considerable financial investments in this area is acknowledged by the researcher from the findings in both the education system and within organisations. Contextual factors made it difficult to implement the theory if acknowledged within the organisation due to time constraints and shortages of staff as one participant stated *“No but I think it should. Time is a problem for me. It’s all go and high staff turnover is putting more pressure on workers with heavy workloads to deal with” (Social Care Practitioner 4).*

The participants supported and acknowledged the relevance of attachment theory and how this could inform their practice with children and families. This raises the question if theoretical frameworks actually inform social care practice. Conversely, there needs to be a re-examination of the role of social care practitioners and the use of theory and research knowledge in their practice with children and families.

#### **4.7 Recommendations**

Attachment theory is a task of complexity in itself. The need for additional training in colleges and in organisations is essential to improve outcomes for children and families. If social care practitioners received an adequate level of training and education in attachment theory it would inform their practice in many ways. Considerable investments in training opportunities by organisations could promote the use of attachment theory in day-to-day practice with children and families



As a result of the findings from the research further research would be useful in the area of social care practice to explore the impact of the use of attachment theory when working with children and families.

None of the research states that social care practitioners are routinely using attachment theory as overall framework for their practice. This could be explored in greater detail to discover the reasons behind this.

An examination into whether the outcomes for children and families are improved as a result of implementing attachment theory in their practice should be examined.

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## Appendix 1: Letter of information



### Information Letter

Dear Social Care Practitioner,

My name is Siobhan Collins. I am currently studying a Masters in Child and Youth Studies in Athlone Institute of Technology. As part of the course I am required to conduct research in an area of child and youth care. I have decided to explore Social Care Practitioners views on the importance of understanding attachment theory when working with children and families. If you decide to take part in this research, I will interview you. The interview will last for no longer than an hour and will take place within Athlone Institute of Technology.

I would like to audio tape the conversation, however I am willing to take notes if you are not comfortable with being recorded. Your participation in the interview is completely voluntary. Your name and the name of your organisation will not be put into the report. If you have any queries don't hesitate to contact me at: 0876172979

If you like to take part in the research, please sign the consent form attached.

Thank you for your time and consideration.

Siobhan Collins.

## Appendix 2: Consent Form



### Consent Form

#### Please tick the relevant boxes:

I fully understand the information provided on the information sheet attached to this form

I understand that participation in this research is voluntary and I am free to withdraw at any stage

I agree to have the interview audio recorded

I understand that my name and the name of my organisation will remain anonymous and the information obtained in the interview will only be used for the purpose of the study and not used in other publications or conferences

I agree to take part in the study

Signature (Social Care Practitioner) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Researcher) \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 3: Interview Schedule

### Interview Schedule:

Social Care Practitioner: \_\_\_\_\_

- **To explore Social Care Practitioners views on the education and training received on attachment theory.**

1. Have you received education and training regarding attachment theory in college?
2. Have you received education and training regarding attachment theory within your organisation?

**Probe:** Can you give details of this?

3. Did you receive an adequate level of training in this?

**Probe:** If not how do you think this could be improved?

4. How would you rate your education and training regarding attachment theory?
5. In your opinion do you think that training in regards to attachment theory should be provided to Social Care Practitioners?
6. How do you think attachment theory can be incorporated into an organisation/ college?

- **To investigate Social Care Practitioners knowledge and understanding of attachment theory as it relates to their work with children and families.**

7. What is your understanding of attachment theory?
8. Do you believe a clear understanding of attachment theory is essential when working with children and families?

**Probe:** Why?

9. What are the developmental outcomes for a child of a secure attachment relationship?
10. What is your understanding of the developmental outcomes of an insecure attachment relationship?
11. Are you aware of any formal types of attachment relationships?
12. What is your understanding of the term secure base?

- **To explore Social Care Practitioners views on the relevance and use of attachment theory to their work with children and families.**

13. Does attachment theory inform your practice when working with children and families in residential care?

**Probe:** If so in what ways do you use it?

14. Have you used attachment theory and built a positive professional relationship from it when working with children and families?

**Probe:** How have you used this?

15. Is attachment theory accepted and used in your service/ organisation?

16. Do you view attachment theory as relevant in your work?

17. **Any other comments?**

Thank you for your participation and patience.