

# The importance of attachment in the lives of foster children

## Key messages from research



Key messages from research

---

# **The importance of attachment in the lives of foster children**

**Produced by**

Centre for Parenting & Research  
Research, Funding & Business Analysis Division

NSW Department of Community Services  
4-6 Cavill Avenue  
Ashfield NSW 2131  
Phone (02) 9716 2222

July 2006

ISBN 1 74190 001 8

[www.community.nsw.gov.au](http://www.community.nsw.gov.au)



## Contents

---

<b>1.</b>	<b>Why is attachment theory important for those who work with children?</b>	<b>1</b>
<b>2.</b>	<b>What does attachment mean?</b>	<b>2</b>
<b>3.</b>	<b>How do the different types of attachment help to explain children's behaviour?</b>	<b>3</b>
<b>4.</b>	<b>Can children be attached to multiple caregivers?</b>	<b>4</b>
<b>5.</b>	<b>What does attachment mean for understanding children in care?</b>	<b>5</b>
<b>6.</b>	<b>Can carers and others help children to build relationships in foster care?</b>	<b>7</b>
<b>7.</b>	<b>Conclusion</b>	<b>9</b>
	<b>Endnotes</b>	<b>10</b>

## **1. Why is attachment theory important for those who work with children?**

---

Attachment theory is concerned with how children's early relationships affect their development and their capacity to form later relationships.<sup>1</sup> It can be useful in helping those who work with children in care to think about both past and future. It can increase understanding about what children may bring into the new relationships that care involves, and, looking forward, how one can build on the past, modify expectations and strategies that are no longer helpful, and help the development of new positive relationships.

The concepts derived from attachment theory have been widely embraced by those who work in child welfare as they offer a framework for understanding the developmental importance of close relationships. These concepts help to explain why children who have had a poor start to relationships with others, or who have experienced seriously disrupted care, often behave in very troubling ways in care. They are also used in making decisions about the arrangements for family visits and specific forms of therapy for children experiencing behavioural problems.

This research article is intended to help those who work with children in care understand the key messages from attachment theory and research. It outlines the concept of 'working models' that people use to make sense of their interactions with others and that underpin their different responses. Attachment in the context of multiple caregivers and the importance of attachment in childhood and adolescence are also discussed. The article is intended to help foster caregivers and others close to foster children use attachment theory to understand children's needs and challenges and to build productive, new relationships that can safeguard their future.

## 2. What does attachment mean?

---

The British psychiatrist John Bowlby pioneered the concept of attachment in the 1940s, and used the term 'attachment bond' to describe a warm, intimate and continuous relationship with a mother or permanent mother substitute in which both find satisfaction and enjoyment.<sup>2</sup> In his influential work, Bowlby described the attachment system that helps an infant to seek comfort from their caregiver and develop a sense of security. Bowlby used the term 'attachment behaviours' to refer to the actions or signals of infants, such as crying, smiling and vocalising, which usually summon their caregiver and which therefore help the infants feel calm and safe.

The term attachment is most often used to refer to the relationship between an infant or young child and the infant or child's parent (usually the mother) or preferred caregiver. The theoretical basis of most of the attachment research is that secure attachment in infancy will predict good social and emotional outcomes. However, attachment theory is continually evolving in the light of new research, and the importance of attachment to developmental issues in middle childhood and adolescence, such as a child's independent involvement in life experiences beyond the home (at school, with peers and in the community), is also recognised.<sup>3</sup>

Attachments are best thought of as mutually reinforcing patterns of behaviour between a caregiver and a child. Although children play an active role in developing and maintaining an attachment relationship, what motivates a caregiver to respond to the child is as important to attachment as a child's behaviour in moments of need.

How caregivers anticipate, respond to and interpret the child's attachment behaviour is influenced by many factors. For example, caregivers who are dealing with a major challenge such as mental illness or domestic violence are likely to have difficulty in focusing on and attending to their child's needs. Their own experience as children and the mental image of parental relationships that they bring to their role as parents are also likely to affect how caregivers anticipate, respond to and interpret their own child's attachment behaviour. Caregivers without secure attachments with others, may also find it difficult to respond to a child in such a way that will lead to the formation of a secure attachment.<sup>4</sup>

Having a caregiver who provides consistent, responsive care helps children to learn to recognise the nature of their own emotions, and to regulate their own behaviour and emotional states. Through experiencing responsive and sensitive caregiving a child also develops social competencies, empathy and emotional intelligence, and learns how to relate to other people and understand what to expect from them.<sup>5</sup> When a caregiver is sensitive to a child's emotional needs and responds positively, this helps the child to develop a sense of being loved and lovable. This is how children learn that they will be able to rely on others for help in times of trouble later in life. Children are better able to cope with traumatic experiences when their earlier experiences are of being safe and protected.<sup>6</sup>

A child's confidence that a caregiver will be protective also enables the child to explore the world and learn new skills, using the caregiver as a secure base for exploration, play or other social behaviours. A child who feels that they are looked after and protected by reliable adults is freed from the fear and anxiety that accompany a sense of being alone or abandoned. The more secure the child feels the more energy and enthusiasm they have to be curious, to learn, to seek understanding and to try to make sense of the world.

During adolescence personal development leads children further away from those who protect them, to explore intimate relationships, and to develop a sense of belonging in a community. Research is beginning to show that attachment is integral in helping adolescents achieve autonomy from parents and is important for the quality of ongoing peer relationships, social acceptance and functioning in romantic relationships.<sup>7</sup> Attachment to parents has also been associated with a range of indices of wellbeing, including high self-esteem and low anxiety.<sup>8</sup>

Although attachment is universal to all humans, it is important to recognise that the majority of work on attachment theory has been based on Western studies. More information is needed about the applicability of attachment concepts in different cultural contexts, especially in traditional cultures where children are encouraged to form attachments with many caregivers. In the Australian context, further work involving children from Aboriginal and Torres Strait Islander backgrounds is needed to understand how Indigenous attitudes, values, and behaviours relate to attachment.<sup>9</sup>

### 3. How do the different types of attachment help to explain children's behaviour?

---

Individuals respond to distressing situations in unique ways. The way a child behaves in times of emotional distress, or their display of attachment behaviour, can be used to categorise attachment security in a relationship.

What is currently known about different types of security in attachment developed from an experiment developed by Mary Ainsworth and her colleagues<sup>10</sup> called the 'strange situation'. In Ainsworth's 'strange situation' study, toddlers (aged 12 to 20 months) were separated from their caregivers in unfamiliar circumstances and then reunited. The 'strange situation' measures the balance toddlers achieve between the developmental tasks of attachment and exploratory behaviour. Infants were classified into three main groups on the basis of how they reacted to separation (crying, yelling or other distress signals) and reunion (contact seeking, positive gestures and exploratory activity). These were a secure group and two insecure groups (avoidant, and ambivalent/resistant). At a later stage, Mary Main and Judith Solomon<sup>11</sup> proposed a fourth group to the three established categories for infants who could not be classified as either secure or insecure, and called it disorganised/disoriented.

The original attachment classifications have been described for children up to 20 months, but there have been several attempts to classify attachment relationships in older children and in the adult population. This has confirmed the four patterns of attachment behaviour that originated from the 'strange situation'.

Children who are secure in their relationship readily seek contact with the caregiver when stressed or worried. In turn, the caregiver is able to respond with comfort and nurture appropriate to the situation, and the child quickly returns to play and exploration. Thus, the child and the caregiver are in tune with one another.

In contrast, children who are insecure are not confident that their caregiver will meet their emotional needs. If children cannot rely on their caregiver to respond to distress, they may intensify a display of emotion by being very fussy or demanding to ensure they are not ignored. Since they are often angry that they cannot rely on the caregiver, they may also refuse to accept the caregiver's attempts to provide comfort. This can be very confusing to the caregiver, who may find it difficult to distinguish between the child experiencing true distress and the child just needing to be held and comforted. This confusion adds to the disharmony and dissatisfaction in the relationship.

Another way children respond to insensitive or unresponsive care is by downplaying their distress and suppressing emotion in order to not provoke the anger of the caregiver. Although the child may seem independent and self-sufficient, insecurity and distress lie beneath this exterior. When upset, the child may retreat and use objects such as toys to make contact with the caregiver and keep them physically near.

By contrast, children with a disorganised attachment are left emotionally overwhelmed and distressed for long periods of time, as they do not have a clear strategy for dealing with their distress. In the 'strange situation', children with disorganised/disoriented attachment display odd, contradictory and conflicted behaviours. For example, they may show fear and move away from the caregiver. Disorganised attachment behaviour in infancy is also known to shift to controlling attachment behaviour in later stages of development and this can involve, at times, displays of aggression towards the caregiver. A child is classified as controlling if they actively attempt to be in charge of the relationship and assume a role that is considered more appropriate for a parent in relation to a child.

Attachment disorganisation is generally thought to arise when a child experiences their caregiver as frightening (e.g. when an attachment figure engages in incidents of physical and sexual abuse) or frightened (e.g. when a caregiver is helpless, or unable to provide reassurance and protection to the child). Attachment disorganisation has been very closely linked to a history of parental maltreatment, maternal depression and drug abuse (up to 80% in maltreated samples).<sup>12</sup> Many foster children have suffered experiences of abuse and neglect, or have grown up with psychotic, alcoholic or drug-addicted parents, and may therefore display attachment behaviours that can be classified as disorganised.

## 4. Can children be attached to multiple caregivers?

---

Much of the early theory and research in attachment focused on mother-infant bonding, so the importance of other relationships is sometimes neglected in popular usage. However, current concepts of attachment theory accept that children form attachments to many caregivers at the same time. Bowlby assumed that mothers are attachment figures,<sup>13</sup> but fathers, grandparents, day care providers and teachers are all considered attachment figures of typical children. Long-term foster caregivers are also thought to be attachment figures, although specific categories of foster care, such as emergency, short-term or respite foster care, may not provide for the relationship continuity necessary for forming an attachment.

This means it is possible to maintain contact with birth parents without compromising the development of new attachments in foster care.<sup>14</sup> Indeed, some research suggests that continuing contact with birth parents after a separation, particularly in the transition to foster care, may well help the child come to terms with the separation, and could play a crucial role in preparing the child to accept a new caregiver. Contact with birth parents may alleviate divided loyalty in children by showing that the parents accept the fostering arrangement.<sup>15</sup> This may be especially true for older children, who are likely to have already developed important relationships.

Yet, while severing ties with the past is considered inappropriate for the majority of children entering foster care, there may be circumstances where contact with birth families is undesirable.<sup>16</sup> Many foster caregivers report disturbed reactions to visits from parents, such as sleeping problems, hyperactivity, anxiety or a general worsening of children's behaviour. While this may be a healthy expression of how the child feels about their situation,<sup>17</sup> atypical responses or severe apprehension to birth parents may indicate difficult aspects of parent-child attachment relationships, which may necessitate supervised or restricted visits or even intensive therapeutic intervention to avoid compromising the child's development.<sup>18</sup> Further research is needed to determine when contact is likely to be beneficial to children with disrupted relationships,<sup>19</sup> and how children's attachments should influence decisions about placement and care.

## 5. What does attachment mean for understanding children in care?

---

Although the extent of problems arising for children at placement will vary because of individual differences as well as the extent of dysfunction experienced in prior relationships, attachment theory is a useful framework for understanding how early adverse experiences influence later emotional and behavioural development. The way a child reacts in a distressing situation, how they react to a new caregiver's attempts to offer care and concern, and the amount of energy they have available to explore something new are all influenced by the type of attachments children formed in past relationships.

Children's attachments are based on how they expect their caregivers to respond when the children show distress. Children internalise attachment experiences in the form of 'mental models' or 'mental images' of caregivers and themselves. Children with secure attachments build mental models of a secure self, caring parents and a kind world. In contrast, children with insecure or disorganised attachments come to see caregivers and the world as dangerous and unpredictable, and themselves as bad or unworthy of love and care. The mental models that children construct affect their later relationships, which is why these models are sometimes referred to as *attachment working models*. At placement, children will invariably carry multiple mental models, both positive and negative, of attachment figures, including their birth parents, relatives, previous foster caregivers and social workers.

Mental models formed in early relationships influence the way a child approaches new relationships. Children often enter care with an expectation that those who care for them will be unresponsive or will hurt them. They cannot understand how their present caregiver can be available and nurturing when all their previous experience tells them that caregivers are unresponsive and frightening. Initially, foster children may not respond to new caregivers as they really are, but as representative of caregivers in general, who are associated with unhappy and frightening perceptions and memories.

Some foster children keep their feelings under wraps. These children shy away from emotional closeness, and are closed and cautious. They may seek safety in activities or may be overly compliant. These children may stiffen when held, or refuse to admit that they have been hurt or to seek comfort. Emotionally distant children are likely to have experienced rejection or to have been physically or sexually injured, and thus use defensive attachment strategies that are designed for self-protection.

*Emotionally distant* children may also have experienced multiple placement failures. Children who experience multiple separations never develop a working model of the self and relationships as secure, and come to expect rejection and separation at each new placement. Such children learn not to form attachment relationships in order to avoid the pain of losing them, and resist forming attachments by either actively detaching or alienating themselves from the caregiver. For example, a carer may find that, whatever good activities they arrange, the child always spoils the fun. It is as if the child cannot bear to wait for the 'nice' experience to end, and the child takes control to finish the waiting by ensuring a bad outcome that leads to rejection.<sup>20</sup> Destructive behaviours can also be used with the intention of damaging relationships. At the extreme, multiple separations and repeated loss can cause a condition known as reactive attachment disorder (RAD), which may indicate an inability to develop meaningful relationships with others.<sup>21</sup>

There are other foster children who appear *emotionally needy*. They seem starved of attention and easy to please, and show intense emotions and feelings of anger and frustration as well as pleasure. These children may be physically restless and lack concentration. They may also use an ambivalent/resistant attachment strategy, which involves heightening their emotion expression to gain attention from caregivers, and are likely to have a history of neglectful or preoccupied parenting.

Foster children may also behave in an *overly affectionate or over-friendly* manner towards any adult (even strangers), or show distress in an aimless and undirected way. These behaviours may be explained by a history of unstable placements early in life, resulting in the absence of an attachment to a specific caregiver.

Other disturbing behaviours that are often reported at placement can also be linked to children's past relationships. For example, self-image, self-esteem and self-confidence are all influenced by early relationships. Low self-esteem, as well as feeling inadequate and/or unloved, can manifest itself in a number of troubling behaviours, such as self-harm, infantile behaviours and eating disorders.



When caregivers do not respond to children's distress, or when the threat of abuse leaves children in a permanent state of anxiety or fear, children do not learn to regulate their own emotions by developing self-control. This can explain the over-reactions and intense negative emotions that foster children often show in response to stress or disagreements.

Children who have been abused by a caregiver are often watchful, fearful and alert to danger, even when there is no threat apparent. With so much energy directed towards self-protection, or tied up with anxiety, there is little left over to develop an interest in learning. As a result, and because of a tendency to be inattentive and uncooperative and to perform poorly at school, some foster children are diagnosed with attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD) or conduct disorder at higher rates than other children.

Empathy and concern for others is also acquired through experiencing comfort and compassion from a sensitive caregiver. This can help explain why foster children who have experienced negative early relationships often lack an ability to be sensitive to the thoughts, feelings and behaviours of others, or lack remorse and the capacity to calm distress in others.<sup>22</sup>

Foster caregivers often see a number of other worrying or disturbing behaviours in foster children that can be linked to their abusive pasts. Some foster children show cruelty towards other people or animals. Anger, aggression and other hostile behaviour are clearly linked to attachment history, and can be regarded as a reaction to chronic rejection and insensitivity from caregivers.

## 6. Can carers and others help children to build relationships in foster care?

---

While much more needs to be understood about how new relationships can influence children's development, there is evidence that children with disturbed relationship histories are able to develop positive attachment relationships with new and sensitive caregivers. A recent study has shown, for example, that children from very impoverished Romanian orphanages who were adopted into caring and sensitive home environments were eventually able to develop secure attachments to their adoptive parents.<sup>23</sup> However, this and earlier studies<sup>24</sup> emphasise that older children have more difficulties in placements than younger children, because they have been exposed to adversity for longer periods.<sup>25</sup>

While attachments can and do form in foster care, very little is known about how children learn to reconstruct their perceptions of caregivers, and how long this process takes. The little research that has been devoted to this topic suggests that parenting skills are the key factor in determining whether an attachment will develop or not.

Positive attachments develop when caregivers respond to situations of distress with warmth and sensitivity.<sup>26</sup> A child with a disturbed attachment history needs to develop trust that the caregiver will provide predictable, sensitive and effective care during times of emotional need. Indeed, recent foster care studies have related highly sensitive care<sup>27</sup> and the experience of feeling loved unconditionally by a sensitive and available carer<sup>28</sup> to measures of attachment.

Attachment theory defines sensitivity as the ability and willingness to try and understand behaviours and emotions from the child's point of view. To see the world through the child's eyes involves looking beneath the child's behaviours to see the emotional needs driving the behaviour. Challenging, irrational and rejecting behaviours can bewilder, frustrate and demoralise even the most committed and experienced foster caregiver. Looking at the child's behaviour from an attachment viewpoint can help foster caregivers find alternative explanations, make sense of difficult situations, have empathy with the child, and develop parenting strategies that can reduce a child's distress.<sup>29</sup>

Interviews with foster caregivers conducted as part of a recent study of children in long-term foster care in the United Kingdom, called *Growing Up in Foster Care*, provide some rich accounts of the complex needs of foster children, as well as the ways caregivers can effectively respond to them.<sup>30</sup> The following illustrates how one caregiver sensitively responds to her foster child's extremely abusive behaviour, which she displays when she becomes anxious about something:

Foster caregiver: On a good day, I might suggest that she'd had a difficult day, sound sympathetic, try to cuddle her if she will allow it. Just get her so she knows you love her, so that she feels you love her and that you care she's had a bad day, then it diffuses it, but it's hard work to do that all the time.

For older children and adolescents, the provision of comfort may involve physical care and opportunities for safe physical intimacy (such as cuddles) that one generally associates with the parenting of younger children. As children develop security in the relationship, comfort can be provided in more age-appropriate ways. Older children also need caregivers to point out where their expectation of parental responsiveness and social situations depart from reality. Although more information is needed about the way children's representations of relationships change as they enter adolescence and adulthood, and to what extent they can be changed, it is thought that in time children will adjust to new information and experiences. Maladaptive perceptions and representations will be challenged and re-evaluated, and children will eventually be able to make sense of their own and other's thoughts and feelings.<sup>31</sup>

Sensitive caregiving is intrinsically linked to availability. Each time a caregiver responds to a child in a distressing situation they are teaching the child to trust, value and enjoy open communication. However, certain events can threaten a child's sense of caregiver availability and trigger intense feelings of anxiety. Unwanted physical separations, such as the absence or departure of new caregivers, can make a child feel insecure. Realising this, the caregiver can inform the child in advance of comings and goings, to allay their fears of being abandoned.

Being a sensitive foster caregiver can be enormously challenging. It requires an acceptance of high emotional demands, and parenting based on a sensitive understanding of what the child needs, often in the face of continued rejecting and difficult behaviour. Foster caregivers will know that they have broken through and instilled feelings of safety and security when a child:

- shows wariness of strangers
- seeks the caregiver in times of stress
- uses the caregiver as a secure base for play and exploration
- shows greater independence, based on feelings of security and self-worth.

In many ways, providing a secure base in a foster care situation and coping with destructive and disturbing behaviours goes beyond ordinary, good-enough parenting. To remain sensitive to foster children and keep them safe and contained long enough to reverse the damage done in previous relationships can require expert support and guidance. A social worker who, with her husband and birth children, fostered 12 children over 25 years, proposed four conditions that are necessary for success in parenting a child with negative prior attachment experiences. These are:

- *Commitment.* This requires that foster parents be absolutely committed to the task of ‘sharing the child’s journey’, and that they have empathy with the child and are able to see the world through the child’s eyes at least some of the time.
- *Personal support.* It is vital that an attachment to the child is not built at the expense of neglecting or even losing the close, confiding, intimate attachments that nourish the resilience of carers themselves.
- *Professional supervision.* A link must be established with a source of professional supervision and support. The perspective of professionals is needed to assess progress, to warn of risk and to propose solutions.
- *Working with others to build an environment that promotes secure attachment.* In such an environment, all those close to the child cooperate to achieve consistency in the child’s life. The child is respected and valued as a (perhaps still only potentially) lovable and sociable being. There is a deliberate and concerted effort to promote change in attachment patterns based on an understanding of the way attachment develops.<sup>32</sup>

There is good reason to believe that when children develop a sense that their new caregivers will protect them from harm, can be relied on, and really care what happens to them, difficult behaviours and emotional need will diminish, and resilience and development will be enhanced.<sup>33</sup> A number of research studies have found that, if a child has just one attachment figure who is trustworthy and makes the child feel secure, the child has a much better chance of growing up to be a healthy adult than if they have never found anyone to rely on.<sup>34</sup> Judy Cashmore and Marina Paxman’s landmark longitudinal study of wards leaving care also shows that feeling a sense of attachment and belonging while in care can greatly assist children when they exit the care system and must find their place in the adult world.<sup>35</sup>

## 7. Conclusion

---

Foster caregivers who provide long-term care are faced with the challenge of forming close relationships with children who have experienced separation from their birth parents and, often, severe abuse and/or neglect. Psychological defences and perceptions that helped children survive hostile and maltreating caregiving can appear in behaviour that is difficult to explain in a normal home environment. By understanding the link between children's troubling and disturbing behaviour and their past relationships, by modifying expectations and perceptions that are no longer helpful, and, importantly, by building healthy, new attachments, those who work with children in foster care have the capacity to heal young minds and offer hope to all children whose lives have been blighted by abuse, neglect and trauma.<sup>36</sup>

## Endnotes

---

- <sup>1</sup> It is still an evolving area of research. The early emphasis on very young children, for example, is being expanded to give more attention to attachment patterns among adolescents and adults.
- <sup>2</sup> Bowlby, J. (1951, p.13), cited in Bretherton, I. (1992) The origins of attachment theory: John Bowlby and Mary Ainsworth, *Developmental Psychology*, 28, 759-775.
- <sup>3</sup> Marvin, R.S., & Britner, P.A. (1999) Normative development: The ontogeny of attachment. In J. Cassidy & P.R. Shaver (Eds), *Handbook of Attachment: Theory, Research and Clinical Applications* (pp. 44-67). New York: Guilford.
- <sup>4</sup> Dozier, M., Stovall, K., Albus, K., & Bates, B. (2001) Attachment for infants in foster care: The role of caregiver state of mind. *Child Development*, 72, 5, 1467-1477.
- <sup>5</sup> Bowlby, J. (1969) *Attachment and loss: Volume 1, Attachment; Volume 2, Separation; vol Volume 3, Loss, sadness and depression*; all New York: Basic Books. See also Crittenden, P.M. (1990) Internal representational models of attachment relationships, *Infant Mental Health Journal*, 11, 3, 259-277.
- <sup>6</sup> This summary is largely based on two chapters, 'Developing minds in the context of close relationships' and 'Emotions and mind-mindedness', in D. Howe (2005) *Child abuse and neglect: Attachment, development and intervention*, Hampshire: Palgrave Macmillan, chapters 1 and 2.
- <sup>7</sup> See, for example, Allen, J.P., Moore, C.M., Kupermine, G.P., & Bell, K.L. (1998) Attachment and adolescent psychological functioning, *Child Development*, 69, 1406-1409; Black, K.A., & McCarthy, K. (1997) Adolescent females' security with parents predicts the quality of peer interactions, *Social Development*, 6, 91-110; Treboux, D., Crowell, J.A., Owens, G., & Pan, H. (1994) *Attachment behaviours and working models: Relation to best friendships and romantic relationships*, Paper presented at the biennial meeting of the Society for Research in Adolescence, San Diego, CA; Donovan, J.E., & Jessor, R. (1985) Structure of problem behaviour in adolescence and young adulthood, *Journal of Consulting and Clinical Psychology*, 53, 890-904.
- <sup>8</sup> See Armsden, G.C., & Greenberg, M.T. (1987) The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence, *Journal of Youth and Adolescence*, 16, 427-454; Paterson, J., Pryor, J., & Field, J. (1995) Adolescent attachment to friends and in relation to aspects of self-esteem, *Journal of Youth and Adolescence*, 24, 365-376.
- <sup>9</sup> See, for example, Yeo, S. (2003) Bonding and attachment of Australian Aboriginal children, *Child Abuse Review*, 12, 292-304. See also Grossman, K., Spangler, G., Suess, G., & Unzer, L. (1985) Maternal sensitivity and newborns' orientation responses as related to quality of attachment in Northern Germany in I. Bretherton & E. Waters (Eds) Growing points of attachment theory and research, *Monographs of the Society for Research in Child Development*, 50, 1-2, Serial No.209, 233-256.
- <sup>10</sup> Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978) *Patterns of attachment: Psychological study of the strange situation*, Hillsdale, NJ: Erlbaum.
- <sup>11</sup> Main, M., & Solomon, J. (1986) Discovery of an insecure/disorganised/disoriented attachment pattern, in T.B. Brazelton & M.W. Yogman (Eds), *Affective development in infancy* (pp.95-124), Norwood, NJ: Ablex.
- <sup>12</sup> Several epidemiological studies have investigated the rates of infant attachment disorganisation. The rates quoted here are based on a meta-analysis of 80 studies conducted by van IJzendoorn, M., Schuengel, C., & Bakersman-Kranenburg, M. (1999) Disorganised attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae *Development and Psychopathology*, 11, 225-249.
- <sup>13</sup> Bowlby, J. (1969/1982) *Attachment and loss: Volume 1, Attachment*, London: Hogarth Press.
- <sup>14</sup> Howes, C. (1999) Attachment relationships in the context of multiple caregivers, in J. Cassidy & P. R. Shaver (Eds) *Handbook of attachment: Theory, research, and clinical application* (pp.671-687), New York: Guilford Press.
- <sup>15</sup> Andersson, G. (2005) Family relations, adjustment and wellbeing in a longitudinal study of children in care, *Child and Family Social Work*, 10, 1, 43-56.

- <sup>16</sup> For a fuller discussion of the issues involved in contact with birth parents see Taplin, S. (2005) *Is all contact between children in care and their birth parents 'good' contact?* Research, Funding & Business Analysis Division, NSW Department of Community Services.
- <sup>17</sup> Mcwey, L., & Mullis, A. (2004) Improving the lives of children in foster care: the impact of supervised visitation. *Family Relations*, 53, 3, 293-300.
- <sup>18</sup> Haight, W., Kagle, J. & Black, J. (2003) Understanding and supporting parent-child relationships during foster care visits: Attachment theory and research, *Social Work*, 48, 195-207. See also Leathers, S. (2003) Parental visiting, conflicting allegiances, and emotional and behavioural problems among foster children, *Family Relations*, 52, 53-63.
- <sup>19</sup> Quinton, D., Rushton, A., Dance, C., & Mayes, D. (1998) *Joining new families: A study of adoption and fostering in middle childhood*, London: Wiley & Sons Ltd.
- <sup>20</sup> Baker, T. (2003) What is the relevance of attachment to parenting assessment? In P. Reder, S. Duncan & C. Lucey (Eds) *Studies in the assessment of parenting*, Hove and New York: Brunner-Routledge, 75-89.
- <sup>21</sup> World Health Organization (1992) *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*, Geneva: World Health Organization.
- <sup>22</sup> Hart, S., & Brassard, M. (1991) Psychological maltreatment: progress achieved, *Developmental Psychopathology*, 3, 61-70.
- <sup>23</sup> Chisholm, K. (1998) A three-year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages, *Child Development*, 69, 1092-1096.
- <sup>24</sup> Hodges, J., & Tizard, B. (1989a) IQ and behavioural adjustment of ex-institutionalised adolescents, *Journal of Child Psychology and Psychiatry*, 30, 53-75. Hodges, J., & Tizard, B. (1989b) Social and family relationships of ex-institutional adolescents, *Journal of Child Psychology and Psychiatry*, 30, 77-97.
- <sup>25</sup> O'Connor, T.G., Marvin, R., Rutter, M., Olrick, J., Britner, P., and the English and Romanian Adoptees Study Team (2003) Child-parent attachment following early institutional deprivation, *Development and Psychopathology*, 15, 19-38.
- <sup>26</sup> Howes, C. (1999) Attachment relationships in the context of multiple caregivers, in J. Cassidy and P.R. Shaver (Eds) *Handbook of attachment: Theory, research and clinical applications* (pp.671-687), New York: Guilford.
- <sup>27</sup> Schofield, G., & Beek, M. (2005) Providing a secure base: Parenting children in long-term foster care, *Attachment and Human Development*, 7, 1, 3-25.
- <sup>28</sup> Schofield, G. (2002) The significance of a secure base: A psychosocial model of long-term foster care, *Child and Family Social Work*, 7, 259-272.
- <sup>29</sup> More specific ideas about how these changes can be achieved can be found in Cairns, K. (2002) *Attachment, trauma and resilience: Therapeutic caring for children*, London: British Association for Adoption and Fostering.
- <sup>30</sup> Schofield, G., Beek, M., & Sargent, K., with Thoburn, J. (2000) *Growing up in foster care*, British Agencies for Adoption and Fostering (BAAF): London.
- <sup>31</sup> Schofield, G., & Beek, M. (2005) Providing a secure base: Parenting children in long-term foster care, *Attachment and Human Development*, 7, 1, 3-25.
- <sup>32</sup> Cairns, K. (2002) *Attachment, trauma and resilience: Therapeutic caring for children*, London: British Association for Adoption and Fostering.
- <sup>33</sup> Thompson, R. (1999) Early attachment and later development, in J. Cassidy & P.R. Shaver (eds), *Handbook of attachment: Theory, research and clinical applications* (pp.265-286), New York: Guilford, 268.

- <sup>34</sup> Howes, C. & Richie, S. (1999) Attachment organization in children with difficult life circumstances, *Development and Psychopathology*, 11, 251-268.
- <sup>35</sup> Cashmore, J. & Paxman, M. (1996) *Wards leaving care: A longitudinal study*, Sydney: NSW Department of Community Services.
- <sup>36</sup> Howe, D. (2005) *Child abuse and neglect: Attachment, development and intervention*, Hampshire and New York: Palgrave Macmillan, 277-278.

