

The importance of understanding attachment and resilience in residential child care: An argument against risk-averse practice

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Abstract

The intent of this paper is to explore the importance of relationships within Scottish residential child care settings. Whilst making reference to research, theoretical and legislative material, consideration will be given to the ethical and developmental issues surrounding the risk-averse approach to practice believed to be increasingly evident in relation to care provision within contemporary social work in Scotland (Scottish Executive, 2005). With reference to this, I will provide a critical analysis of the way in which risk-averse practice has infiltrated into residential child care practice in relation to meeting the attachment needs and promoting resilience of the looked after and accommodated children and young people to whom they provide a service.

Keywords

Residential child care, understanding attachment, risk-averse practice

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Introduction

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Residential child care in Scotland encompasses a diverse variety of service provision ranging from residential child care homes, residential schools, therapeutic communities, secure accommodation and services for children and young people living with a disability (Kendrick, 2008). Research carried out by the National Residential Child Care Initiative (NRCCI) found that residential child care has made a positive and lasting difference to the

lives of many children and young people and should be seen as the first and best option for many individuals (SIRCC, 2009). However, it is important to acknowledge the contrary beliefs held by many, given there has been a long-standing tendency to view residential care as the last resort (Crimmens & Milligan, 2005). Despite this debate it can be argued that until residential child care practitioners feel comfortable and enabled to meet the attachment needs of children and young people, residential care may struggle to present itself as the best option for children, young people and their families. There has recently been widespread discussion regarding the damaging cultures of 'no-touch' (Steckley, 2009) which address this. This issue has also been raised politically as a result of the Historic Abuse Systemic Review (Scottish Government, 2009) which raised the question of safe touch, in a climate where children and young people need to be nurtured, but where there is now a risk-averse culture. This paper will explore some of the research and literature, and will seek to challenge the fearfulness of practitioners which can get in the way of attachment building and the development of resilience in children.

Reviewing the evidence

When a child or young person is placed in residential care, it is often as a result of some sort of crisis occurring in their life. In addition, children and young people in residential care will be experiencing some sort of loss. It can be said that residential child care practitioners have huge potential to challenge the disadvantages experienced by children and young people, whilst beginning to repair disrupted attachments, given their position and opportunity to engage in work within the lifespace (Ward, 2007). Throughout my placement and work experience I have learned that good residential child care practice based on warm nurturing relationships has the potential to support children and young people to reach their full potential, understand their circumstances and envisage positive future outcomes by providing genuine emotional support.

Given the evidence that advocates the necessity for children and young people to experience an emotional connection to another human being in order to influence healthy human development (Gilligan, 2008), it can be argued that residential child care in its entirety must actively challenge risk-averse approaches which stifle the development of healing relationships.

Attachment is a central concept in social work practice within the realm of work with children and families, as these close family relationships are often the origin of emotional and behavioural problems for children. Bowlby's work on attachment theory has made a major contribution to the way in which professionals think about the development of relationships between children and parents. According to Bowlby, findings showed that human beings have a fundamental need to form meaningful attachments with others, particularly with their mother throughout childhood. His findings also suggested that the bond a child has with their mother, the 'affectionate bond' (cited in Trevithick 2005 p.100) helps the child to establish a secure base, positive and trusted attachment figures, self-confidence, self-worth, trust and co-operation with others. However, children who have negative experiences in relation to their attachment with significant others may experience difficulties throughout their lives. The literature suggests that the quality of the child's attachment will be decisive in shaping future outcomes (Fahlberg, 1994; Howe,

2005). Poor experience of attachment relationships have been attributed to a child developing low self-esteem. However, Howe also states that 'good quality care-giving is the most potent form of self-enhancement for children' (Howe, 2005, p256). This would suggest that by providing cultures within residential child care which advocate positive, emotionally responsive and fear-free relationships between staff and young people offers the potential to repair attachments and promote resilient qualities.

In my experience, practitioners have often been given the message that it is somehow unhealthy for the young person to become dependent on the staff member in order to process their thoughts, feelings and emotions regarding their situation. Some may suggest that being open to the young person in this way could ultimately be oppressive and disempowering, possibly resulting in the young person leaving care feeling powerless and lacking confidence (Ward, 2007) by having become overly dependent on a staff member. However, it can be argued that it is an acceptable, normal part of human growth and development, and indeed good practice for a child or young person to have some element of dependency on a residential child care practitioner given that all 'children are clearly dependent on adults to help them be successful' (Social Work Inspection Agency [SWIA], 2006, p.4). In my view, it is an area that a practitioner need not fear. By considering the child's development from an attachment perspective, which 'recognises that relationships are generally the place where things can go wrong in the first place, but equally relationships are generally the place where things are eventually put right' (Howe, 2005, p.204), this strengthens the argument that creating environments that encourage staff and young people to establish and build positive, genuine connections is vital. It can be argued that providing a secure base may be impossible within residential child care establishments that are reluctant to form emotional connections with children and young people, given that the concept requires the child to develop a sense of belonging similar to that of a family. However, evidence suggests that creating a sense of genuine belonging should be central to practice, as the lack of a secure base is often a main contributor to the difficulties faced by young people leaving care (Minty 1999; Morris 2000).

Extraordinary Lives (SWIA, 2006) highlights the importance of creating emotional warmth in the development of resilience and emotional and mental health of looked-after children and young people. The report states that a supportive family is one of the single most powerful factors in creating resilience. It is vital that residential child care services embrace their corporate parental responsibility in order to create a culture that embraces such qualities. Moving away from risk-averse practice and 'no touch' policies can contribute to this.

Providing an environment which enables the child or young person to form secure attachments and subsequently a secure base will be of significant importance in the process of promoting resilience. Gilligan defined resilience as

qualities which cushion a vulnerable child from the worst effects of adversity in whatever form it takes and may help a child or young person to cope, survive and even thrive in the face of great hurt and disadvantage (Gilligan, 1997, p.12).

It is important to remain mindful of the pre-care experiences of children and young people in residential care. Most will have experienced significant abuse or neglect, and possibly multiple placement breakdowns (Steckley, 2010). Arguably this has significant relevance with regards to providing meaningful, emotional support for children and young people given that research suggests that emotional and behavioural difficulties are often related to other areas such as 'school exclusion, truancy, involvement in crime, drug and substance misuse, mental illness, suicide and self-harm' (Coles, 2000, p.54). Such adversities are significant and must be considered when looking at resilience-building interventions. However, this is not to say that services should not be aspirational in their approaches to practice. Practitioners must not be blinded by the problems of their children. Strengths as well as vulnerabilities should be considered, as the GIRFEC resilience framework suggests (Scottish Executive, 2008).

Messages from research continue to highlight the increasing fear organisations and practitioners have in relation to undertaking the task of nurturing relationships and fulfilling emotional needs in order to engage meaningfully with children and young people. For example, research carried out which addressed touch between professionals and children in their care identified that much practice is dictated by documents which aim to protect staff and organisations from false accusations (Piper et al., 2006). It is important to highlight the ethical issues surrounding any such practice as it does not promote the child's best interests, instead being driven by unnecessary guilt about unwanted outcomes. Mann has discussed the 'sometimes contradictory mandates' that confront residential child care workers (Mann, 2003, p. 10) and how the 'need to control may dominate over our needs to connect' (p. 14). A common theme appears to be the awareness of staff that children and young people often seek out physical restraint to meet their need for a 'hug or a cuddle but not knowing how to accept or initiate this form of touch' (Steckley, 2010, p.123). It could be that physical contact may possibly be the most meaningful method of communicating feelings of acceptance and caring. Therefore, it can be argued that practitioners need to have the moral courage to challenge cultures that do not appear to question the fact it is 'better' to engage in a physical restraint with a child rather than give them a hug.

When considering the culture of an organisation, *Changing Lives* (Scottish Executive, 2005) highlighted that high-profile service failures leading to tragedy have driven services to become more risk-averse, resulting in what Parton describes as a 'moral panic and preoccupation with culpability, blame and retribution' (Parton, 2006, p.37). This would suggest the need to focus on residential care staff building meaningful relationships with children and young people in order to avoid similar neglectful practice. *Higher Aspirations, Brighter Futures* (SIRCC, 2009) argues that there needs to be a new approach to tackling risks which encourages the workforce to 'nurture innovation and provide the freedom to try new things, to risk failure, and to learn from mistakes' (p.23).

However, it is important to be mindful of the challenges that surround changing the culture of an organisation to accept more the more risk-averse approaches which can block the development of attachment and resilience. Westley and Mintsberg (as cited in Coulshed and Mullender, 2006) suggest that visionary leadership is far more than a process of having an idea. Practitioners need to be encouraged to reflect on their practice so that

they can connect with what is needed to help a child heal. Smith (2005) states that ‘the ability to think critically and reflect on our work is an essential quality of a skilled practitioner’ (p.172). Creating a positive culture within residential establishments, which advocates attachment-building and resilience-based thinking also requires creative, supportive, collaborative leadership (Hicks et al., 2007). Practitioners need support and supervision to enable them to maintain the healthy and nurturing relationships with children which are so important in attachment building.

Conclusion

In conclusion, local authorities and other residential service providers in Scotland must commit to the vision of We Can and Must do Better (Scottish Executive, 2007), transforming services and the way they are delivered. Residential child care will continue to be an essential service to children, young people and their families in the future. The many complex circumstances which lead to a child requiring residential care are unlikely to disappear, especially in view of societal changes such as the increase in parental drug and alcohol abuse and the breakdown of family functioning. Having an understanding of, and the ability to, provide emotionally warm, meaningful and controversially, loving relationships between children, young people and staff is crucial in relation to promoting resilience, healthy attachments and conveying the message that residential child care can really be a positive choice.

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