A knowledge of attachment theories can be invaluable in helping children’s social workers solve many of the issues facing them, Judy Cooper finds.

WHAT IS ATTACHMENT THEORY?

Attachment theory focuses on how children form a bond with their primary caregiver and the influence it has on emotional development, growth into adulthood and parenthood. Half of all children show their first specific attachment between the age of 6-9 months, developing a fear of strangers and then attaching to other key figures afterwards.

In child abuse cases this may mean that appearances and natural assumptions can be false. “It’s the case that sometimes a child will smile and smile again, such as in the Victoria Climbié and Baby P cases,” Crittenden says. “Social workers noted that the children were happy and smiling (see box). But this is a learned defence mechanism. These children have learned that a smile puts their adult carer at ease and makes the child safer.

“So when a child is smiling or appearing happy, in a dramatically inappropriate situation such as following a serious injury, you need to view it as a possible warning sign that you should look a little deeper.”

Attachment theory can also help when negotiating cultural differences, Crittenden says. “The UK, like the US, has a large number of immigrants from countries that are very different culturally from us. When dealing with them you are dealing with two very big issues. First, immigrants always imagine the world they are moving to is going to be better and magical. Many have unrealistic expectations and little knowledge of what to expect.

“Second, they usually come because things were going badly for them in their own country – they were in danger or they couldn’t meet their children’s needs. When they were in those situations they developed coping mechanisms, based on what they were trained to learn and will keep them safe.

“The problem is those coping strategies don’t usually work in the UK and are often illegal. For example, they are told they are not allowed to hit their children.

“They feel threatened and alienated and all their learned self-protective strategies kick in. So these immigrants often end up portraying extreme or almost caricature stereotypes of the cultures they come from because they are using self-protective strategies all the time to make sense of their surroundings. We should expect immigrants to show extreme examples of what is their normal culture.”

IMMIGRANT FAMILIES

Crittenden says the US has done a lot of work on understanding why immigrant families show up so much in child protection cases: “An understanding of attachment, of knowing the right questions to ask to understand their own attachment and how they view the world might then give you a better understanding of why a parent is doing this way and what can be put in place to help them change that behaviour. It slows down the assumptions you might make and forces you to talk to them properly.”

Crittenden is critical of the US and the UK systems for assuming that the best intervention work can only be done before the child is learned and kept safe.

“Adolescence, for example. I agree that early adolescence is difficult to deal with. These children still need their parents, even if the home is not adequate, and they have not yet got full adult intelligence in how they process events and emotions.

“But the place that should be far more concerning for social workers is between the ages of 16 and 26. This is when the mind is relatively mature. These young people can take care of themselves physically – they could move out of home and survive and they also learn how to do so. That gives us a special chance to work with them before they have that first baby or relationship based on inappropriate need. If we can catch them in that window of opportunity we have the power to instigate big changes.

“Yet both the US and the UK have almost no services to fill this gap. We drop people right at the time we could be doing the most effective work with them. We don’t have services attuned to this transitional period. Instead, we take them out of tough homes, where they have learned their coping strategies, and we expect them to survive and become responsible citizens. Unsurprisingly many turn to drugs or casual sex – which is a sign of a stressed and depressed adolescent.

“So we have two windows of opportunity in a child’s life – when the baby is very young and again when the child makes the transition to becoming an adult. We must not neglect either of them.”

Crittenden’s five-day course is being held on 13-15 December and 28 February-1 March 2011 at The Winter Gardens Pavilion, Weston-super-Mare, Somerset. For more information visit www.inspire-events.co.uk or phone 0455 862 0067.

A content face! But smiling can be a learned defence mechanism in babies and children

LOOK BEHIND THE SMILE

● Victoria Climbié was a patient in the North Middlesex Hospital in 1999 after suffering severe scalding. Nurse Sue Jennings recalled: “One of the nurses had given her a white dress and Victoria found some pink wellingtons which she used to wear with it. I remember Victoria dressed like this, twirling up and down the ward. She was a very friendly and happy child.”

Source: The Victoria Climbié Inquiry

● Peter Connolly and his mother were assessed by a social workers after his first admission for non-accidental injuries in December 2006. The social worker reported that “he had a good attachment to his mother, smiles and is happy”. Two months later a second social worker reported “a good relationship between the child and his mother” despite him head butting the floor and his mother several times.

Source: Serious Case Reviews Children’s & Young People’s Joint Safeguarding Children’s Board

Trust is key to effective joint working

The first social work job after qualification in 1983 was in a pilot project called the “patch team”. I worked alongside a second social worker, two family assistants, a home care team and advocate, and a senior social worker, in a geographically distinct area of about 6,000 homes.

There were three primary schools, a police station with a real lobby who walked his beat, a local housing office, a thriving community organisation and aشاهدثية, which was where you went to find out anything else. Our office was in the heart of the community and folk wandered in and out all day. We knew the people of the area and the issues they could generate early when needed but we were also on-hand in times of crisis. This was the essence of why I came into social work.

Then there was “Community families”, where social work retreated to big central offices where the expertise to respond to a flood of sexual abuse referrals could be harnessed, aged and co-ordinated. Now agoing forward seeing new developments in social care delivery, whether it be social work units in Hackney, or a pilot project in Westminster.

There are huge advantages in local delivery of services, whether or not it is embedded in other, perhaps universal services, such as social workers and health visitors doing joint visits (see p6).

Professionals in universal services need and want to work more closely with social workers. For this to be effective, all parties need to trust each other. Trust comes through the building of relationships, time spent listening and working together – and it must be a two-way process. Those relationships will go a long way towards building a wider range of expertise in universal services and a greater confidence in child protection referrals.

Social workers will find strong allies for their cause in other professionals, since all ultimately want the same thing: children and families with safer, healthier and more fulfilled lives.

Helen Bonnick is a social worker and formerly a supervisor of home support workers