Love is not enough?

Exploring the relationship between attachment and child development for children in foster care.

Aoife Woods

Submitted in partial fulfilment of the requirements of the Bachelor of Arts Degree (Social Science Specialization) at DBS School of Arts, Dublin.

Supervisor: Paul Halligan

Head of Department: Dr Bernadette Quinn

April 2016

Department of Social Science

DBS School of Art
# Table of Contents

Acknowledgements 1

Abstract 2

Introduction 3

1.1 Foster Care in Ireland 4

1.2 Attachment Theory 5

1.3 Child Development 6

1.4 Relationship between attachment and foster children 8

1.5 Foster carers training 11

Method 13

2.1 Design 13

2.2 Participants 14

2.3 Materials/Apparatus 15

2.4 Ethical Considerations 16

2.5 Procedure 17

Finding 18

3.1 Attachment is vital 19

3.2 Bowlby’s theory of the ‘critical period’ 21

3.3 Developmental issues 23

3.1 Training for foster carers 26

Discussion 29

4.1 Conclusion 32

4.2 Limitations and Future Research 34

References 36

Appendices

1. Letter of Consent 39

2. Interview schedule 40

3. Transcribed interview 41
Acknowledgements

I would like to express my appreciation and heartfelt thanks to my supervisor Mr Paul Halligan for all the support and guidance he has given me throughout the time I have been working on this research project. I would like to thank Dublin Business School for providing me with all the helpful resources over the past 4 years I have been in college. I would also like to thank my family for encouraging me throughout my time in college and especially over the past few weeks. A special mention to those who participated in the study for the giving of their time so freely and providing excellent insight into the research topic.
Abstract

The main objective of this research was to discover whether foster care parents could address child development delays through the use of attachment theory. The researcher carried out a qualitative research design of three semi-structured interviews in order to gain the information needed. The findings of these interviews were then reviewed and coded through thematic analysis. The researcher found that children who are brought into foster care initially did not have a secure attachment to a primary caregiver. This research found that there is a direct link between a lack of attachment and developmental problems in the future. The main area of development that was found to be affected most by this was emotional development. Through the use of training and educating foster parents on attachment it was found that they could in turn have a positive attachment with the children. The overall research found that with a child having a secure base and a trusting caregiver it can help them to develop at a steady pace. The researcher found that foster carers can help to heal developmental delays by going back to basics with the child and allowing them to go through the developmental stage they may have missed. Furthermore, the research has shown that through the right amount of training and securing that emotional bond with the child foster carers can address developmental delays.
Introduction

A child’s significant early experiences shape their views on others, themselves and relationships. The type of attachment a child has with his/hers primary caregiver is very important as it influences their mental health, emotional development and interactions with others. By a child forming a secure relationship with a primary caregiver it helps them to perform better in later life and to develop at the right stages. A number of studies have been carried out in order to discover whether or not there are developmental differences between children who grow up in foster care and children who do not. It is suggested that children in foster care develop later than other children and may also encounter some behavioural issues. A lack of attachment is directly related to this as some foster children are not given the chance to securely attach to an appropriate adult. This research will look more so at the role of the foster parent and whether or not they can use the theory of attachment in order to address these developmental delays. The study will also look at how the right training for foster parents can promote healthy secure attachment and development.
1.1 - Foster Care in Ireland

According to the Irish Foster Care Association, 1981, “Foster care is full-time or part-time substitute care of children outside their own home by people other than their biological or adoptive parents or legal guardians”. Foster care is the main form of alternative care in Ireland, provided by Tusla – the child and family agency. At the end of April 2015, Tusla reported that there were 6,420 children in care with 93% (5,959) placed in foster care. (Department of Children and Youth Affairs, 2011) There are two types of foster care in Ireland, relative foster care and general foster care. Within these two groups children can be placed in short term care, long term, sibling group and respite care. Foster care in Ireland is monitored by the Child Care (Placement of Children in Foster Care) Regulation, 1995. Children who grow up in foster care can be moved from different homes many different times in their life, with some children also living in institutions. With this constant change and lack of stability children may not attach to a secure adult.
1.2 - Attachment Theory

“Attachment is an emotional bond with a specific person that is enduring across space and time. Usually, attachments are discussed in regard to the relationship between infants and specific care-givers, although they can also occur in adulthood” (Siegler, DeLoache, Eisenberg, Saffran, Leaper, 2014, p. 427). John Bowlby was an English psychoanalyst and was one of the first people to investigate attachment. His work was based on Freud’s theories and his ideas that infant’s earliest relationships with their parents would shape their later development; from this he proposed attachment theory. “This theory posits that children are biologically predisposed to develop attachments to caregivers as a means of increasing the chances of their own survival” (Siegler et al, 2014, p. 428). Bowlby believed that there is a critical period of two years that this attachment must occur in and if it does not, the child will suffer irreversible long term consequences and material deprivation.

Mary Ainsworth later worked alongside Bowlby with her main focus being on the child’s primary caregiver as a secure base. She conducted the experiment of “the strange situation” which involved a child being placed in a room with and without the parent and two interactions with a stranger. The child’s behaviour and interactions were observed and Ainsworth identified three attachment categories, secure attachment, insecure avoidant and ambivalent resistant. As Bowlby said, a child who does not develop an attachment to a secure adult will develop problems later in life. As well as misbehaviour, a child’s development can be affected by this lack of attachment. Ryan, 2006, p. 4 said that “The baby or child’s attachment needs are not met, which leads to difficulties socially, behaviourally or emotionally and these difficulties may impact on the child’s learning and development. These are called attachment difficulties”.

1.3 - Child Development

“The term ‘development’ refers to the process by which an organism (human or animal) grows and changes through its life-span. (Smith, Cowie, Blades, 2003, p. 5). For humans, the most dramatic developmental changes occur in prenatal development, infancy and childhood. There are three developmental processes that each person goes through. Biological processes refers to the changes in an individual’s body, the development of the brain, height, weight, motor skills and the hormonal changes of puberty. Cognitive processes refers to the changes in a person’s thoughts, using their imagination, infants putting together two word sentences and changes in their general language. Socioemotional processes refer to an individual’s changes in relationships, emotions and personality. At this stage an individual is able to understand his/her own feelings as well as manage their own emotions.

A lack of attachment for a child can result in many developmental delays or problems. A number of studies have been carried out in order to look at children in foster care and how they may and may not attach to a secure caregiver. According to Becnel, (2012, p. 9), “in spite of this robustness, significant separation from a familiar caregiver- or frequent changes of caregiver that prevent the development of attachment- may result in psychopathology at some point in later life”. Jacobsen, Ivarsson, Wentzel, Larsen, Smith, Moe, 2013 investigated the attachment patterns among children in foster care and children who weren’t. They conducted this experiment when the children were two years old and then again when they were three years old. It was found that at two years of age there was no significant difference in the secure attachment, between the foster children and the comparison children and this showed that it is possible for children in foster care to form a permanent secure attachment. However, this is provided that the child is being brought up in a secure and safe environment with a significant caregiver. Kerr & Cossar 2014 also carried out research with regards to children in foster care and attachment. Their main aim was to find out the impact of
attachment theory-based interventions with fostered and adopted children. When they completed their study they found that attachment theory based interventions such as training foster carers on promoting attachment. In turn, this may have a positive impact on a child’s behavioural, emotional and relational functioning. Both of these studies found that the use of attachment theory was very successful in foster children and shows that these children can form a secure attachment with foster parents.
1.4 - Relationship between attachment and foster children

Various other studies have been carried out in order to look at the relationship between child attachment and children in foster care. A study was conducted in order to show that placing children in foster care who have been institutionalized from birth, enhances their quality of attachment. A total of 136 43-month-old Romanian children were used in this study. They were randomly assigned into two groups, care as usual (CAU) and foster care. They were then compared to children who were family-reared. It was predicted that the children who received CAU would form an insecure attachment and those placed in foster care would form a secure attachment. It was found that by placing the young children who were born into institutions, into foster families it improved their secure. This shows that changing the caregiver’s environment into a safer and secure one changes a child’s attachment. (Smyke, Zeanah, Nelson, Fox, Guthrie, 2010).

Jacobsen, Moe, Ivarsson, Wentzel-Larsen & Smith (2013, p. 666) believed that “foster children are at risk of delayed development relative to their peers due to early caregiver disruptions and adverse experiences prior to placement”. With this in mind, they carried out a descriptive analysis to analyse the cognitive development and social-emotional functioning of a number of foster children and a number of comparison children. They carried out this research when the children were two years old and then again when they were three years old. The results from this analysis found that foster children performed less well developmentally than the comparison children yet at the age of two and three their performance was within the expected norms and they were not reported displaying any behavioural issues. However, it was found that the foster children failed to catch up with the comparison group and this could suggest that foster children need help to improve their developmental potential. Children who live in foster care may have a lack of attachment, developmental delays and behavioural issues due to a number of factors. The change in
homes, the placement in institutions and shift in caregivers all contribute to these delays. Another worrying reason for this may be that the child has experienced neglect, abuse and trauma in their early life. “Most children in foster care have experienced early childhood trauma including child abuse and neglect, domestic violence, and impaired parenting, placing them at risk for long-term negative health and emotional outcomes” (Jee, Conn, Szilagyi. Blumkin, Baldwin, Szilagyi, 2010).

The research into looking at how foster carers use attachment theory is very limited however, a piece of research was found. Birneanu (2014) conducted a study in order to see if foster carers can improve a foster child’s self-esteem through the use of attachment theory. A sample of 92 children was used for this experiment aged between 6-18 years old who were settled into a foster family. These children all came from emotionally or physically abused backgrounds before taken into care. Structured interviews were conducted in order to assess the children’s relationships between their families, peers and teachers. The study also aimed to see how securely the children had attached to their foster parents and did this have an effect on their self-esteem. The results of these interviews showed that children who came from a background of very little attachment found it hard to attach to their new parents and therefore affecting their development and self-esteem. “The low scores of self-esteem scale suggest that a great part of the problems displayed by children undoubtedly reflects the history of their perturbed attachments” Birneanu (p. 95, 2014). Out of the 92 children that were involved in this study approximately one third managed to develop a high positive level of self-esteem. This research shows that a child going into a good foster family can positively affect their self-esteem and further relationships.

The critical period was established by John Bowlby and he said it was between the ages of two and a half to three years of age. He believed that if a child did not attach within this time frame then they would suffer irreversible maternal deprivation. On the other hand, by using
the theory of attachment foster carers may be able to help a child who hasn’t formed an attachment to secure one. It is known that delays such as physical development, mental health, attachment delays and also a child’s response to stress can all occur in children in care. “Children in foster care often suffer more from more health problems, especially mental health problems, than does the general population or the population of poor children” (Bilaver, Kienberger Jaudes, Koepke, Goerge, 1999). In order to ensure that attachment does happen for these children, training and education must be provided for the foster parents.
1.5 - Foster Carers Training

Foster carers require levels of training on how to deal with and provide for the type of children that may be coming into their homes. According to Department of Children and Youth Affairs (2011) “IFCA has developed training programmes for the training of prospective foster carers and training modules for the in-service training of active fostering families, social workers, child care workers and other Tusla personnel” An important aspect of this training is attachment and the foster carers learning how to promote attachment between themselves and a child. When a foster carer has a good understanding of attachment and has a positive mind set they can then project this onto a child and form a secure bond.

Dozier, Lindheim, Lewis, Bick, Bernard and Peloso (p. 324, 2000) conducted a study and “found that when foster parents had autonomous states of mind, their foster children were likely to have secure attachments”

This study involved two separate trial groups, the attachment and biobehavioral catch up and the developmental education for families. 46 children aged between 3.6 – 39.4 months were involved in this research and split into one of the two intervention groups; ten training sessions took place and were conducted by professional social workers. The results of this study showed that foster parents who took part in this ten session training course formed a supportive bond with their children and in turn meant that the children went to their caregivers for support. “A ten-session intervention for foster parents is effective in enhancing foster children’s ability to seek support directly from their caregivers” (Dozier et al, 2009, p. 330). This shows that with the right training for foster carers on forming that secure attachment bond, they can ensure foster children will be open with them in resolving developmental delays. This research also suggests that continuous training for foster carers would be very beneficial in keeping them educated on attachment and other aspects of child development.
This review has looked at foster care, attachment theory and child development. It has found that generally children living in foster care develop later than children living with their biological parents. Issues such as mental health and behaviour also occurred with children growing up in foster care. Attachment is a very strong and important concept. It can extremely benefit a child in later life as well as preventing developmental delays if a child forms this secure attachment. Foster parents must form a secure attachment with the child in order to create a relationship with them; this in turn can prevent the child from going through certain developmental delays. Research has found that providing training for foster parents around forming a secure attachment with children can promote a positive relationship and normal development patterns. An important and interesting question that can still be asked is, can foster care parents address child development delays through the use of attachment theory?
Method

2.1 - Design

The purpose of this research was to discover whether foster care parents can address the developmental delays of children through the use of attachment. This was carried out using qualitative analysis which included three semi-structured interviews which were compiled around the literature review. The researcher conducted four of these semi-structured interviews using open ended questions as to not provoke the participants from answering in a certain way. The interview schedule included thirteen rich, in depth questions. These interviews were then transcribed and coded, picking out key themes. This type of research is called thematic analysis.
2.2 - Participants

In order to gain the right information the researcher needed to find participants who knew about attachment and who had first-hand experience with children in foster care. The interviewees included two social workers and one attachment therapist. These participants were found by ringing around local social work agencies as the researcher felt social workers would provide the best knowledge on foster children and seeing them grow and develop. The attachment therapist was chosen in order to gain even more awareness of attachment than social workers may know. The ages of the participants were unknown but each had over twenty years’ experience behind them. Participants are given the numbers of 1, 2 and 3 in the findings section of this research. When each interview was transcribed the researcher was given the letter ‘R’ to represent that she was speaking and each participant was given a letter of A, B or C. (see Appendix 3)
2.3 - Materials/Apparatus

The interview schedule consisted of thirteen questions. [see Appendix 1] Prior to the interviews all participants were emailed a copy of the interview schedule. The researcher gave all participants a consent form, providing them with a copy for their own records as well as the researcher keeping one. [see Appendix 2] A Dictaphone was used in order to record all the interviews and these recordings were then saved on to a password protected laptop.
2.4 - Ethical Considerations

Initially the researcher wanted to interview two foster parents but this was denied as it was not seen as ethical. The researcher then decided to interview only social workers and an attachment therapist. The interview schedule was checked over and approved by the researcher’s supervisor in order to ensure all questions were ethical. Participants were sent an email of the interview questions prior to the interview so they could have a look at the questions that were going to be asked. A consent form was provided to each participant and they were assured the interview could be stopped at any time. After all interviews were conducted a de brief was performed in order to ensure the participants were happy with the information they provided and nothing was too personal or evasive. Participant’s personal details and organisations names were not included in any recordings.
2.5 - Procedure

The interviews were conducted in a quiet office within the organisation and took place over two days. The interviewees took place in February 2016. The researcher firstly introduced herself and told the participant exactly what was going to happen as well as ensuring them of their right to end the interview at any stage, a brief introduction to the topic and research was also performed. The participants were then given a consent form to sign which stated what the research being conducted was called, how long it would take and ensuring them a level of anonymity. Each participant retained a copy of the consent form. The researcher then asked the participant were they ready to start and pressed record on the Dictaphone.

The researcher began the interview with questions that helped to get some background information on the participant, make them feel comfortable and get a flow of talk going as well as some general information on the topic. The researcher allowed the interviewee to talk for as long as they wanted and portrayed signs of active listening by making eye contact and nodding their head. After the participant answered a question the researcher repeated key facts and ideas the interviewee made in order to show they were interested and understood. After each interview was completed the researcher thanked the participant. Each interview was then transcribed and reoccurring themes were picked out and analysed based on what was found in the literature review. These themes can be found in the findings section of this research.
Findings

Through thematic analysis and by using three semi structured interviews it was found that four recurring themes came up. Each one of these themes is discussed in great detail below using quotations from each of the interviews conducted. These themes are:

- Attachment is Vital
- Bowlby’s theory of the ‘critical period’
- Developmental issues
- Training for foster carers
3.1 - Attachment is Vital

Attachment is one of the key concepts in this research and it has been found that it must occur for a child. Attachment is about the bond between a child and a trusting adult but when a child goes into care this is something they may not have ever experienced with their biological parents. Interviewees all said that it is vital for children to attach to their foster parents in order to achieve the best kind of relationship and aid their general development.

The following quote shows how attachment is extremely important not just in the early stages of a person’s life but also for their future.

*It’s just the emotional bond between two people and it’s vital for their future development – (2)*

All interviewees were very interested in attachment and believed that it is something that both children and adults must go through. Attachment provides people with the ability to form relationships for the rest of their lives and interviewee 1 said that is was “the basis of every relationship.” In relation to attachment between foster carers and children the interviewees believed it was a hard concept to try to explain especially to new foster parents, who knew nothing about it. By understanding attachment this means foster parents can form a bond with a child and help them to mend developmental delays they may have. This quote shows how even social workers find it hard to explain attachment and it is not an easy concept to grasp.

*It’s a hard concept to get across to people; the theory behind it is so wordy that it’s hard to put it across in a practical simple way to the everyday person and that’s the piece I would struggle with as a practitioner – (2)*

Although attachment generally happens between a baby and its mother this is not always the case for some children. A mother figure may not be around for children and especially those
who have ended up in care. A secure adult or primary caregiver is said to be just as affective for a child as a mother would be and Interviewee 3 said that over her experience she has seen this first hand. This quote shows that attachment is vital and shows how flexible it is by not having to be with a child’s biological mother but in any form of secure adult.

*I think it is extremely important, I realise now as longer I work in this it doesn’t always have to be a parent. It’s just anyone that the child feels safe and secure with ehm and feels that they can em trust; it’s a huge issue in attachment especially for the children in care – (3)*

It was also found that children coming into care had very poor attachment or even an attachment disorder and the interviewees said that this is something a foster parent must work with and try to improve for the child. This lack of attachment could be because they did not have this secure adult to look up to and trust before they came into care. As well, their own parents may never have attached when they were children so they cannot do so on their own children. This shows how vital attachment is and how it does not just affect you childhood but also you adult life. Here interviewee explains how important attachment is not just at the beginning of life but throughout ones whole lifetime.

*It’s about the relationships and I suppose it’s that early bit, if you haven’t been responded to as a baby will you have the capacity then later to actually respond to your own children? It just affects every single thing in your life. – (2)*
3.2 - Bowlby’s theory of a ‘critical period’ of two years

Bowlby’s maternal deprivation hypothesis stated that a child must attach to a trusting adult within the first two years of their life otherwise they will never be able to form an attachment. Each interviewee agreed with his theory of attachment and believed that it was something they used and saw in practice regularly. Interviewee 1 here explains how she uses Bowlby’s theory but thinks that in order to ensure foster parents can form an attachment with children then they must look past his theory and not solely rely on it.

So I still think if you were to take Bowlby’s theory and not look at anything else in relation to trauma or healing you would think well that’s hopeless, the child doesn’t have a hope of going to be able to develop normally whereas I think you we provide training to our foster carers to try and help them to compensate for them early negative experiences – (1)

When it comes to Bowlby saying that after this two year period a child is unable to attach, all interviewees did not agree. Children coming into foster care might not always come in these first two years so with the help of foster parents all participants believed that attachment was possible at a later stage in life. Foster parents use this attachment process in order to bond with the child and make them feel comfortable within this new family they have been brought into. Here this participant explains how there is a time for a child to attach later on in life and this attachment can help them and give them positive experiences showing just how important attachment is

I would eh absolutely say that there is a very critical period of two years, em but sometimes when I look at his theory I think that it is a bit hopeless because I think that there is an opportunity for foster carers in particular to help a child heal and to give them those positive attachment experiences em at a later stage – (1)
Interviewee 2 also agreed with the idea that if Bowlby’s theory was to be followed and believed without being questioned then there is no hope for children to ever attach to anyone else after this two year period. This is a very negative way of viewing attachment and gives children no hope to every forming secure, trustworthy relationship’s.

If you don’t view it like that, there is no hope because if a child hasn’t attached in those two years, there life is over. As a practitioner, I can’t think that way. (2)

Bowlby based his theory on the fact that a child’s earliest relationships with their parents shape their relationships later on in life. All interviewees commented on the fact that a good attachment in the early stages helps to form the basis of any relationship for the rest of a person’s life.
3.3 - Developmental issues

It has been found that if a child does not form a secure attachment to a primary caregiver it can affect their development at different stages in their life. From the interviews conducted each participant said that they have seen children in foster care suffer from some developmental delays.

_Y’know because y’know I worked with children where they are the age of 10 but emotionally there presenting and developmental wise much younger so delayed emotional development would be a huge indicator._- (3)

These development delays may happen due to the lack of attachment the child received while with their biological parents. A child who has been thrown from family member to family member or been to a number of different foster families will not be able to settle in and develop at a steady normal pace and form a good attachment. Interviewee 2 agreed with this and spoke about how moving a child around too many times affects their development and attachment.

_Like if we have children say maybe moving from Billy to Jack, what I mean by that, there not coming into care but maybe mam and dad aren’t available so there straying with mam and dad this night, granny has them this night, that has a huge impact on that child’s ability to development and form a secure attachment to a carer later in life_ – (2)

Each interviewee talked about how children must go through all developmental stages and reach the milestones that come with each of these stages. It was identified that a child can get ‘stuck’ in any one of these stages. Physically they can move on but emotionally they stay in a previous stage. This is what interviewee 3 is discussing in the previous quote in terms of a 10 year old child presenting the behaviour of a 3 year old. It is very important with any child to
ensure they are meeting their milestones but during these interviews it was found that this is particularly important for children in foster care as they may not have this attachment and thus this can then affect their development and milestones.

*But say we took the younger child, is the child speaking, is the child walking, the emotional stuff, yeno has their conscience developed? These are big things I think in foster children-* (2)

Another huge area that was discussed in terms of development was mental health and behaviour. Interviewee 1 stated that she has saw a number of foster children go through mental health and behavioural issues especially when they have been brought into care at a later stage in life.

*We see issues in relation to mental health we see maybe teenagers who are self-harming and I think that’s in relation to early attachment experiences -* (1)

This goes back to these children not been given the attention they needed as a child and therefore not having any form of attachment. As a result of these children not receiving any affection or having a trusting adult in their life interviewee 1 identified that they may struggle to settle into their new foster family, they may be unable to accept affection or they might run away because they feel like no family would really want them

*So the problems I have seen is that maybe children can’t settle into a family and as I was saying earlier they mightn’t be able to accept affection –* (1)

All participants agreed that some children who are brought into foster care go through behavioural problems; this could be in terms of having tantrums and acting out in everyday situations. This all relates back to their development and especially in terms of their emotional development and them not knowing how to express this hurt and anger that they
have inside them. It was recorded in each interview that emotional development was the
hardest form of development for foster parents to try and help children with.

In my experience often times for children in foster care it can be the emotional issues, em if
we can yeno try and address the physical issues with speech delay, em etc by providing yeno
getting in the appropriate services em it’s the emotional ones that are the most difficult to
address and that would definitely be the feedback from foster carers – (1)
3.4 - Training for foster carers

It has been previously found that when a child enters foster care, especially if they have been in many different homes, they find it very difficult to settle in. These children do not have any form of attachment with an adult so find it hard to open up and trust that their new foster family actually wants them. This goes back to their emotional development being delayed and affected by never having a secure base.

*I’m working with a child now at the moment he says [name] I’m struggling every day, I know this is where I have to be, they are very good people and I really like them but im struggling and I said yeah it is a struggle isn’t it, foster care it can be a struggle the whole way through because he’s been to three different y’know placements – (3)*

In order for foster carers to promote attachment and give a child a secure upbringing in which they can develop and grow at a steady pace, they themselves must understand the concept of attachment and have a positive view on it. Interviewee 1 talked about the interesting idea of bringing a child back to a stage which they have missed. This research found that a child cannot just skip a developmental stage; it must go through every stage even if it is at a later time than other children. Social workers encourage foster carers to go back through these stages with a child in order to gain that attachment with them that they need. This quote from the interviewee brilliantly explains how a foster carer is trained to bring a child right back to the developmental stage they have missed out on and other forms of attachment strategies.

*So I think that’s what we try and em teach foster carers, we try to use attachment theory to teach them how to, to get to know the child really, really well, how to recognise ques (R: yeah) so if we know a child has had very poor early experiences we might say to foster carers I know the child is 3 (R: yeah, yeah) but I want you to give the child a bottle, I want you to hold them on your lap (R: ah yes yeah) I want you to sooth them, I want you to be, so I want...*
you to instigate the attachment cycle and I want you to look into their eyes, I want you to get to know them and then I want. in by doing so your encouraging them to look into your eyes because that’s how babies develop relationships so it’s trying to go back (R: to day 1 basically) to the early developmental stage so that you can try and address any of the gaps – (1)

All interviewees said how important attachment was in terms of helping a child develop in life. Interviewee 2 believed that attachment is something that should be revisited from time to time in order for foster carers and indeed social workers to stay up to date and positive about it. Another idea on attachment was catching memories for children, having carers take pictures and do a one on one activity with the children in order for them to feel safe, accepted and most importantly loved. This also builds of the attachment between the child and this trusting adult and this is something interviewee number 3 felt very passionate about.

around catching fond memories and positive things, because these children have a lot of negativity and we have files full and all that but sometimes when a child comes into care at 4 years of age or 3 years of age and they remember one thing that was nice or a few things or maybe going for a walk with mam or going for a walk with dad or singing a song, write it down [R: yeah yeah, keep onto that memory] so it’s all about that em for carers to catch we naturally take photographs of our children but sometimes carers think that really that’s for the social worker or the social care worker to do, but by getting them involved and it really was very energetic – (3)

It can be seen from this research that training for foster parents is crucial not just at the beginning but throughout their time as a foster carer. Interviewee 2 believed that on-going training was needed as trying to understand attachment and how to implement it can be very difficult.
I would say you would need to be running a course on attachment and even at that I think its something that you need to re visit on a regular basis – (2)
Discussion

The main aim for this research was to find out if foster parents can address child development delays through the use of attachment theory. Through a number of semi-structured interviews the researcher discovered four main reoccurring themes: attachment is vital, Bowlby’s theory of the ‘critical period’, developmental issues and training for foster parents. These findings found that through training and educating foster carers on attachment this can help them address a child’s developmental delays and achieve a positive relationship. From the examination of previous research it can also be said that children coming into foster care have extremely low levels of attachment due to trauma, neglect, not having a primary caregiver and not having a secure base. Through the previous research that was found and the interviews conducted in this research, attachment is found to be vital and extremely important for both children and adults.

Attachment is said to be an emotional bond between a caregiver and a child. Siegler et al., 2014, p. 427 said that “attachments are discussed in regard to the relationship between infants and specific care-givers”, when participants were asked about this all agreed that it was an emotional bond between a child and a trusting, secure adult. Previous research also said that attachment can be between a child and a “specific person” Siegler et al, 2014, p. 427; this was also said by interviewee 3. This shows that attachment does not have to happen between the child’s biological mother, it can be any person that the child trusts and can have a close positive relationship with. When looking at attachment it is also vital to look at John Bowlby, who has been previously discussed in both the research and interviews. Bowlby believed that there was a critical period of two years in which a child had to attach to its primary caregiver; interviewee 1 agreed that Bowlby’s theories were very influential and still in practice today but didn’t necessarily agree with his two year critical period. Bowlby said that the child will
suffer long term consequences and maternal deprivation if they do not attach in these first two years of life but all participants said that they believe a child can attach later on in life. Interviewee 1 spoke about it being more difficult for children to attach after these two years but it was definitely possible. Participants 1 and 2 spoke about how they thought it was important to look past this critical period otherwise it can look very ‘hopeless’ for a child in terms of attaching at a later stage. With attachment being delayed in children who are taken into foster care, certain developmental delays can occur.

Previous research has shown that generally children who grow up in foster care develop at a later stage compared to children who are with their biological parents. This delay in development can be due to the frequent changes in caregiver and separation from the person the child trusts and had initially formed a close relationship with. Jacobsen, Moe, Ivarsson, Wentzel-Larsen & Smith (2013, p. 666) carried out a study and found that changing a child’s home and caregivers numerous times has a direct effect on these developmental delays. Interviewee 2 also spoke about how changing a child’s caregiver and moving them around a lot means they cannot stay with a trusting adult long enough to attach and develop a healthy relationship which will benefit their own development stages.

The training of foster carers is extremely important especially in terms of promoting attachment between the adult and the child. Children who come into care at a later age may find it more difficult to attach to their new primary caregiver so this is where the suitable training is vital. The Irish Foster Care Association (IFCA) provides training for foster parents with attachment being one of the training areas. The research has found that in order for an adult to be able to form an attachment to a child, they themselves have to understand attachment and have positive relationships themselves. All interviewees talked about the training of foster carers in great detail and how important it was. The research on foster carer training found that training conducted over a long period of time helped foster parents to
implement attachment and help children with their self-esteem and developmental delays.

Interviewee 2 talked a lot about how continuous training was needed amongst foster carers to help them improve their own attachment and learn how to reinforce it onto the child.
4.1 - Conclusion

The main aim of this research was to figure out whether or not foster parents can address developmental delays through the use of attachment theory. This research has firstly looked at previous research and how vital attachment is for children when they are growing up. Attachment is an emotion bond between a child and a primary caregiver. It has been found from this research that this caregiver does not always have to be a child’s mother or foster mother but any adult they can trust and form a positive relationship with. This was found in both the research found and by the interviewee 3. Through semi structured interviews the researcher found that John Bowlby’s critical period theory was extremely relevant but one that most definitely needs to be questioned in terms of a child not being able to attach after those first two years of life. The main developmental delay that was found for children living in foster care was emotional development. Due to the child’s level of trauma before they were taken into care this has an effect on their emotional wellbeing and how they handle certain situations. The research finally looked at the training available for foster carers and how they themselves need to have a good knowledge on attachment and development in order to help a child. It was found in both the research and interviews that ongoing training is important and one that would be very beneficial in keeping foster carers up to date with attachment.

This research has found that generally children who grow up in foster care can suffer from developmental delays in comparison to children living with their biological parents. This is due to early childhood trauma, abuse, neglect, not having a secure base and being sent to a number of different homes or caregivers. It is possible for foster parents to address developmental delays through the use of attachment theory. Building the strong emotional bond between child and caregiver is the first step in addressing these delays. Previous research and the interviews that were conducted have found that training foster carers on how to bring a child back to the developmental stage they may have missed and helping them
through it is extremely important. These findings answer the research question by telling the reader that through the right training and education for foster carers they can help to form a strong relationship with the child and in turn help them go through and mend any developmental delays they may have. The previous research and current findings from the interviews conducted have found similar views in relation to child development and attachment, Furthermore there were a number of limitations and future research could be conducted on the topic.
4.2 Limitations and Future Research

With regards to this particular piece of research there were some limitations. Every piece of research has its limitations and the main ones discovered for this research were in relation to sample size, place interviews took place and the interview schedule.

Due to the extremely busy schedule of social workers the researcher found it difficult to find a bigger sample size. The researcher tried to interview two other participants but both informed the researcher at the last minute that they could not attend the interview. With a greater number of participants the researcher could have gotten more views on the topic. Each participant had different ideas when it came to the training of foster carers so more insight and other methods of training could have been recorded with more participants involved.

Each interview was conducted in an office within the organisation. Interviews 1 and 2 were conducted in the same office; there were a few interruptions distractions throughout this interview that the researcher found to disturb the interview. These distractions made the participants lose their train of thought on a number of occasions and the researcher felt that this may have affected their concentration in regards to answering the questions.

The researcher felt that although all interviews went well and all questions were answered, more focus could have been made on the developmental delays that are affected by lack of attachment. Some of the questions asked may have been quite leading in terms of helping participants to answer in a certain way.

Further research would be recommended when looking at the continuous training for foster carers and attachment. The researcher found it difficult to find previous research on the direct relationship between attachment and child development so more research on this relationship
is required. When it comes to helping a child overcome their developmental delays further research should be conducted on finding ways other than attachment on addressing the issues for the child. It has been discovered that an emotional bond is needed between the child and the trusting adult but it would be interesting to look at what could be done for a child in regards helping them develop, if they did not have this secure attachment.
References


https://www.dawsonera.com/abstract/9788132347422


http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=28&sid=6c3a7d1a-7810-4885-93e0-42f0ae53907%40sessionmgr114&hid=110


http://eds.a.ebscohost.com/eds/pdfviewer/pdfviewer?sid=7e88d3e1-0a90-4d90-9c08-27b4926716ab%40sessionmgr4003&vid=0&hid=4111&preview=false


http://www.dcyat.gov.ie/viewdoc.asp?fn=/documents/Children_In_Care/FosterCare.htm

Department of Children and Youth Affairs, (2011). *Irish Foster Care Association*. Retrieved April 15, 2016 from,

http://www.dcyat.gov.ie/viewdoc.asp?fn=/documents/Children_In_Care/FosterCare.htm


http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=6c3a7d1a-7810-4885-93e0-424f0ae53907%40sessionmgr114&vid=13&hid=110


Appendices

Appendix 1: Letter of Consent

Love is not enough? Exploring the relationship between attachment and child development for children in foster care.
My name is Aoife Woods and I am conducting research that explores the relationship between attachment and child development for children in foster care

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.

Should you require any further information about the research, please contact Paul Halligan: paul.halligan@dbs.ie

Thank you for participating in this study.

Participant Signature: ____________________________ Date: __________________
Appendix 2: Interview Schedule

1. Could you tell me a bit about your current role in social care and how long you have been in the area?
2. What challenges do you face in this role and how do you overcome them?
3. How important is attachment in your eyes?
4. What do you understand by the term attachment?
5. What would you consider to be ‘normal development’ in a child? What warning signs would you look for as evidence of developmental problems?
6. What do you think is the relationship between attachment and child development?
7. Bowlby said that a child has a ‘critical period’ of two years in which it can securely attach to its primary caregiver, what is your opinion of this theory?
8. Bowlby also said that if a child does not develop an attachment they are likely to develop problems later on in life. In your experience have you seen this happen? If so, what kinds of problems have you seen?
9. Attachment can be seen as one of the key developmental tasks of infancy. What areas of development would most likely be affected by poor attachment? (Physical, language, emotional, social)
10. Do you think children who are brought up in foster care are at a disadvantage in terms of their development compared to other children? If so, how?
11. What kind of guidance, education and training should be given to foster parents on secure attachment?
12. How might foster care parents address child developmental delays through the use of attachment theory?
13. Are there other ideas or methods that you think might be more useful than attachment theory? If so, which ones do you see as most effective?
Appendix 3: Transcribed Interview

**R:** Right, ehmm, Could you tell me a bit about your current role in social care and how long you have been involved in the area?

**A:** Ehmm I became a social care worker in 1997 and I first of all worked in residential. I worked in a crisis unit, it was based in in [name of county] and I worked there for almost three years and this was with extremely difficult kids back in the nineties which now we would have Nua and ehmm the other place out in [name of place] which deals with those children that are in difficult places but that’s where I would have started off.

**R:** OK, brilliant. Ehmm, What Challenges do you face in this role and how do you overcome them?

**A:** I suppose the challenges now in the last couple of years is that the cases that are coming in are more crisis driven do you know, that there is a high level of for the children ehmm there would also be that especially in recession times yeno families are in much much more difficulty ehmm so yeah the cases would be much more and what happens is now like before you might say this child might need eh just a little bit of work but now it’s kind of we go to the kids that really need it so yeah its crisis driven.

**R:** Brilliant, and in terms of attachment how important is it in your eyes?

**A:** I think it is extremely important, I realise now as longer I work in this it doesn’t always have to be a parent. {R:Yeah a caregiver kind of person} It’s just anyone that the child feels safe and secure with ehmm and feels that they can em trust; it’s a huge issue in attachment especially for the children in care.

**R:** Yeah yeah, it doesn’t always have to be a biological parent and what do you understand by the term of attachment?
A: em by attachment well I suppose I’ll quote Bowlby where it would be yeno the proximity and that’s the desire to be close to those who they are attached to and a secure base which is for any child, make them feel safe, feel comfort and wanting to return to the presence of that person yeno feeling distressed if as a young, a very young child if they were parted very long

R: yeah yeah. What would you consider to be normal development in a child and what warning signs would you look for as evidence for developmental problems?

A: well a normal development for me I suppose and every child is different but an individual a normal child they would be meeting their developmental needs or developmental stages, em yeno like talking, walking, yeno interacting, playing, going to school all of that but for the difficulties you would see with a child would be if they were completely withdrawn or acting out or becoming aggressive eh not really to mix well with other peers em not really missing anybody, so you go through some of the stages of development there for that, that would really indicate it.

R: Ehm, what do you think is the relationship between attachment and child development?

A: I think its very important. Without proper development in a child you need strong attachment. {R: yeah I understand} or some sort of a yeno it doesn’t have to be its what Bowlby said y’know the good enough mother {R: Yep} it doesn’t have to be this idealised dream of the perfect world rather somebody that the child knows they can rely on {R: yeah and trust as well}.

R: What do you think is the relation…..oh I already did that one. Bowlby said that a child has a ‘critical period’ of two years in which it can securely attach to its primary caregiver, what is your opinion on this theory?
A: Again I wouldn’t know the completely inside of each child, as I said every child is different but however it’s up to the parent and how the parent actually bonds with that child because we can have the child attaching and having a very disorganised attachment but the parent may not have bonded {R: oh okay} so we have to kind of look at that as well

R: Yeah, ehm, do you think that they can attach after that critical period?

A: I think with work, I think parents can, I think there needs to be a little bit of work, some moms suffer with post-natal depression, em they may not of wanted to have a baby yeno the parent may not or their partner may not be supporting them, it could be financial it could be any reason at all but I think with work and if the mother is open to work, there are ways and kind of we say y’know programmes that you can set up that the child and mother can work together, do you know.

R: Bowlby also said that if a child does not develop an attachment they are likely to develop problems later on in life. In your experience have you seen this happen? If so, what kinds of problems have you seen?

A: yeah see I think there is people who have had detachiements, like we talk about children who were a parent might die that they had a very strong attachment, as in an adult their loss is still very strong y’know so it all depends it doesn’t have to be all the time just to do with a certain trauma {R: OK} em so it’s a huge, it’s a very big area {R: yeah I know yeah} what was the question again? (mumbles questions to herself) you may see where people haven’t had strong attachments where then later on in life you can see it happening within their relationships with adults y’know, not giving themselves, not showing their feelings, not showing their vulnerable side y’know what I mean or being either very clingy or it can be the opposite to one another y’know…
**R:** Yeah, em, Attachment can be seen as one of the key developmental tasks of infancy. What areas of development would most likely be affected by poor attachment by poor attachment or would it be all of them really?

**A:** I think most of them but I think y’know that em how they connect with people y’know em how they respond to others em and meeting their developmental stages {R: yeah} y’know because y’know I worked with children where they are the age of 10 but emotionally there presenting and developmental wise much younger so delayed emotional development would be a huge indicator.

**R:** Okay, and em, do you think children in foster care face more issues than the general population? Like separated from their parents and trauma?

**A:** yeah well look being in care is traumatic full stop y’know and em the more im working which is a long time in this field now and no matter how positive a foster family are and how much there is a bond and there is an attachment all children really want to be is with their own biological parents and their own natural family so I think that for foster care to work, the more open the foster carers are to involving and talking about the child’s family that there’s an acceptance and an openness about it rather then not telling and y’know not discussing it, children who are open and able to talk freely about this other life that they have em manage foster care much better. {R: oh okay so the more open everything is the better} I’ve worked with children who say come from em strong addictions and the carers cannot manage it, doesn’t want to talk about it don’t want that person really in this child’s life y’know and they have a huge problem with that and sometimes that can be miss placement because maybe somebody has had some history y’know in their family and it was very difficult for them {R: so they can’t accept it yeah} well then if you don’t accept the addiction then you don’t accept the child and that’s what the child feels, this is me this is who I am this is my parent and if
you don’t like them you don’t like my life the way it was before, yes it was different but you’re not accepting me so it’s a bit about that and I think that’s about the right match, we never get it perfect but making sure that there’s not something that there’s not something in the family that they had struggled with and this child brings it in the door with them y’know. {R: so as right of a match as possible really with the child} ah yeah as good of a match as you can get.

R: Em what kind of guidance, education and training should be given to foster parents on secure attachment?

A: I think this is really really important and y’know and I’m emphasising it a lot more and it is being recognised more that a lot more work has to be done with carers that when their taking on a young child no matter if its only a baby that down the road this child is going to have emotional difficulties because of them being in care and to be able to prepare for that and again that’s about the openness, the talking, the acceptance, y’know and actually foster carers taking on any training that they can. [name] and I are going to do a piece now, we did one last year around catching fond memories and positive things, because these children have a lot of negativity and we have files full and all that but sometimes when a child comes into care at 4 years of age or 3 years of age and they remember one thing that was nice or a few things or maybe going for a walk with mam or going for a walk with dad or singing a song, write it down {R: yeah yeah, keep onto that memory} so it’s all about that em for carers to catch we naturally take photographs of our children but sometimes carers think that really that’s for the social worker or the social care worker to do, but by getting them involved and it really was very energetic and were doing another one now hopefully and we’ll get a bigger response to that. So any form of training around emotional wellbeing, detachment for foster carers is great.
R: How might foster care parents address child developmental delays through the use of attachment theory?

Well I suppose em for developmental delays, first you have to check out medically is there something wrong and then y’know like I was brought in to do piece of work with a child and a parent what I do is, go with the child separately and go with the mother separately maybe at different times and then bring them together and suggest things that they can do and that’s as simple as saying if the child of 5 or 6 is struggling, it’s as simple as baking a cake together, {R: yeah and juts bonding kind of} arts and crafts, y’know all those things, sensory that there’s a connection there, that they have to work together, anything like that. Building up a relationship, it’s really if you can build a relationship you can build an attachment. I was just over the weekend thinking what it would be for me and my life and my uncle, my favourite uncle, my mother was a family of 10 my uncle [name] was my favourite uncle and he lives in cork and he came up for the weekend and I met up with him and I was looking after him and I was thinking what is it about this man that makes me think that out of all my aunts and uncles {R: yeah so you had a strong relationship with him like} he came, we didn’t have much when we were kids and I was working summer times, I used to have to work on the local farm and em he came home one Christmas, he was living in [name of place] that summer and he just said to my mam how much is she on for the summer? And my mam said whatever and he said well I’m taking her on holidays and I went with him and his wife [name] and their son over to [name of place] for 6 weeks and had a fantastic summer, even when he came home he’d bring me fishing, he always seen me, he acknowledged me, he didn’t treat me like a child and it was that peace and yeah that strong attachment, you can see even he has it for me cos even we were all out the other night and my cousin said all he kept saying was im going to see [name], im going to see [name] haha but he would have been very
close to my mother, they were very very close as brother and sister so it’s about that and building up a relationship {R: and remembering the good memories} yeah, yeah.

R: ehm and are there any other ideas or methods you think might be more useful than attachment theory?

I think its relationship building y’know if we can take the word attachment out of it and just build a relationship with somebody, em I also think that children have very good opinions and a very good understanding of life and sometimes we don’t listen. We need to listen to them {R: yeah they notice everything don’t they} yeah and we kind of take it for granted that were the older ones, we know more. The wisdom I have heard out of young children {R: especially the stuff they’ve gone through as well, some of the children in foster care} they’ve lived this, y’know as I say to a child in foster care I say I have to be honest with you I’m going to be working with you, I don’t know what it’s like to be in foster care I say I don’t know cos I’ve never been there but I need you to tell me and explain to me how it is for you and everybody is different and the more now I’m working with a child now at the moment he says [name] I’m struggling every day, I know this is where I have to be, they are very good people and I really like them but I’m struggling and I said yeah it is a struggle isn’t it, foster care it can be a struggle the whole way through because he’s been to three different y’know I worked with a young girl who was in 22 placements how can you form an attachment? {R: yeah with all that}and now I’m working with a teenager girl who the family is fine, no hassle, she just says [name] I want to run I want to keep going and that’s been her pattern {R: yeah so and she’s just following that like} but you have to acknowledge that there’s no perfect foster carers but to manage it as best, to teach the children how to manage their emotions and to talk about it {R: yeah they have to talk about it} like id worry about a little child who I was going to that said its fine, everything’s fine, cos y’know keep the wars calm and then you’ve another one that’s kicking off y’know haha and that’s the way their letting you know. I
always know with kids ive been working with for a long time y’know id say oh okay the voice, if their speaking very fast that’s an indicator to be their stressed or they may say oh im not feeling the best, ive a pain in my stomach y’know you’ll get to know them after a time. Theres the voice, there telling you something but they can’t actually verbalise it {R: yeah so without them saying theres something wrong, you know that there’s something wrong} yeah and it’s about getting to know the child, you know how in our own family we might pick up on oh that person doesn’t seem to be in the best mood {R: yeah you just know like}

R: OK that’s brilliant, that’s it. Thank you.

A: No problem.