

# Attachment in out-of-home care

FOR PROFESSIONALS

Kids in out-of-home care have often experienced adversities, including:

- child abuse
- neglect
- parental drug and alcohol use
- frightening parental behaviour
- parental dissociation
- parents who are withdrawn or detached due to their own trauma and / or mental health

These early life experiences, characterised by inconsistent or unpredictable caregiver responses, can lead to the development of disorganised attachment. Kids with disorganised attachment are fearful of approaching caregivers, as they are unable to predict what will happen.

All kids develop attachment relationships with caregivers who provide consistent physical and / or emotional care, regardless of the quality of that care. Kids develop their attachments with each caregiver based on the caregiver's response style. This means that a child can have disorganised attachment to one carer and organised attachment to another.

Some kids will develop attachment relationships with neglectful or abusive caregivers. In these cases, while attachment exists, the quality of the attachment is poor.

Kids in out-of-home care have formed specific attachments to their parents prior to entering care. Once they have entered care, these kids build subsequent attachments to various carers. It's important to recognise, support and strengthen all attachments to carers, siblings, and parents in a trauma informed way.

## Practice implications for family time

Kids in out-of-home care benefit from receiving consistent, safe, responsive, and predictable caregiving in a stable care environment. This helps them develop positive ways of relating to others and more organised, predictable behaviours in times of distress.

Kids often display challenging behaviours at the end of family time, when separation from parents or family members occurs. This can be viewed as an attachment response or re-experiencing of ambiguous loss (*see Ambiguous loss factsheet for more information*).

It's normal for kids to experience distress at the loss of an attachment figure, regardless of the attachment style or placement with another carer. This distress can be evident in challenging behaviours such as aggression or withdrawal.



Challenging behaviours, especially after family time, may be reduced when carers:

- respond to kids based on their emotional age rather than chronological age
- focus on emotional, physical, and sensory engagement rather than conversation
- are provided with appropriate strategies to respond to behaviours
- continue to be responsive and sensitive to kids' needs
- are supported to be more reflective and less reactive to behaviours
- attend training to better understand trauma

Remind carers that behaviours at the end of family time may be related to attachment - they do not necessarily indicate that family time is unsuccessful or detrimental. You can also help parents to reflect on their parenting skills, and work towards addressing any unresolved trauma or grief.

Remember that kids can form multiple attachment relationships. Maintaining family time will not affect their ability to form attachments with other carers. In fact, supporting and strengthening multiple attachments can be helpful - especially when there are long periods of uncertainty around restoration.

Kids in out-of-home care often lack positive relationships. This can be due to a lack of social skills and opportunities to make friends; difficulty trusting others; school disruption; and placement changes. For school aged children, peer connections can be important attachment relationships. Support carers to foster these friendships and encourage positive connection with others.