

## Childhood Neglect: Improving Outcomes for Children

### Learning Outcomes

To assess the nature and extent of a child's developmental needs.

**Audience** Groups 2-6 (Working Together 2010)

**Time** 30 minutes

### Key Reading

Aldgate, J. and Jones, D. (2006) 'The place of attachment in childrens' development.' In J. Aldgate, D. Jones, W. Rose and C. Jeffery (eds) *The Developing World of the Child*, pp.67-96. London: Jessica Kingsley Publishers.

Daniel, B., Wassell, S. and Gilligan R. (2002) *Child Development for Child Care and Protection Workers*. London: Jessica Kingsley Publishers.  
(Chapter 2 (pp.14-39) Developing Relationships)

Fahlberg, V. (1994) *A Child's Journey Through Placement*. London: British Agencies for Adoption and Fostering.  
(Chapter 1 (pp.13-61) Attachment and Bonding)

Howe, D. (2005) *Child Abuse and Neglect: Attachment, development and intervention*. Hampshire: Palgrave MacMillan.  
(Chapter 11 (pp.183-198) Drugs, Depression and Domestic Violence)

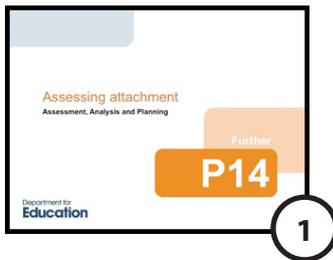
### Links to Common Core

**Common Core 2** Child and young person development (knowledge: understand how babies, children And young people develop). Appreciate the different ways in which babies and children form attachments and how these might change.

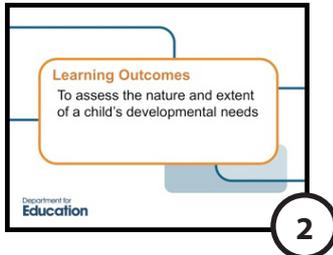
further

Assessing attachment

**N14**<sub>1</sub>



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Learning outcomes.



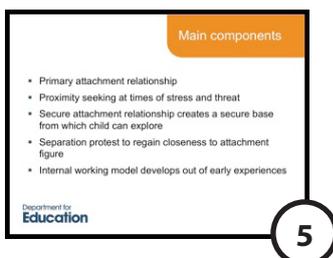
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Key themes explored.



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Attachment theory should inform analysis of relationship difficulties between the child and the parent or caregiver. Fahlberg (1994, p19) suggests the term 'attachment' be used to describe the child's connection to the parent or others and 'bonding' to describe the parent's link to the child.

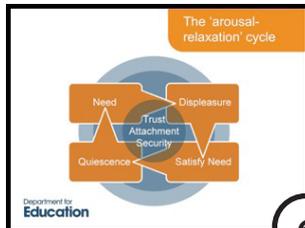


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This slides sets out the main components of attachment theory, which was first developed by Bowlby (1979) and has since been elaborated by others.

The primary attachment relationship is not necessarily dependent on feeding the infant or meeting basic physical needs. Instead the primary attachment relationship developed during infancy is in the context of interactions between the adults and the child. Adults (or older children) who respond sensitively to the child will become the primary attachment figures.

On the basis of the experience of early relationships the child develops an 'internal working model' of relationships, which is a kind of template that is applied to subsequent interactions with others.

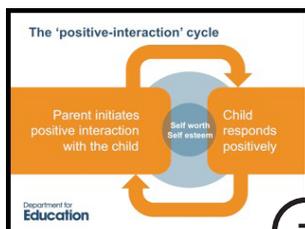


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This slide and the next show the dynamic process of sensitive responsive and proactive parenting that promotes secure attachment (Fahlberg 1988).

By meeting the child’s expressed developmental needs the primary carer feels effective and that enhances their bonding with the child. The child learns to trust the caregiver as a source of comfort, thereby encouraging attachment. Consistent meeting of needs by the caregiver further develops the child’s sense of trust; the child begins to be able to appreciate that there will sometimes be a delay in the caregiver’s response – but that the caregiver will respond as soon as they can.

The extent to which the caregiver develops this dyadic interaction by initiating interactions with the infant also influences the quality of the relationship between them.



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The positive caregiver - child interactional cycle - involves proactive caregiver interactions. The caregiver praises the child who moves towards them and responds positively, prompting more positive interaction, praise and so on. Fahlberg suggests that as the cycle has only two parts: either adult or child can initiate it.

Some evidence suggests that these sorts of social interactions between adult and child contribute more to the relationships between them than do interactions around meeting the child’s physical needs.

The more social interactions an infant has with someone, the more strongly attached he or she becomes to the person and the more likely he or she is to feel lovable and worthy of being loved – both important components of self-esteem.

It has also been suggested that in these interactions, stimulation for growth and change occurs – with a strong correlation with intellectual development (Fahlberg 1994).

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The individual child

His or her needs should be...

- Recognised
- Understood
- Appreciated
- Acknowledged
- Attended to

...by his or her caregiver

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Relationships have to be based on an interaction and a reciprocal trade off between the attachment behaviours of the child and their social and emotional development. The child prompts a response by expressing a need.

In considering children’s experiences of relationships, it is important to remember cultural and sexist stereotypes which can limit the range of experiences that children are expected to have and to benefit from. For example, an assumption that a caregiver is the child’s mother rather than an aunt or older siblings – as in some agricultural communities in Africa.

The importance of multiple attachments as well as different family and community structures reflect the range of culturally and ethnically diverse family structures within which children experience adult behaviour. Morrow’s research (1999) indicates that children can clearly state who is important to them and why and that significant adults, who are not biologically related, are included in the child’s definition of their family.

Making assumptions about the child’s developing relationships is not helpful. There is a need to focus on the child’s perspective, on the way in which the child experiences different caregiving relationships and the meaning of these for the individual child and the impact on her or his development.

Claiming

“Claiming behaviours separate the “we’s” and “they’s” of the world..”

(Fahlberg 1994, p30)

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Claiming (Fahlberg 1994) consists of the caregiver feeling ‘entitled’ to claim the child by physical similarities and by genetic connections. This does not mean that caregivers who are not biologically related to the child cannot ‘claim’ them – there are many ways of expressing connection and affiliation that all contribute to attachment.

Claiming behaviours can be either positive or negative. A caregiver who holds a child’s hand could be seen to be claiming the child or controlling her or his movement depending upon the context and quality of the relationship. Parents can disclaim children with whom they do not feel a bond. For example, this can occur if the child has a physical similarity with a family member who is disliked or has been violent.

Research into the lived experience of children who are looked after by the local authority suggests that, in the past many of these children who were separated from their families were then not ‘claimed’ by anyone else; giving rise to references such as ‘lost in care.’

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Secure attachment

- Certainty that need will be met
- Feelings of being loved and cared for
- Sense of being able to make things happen or stop things from happening

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From the work of Bowlby and subsequently Ainsworth, Bell and Stayton (1971) and Howe (2005), four types of attachment relationship have been defined – secure attachment and three types of insecure attachment.

### Secure Attachment (Type B)

Children identified as having secure attachment actively explore when their carers are present, are upset on her or his departure, ceasing exploration, and show strong interest in interacting with her or him and establishing closeness on reunion. They cling in the presence of a stranger. Securely attached children are able to rely on their carer's behaviour which is positive, sensitive and encouraging of close physical contact.

### Anxious avoidant insecure attachment (Type A)

Toddlers demonstrating this style of attachment show little distress on separation, avoid contact with their carer on return, sometimes ignoring her or him. They react to a stranger in the same way as the carer. Typically the carer's behaviour is described as relatively cold and at times angry and rejecting. Notably, in these relationships the child is rewarded by parental approval for independent self-caring behaviours, denying their need for comfort and reassurance. These children reduce their attachment behaviours.

### Anxious, resistant or ambivalent insecure attachment (Type C)

These toddlers are anxious before separation from their carer, upset during separation and ambivalent during renewed contact, both seeking and resisting contact. Although the carer's behaviour may appear warm, it is less sensitive to the child's signals, commonly responding at inappropriate times. These children intensify their attachment behaviours in an attempt to retain the attachment figure's responses.

### Disorganised, disoriented insecure attachment (Type D)

These toddlers show contradictory behaviour patterns, for example, gazing away while being held, demonstrating resistance and avoidance and unusual expressions of negative emotion. The carer provides very mixed and inconsistent responses.

**Discussion point:** Discuss with the group their experiences of working with children who have experienced trauma or separation. Do these categories resonate?

A child who lives with insecurity...

...may not be sure about one or all of the following

- whether her or his needs are going to be met
- which of the needs are going to be met
- who is going to meet those needs
- when the needs are going to be met

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Having and experiencing an insecure attachment will mean that the child cannot rely on the caregiver to be available or to understand and meet his or her signals of need.

Caregiver responses...

...may be one or more of the following in responding to the child's signals of need

- Inconsistent
- Inappropriate
- Inadequate
- Ignoring

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The child experiences:

- inconsistency in response
- an inappropriate response
- an inadequate response
- or a response which ignores the child's need(s).

Insecure attachment - child's response to caregiver...

...may be one or all of the following

- Ambivalent: limited confidence in ability to get needs met; reduced trust in caregiving adult
- Avoidant: displays of need limited and compromised; increasing self reliance
- Disorganised: Alert; seeking attention; hyper sensitive; hyper vigilant

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Link with Ainsworth's (1971) patterns of attachment.

Caregiver's response

- Confusion
- Reduced confidence in caregiving role
- Inappropriate or inadequate meeting of the child's needs
- Refusal to meet the child's needs
- Denial that some or all of the child's needs have not been met

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Compromised caregiving

- Rhythm of chaos - caregiver preoccupied
- Caregiver present but not available
- Trauma of absence - no opportunities for the child to be a child
- Meaning is the message - attribution of blame
- Neglect in the air the children breathe - no time out

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'Rhythm of chaos' (Kroll and Taylor 2004) describes a climate where the caregiver is preoccupied by his or her own needs. Feelings dominate adult behaviour and parental care is unpredictable and inconsistent. Routines are focused on meeting adult's needs within timescales that suit the adult's requirements. Children become more demanding to get attention.

The caregiver may be physically present but emotionally unavailable to the child arising possibly from substance misuse, mental health difficulties and so on (Howe 2005). There may be a pattern of 'depressed neglect' in which a caregiver appears unable to understand and is not interested in support. They may say he or she loves his or her child but does not perceive the child's needs.

Bee and Boyd (2004) remind us of the significance of this lack of response. They cite research findings which suggest that infants, seeking to engage the parent, need to see the whole face. Based on what they see within 20 seconds, the infant decides whether to continue to seek the caregiver's attention or whether to de-activate their attachment behaviours. If a caregiver is preoccupied by interaction with others, so that the infant only sees the side of their face, the infant will struggle to establish whether the caregiver is responding to, or is likely to respond to their need or not. If the caregiver's responses are slowed down or delayed, the opportunity to engage with their infant may pass without any awareness on their part of the potential significance for their relationship or for the development of the infant of this missed opportunity.

- **Trauma of absence (Hughes 2003) – no opportunities to be a child and to enjoy and get satisfaction from doing what children do.**
- **Meaning is the message – attribution of blame for what is or is not happening to the child or to one child within the sibling group – scapegoating.**
- **Emotionally neglected children may have what they need in material terms but the caregiver fails to connect emotionally. Child knows their role and responds to clear rules.**
- **Neglect in the 'air the children breathe' (Minty 2005) - no time out; living with neglect of their needs all day, every day. Neglect is pervasive.**

**Mind mindedness**

*"No individual can be understood apart from the relationships in which he or she lives.."*

(Howe 2009)

The quality of caregiver behaviour at 6 months predicts attachment behaviour at 3 years – early experiences can have a significant impact on a child's developmental pathway.

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Bion (1962) in Hindle (1998) suggests that when the main carer has mental health problems and is preoccupied or emotionally unavailable it is likely that it will be hard for a child to have a sustained experience of feeling contained, or of having their distress or confusion understood and responded to.

Howe et al. (1999, p3) writes that "no individual can be understood apart from the relationships in which he or she lives.." The quality of caregiver behaviour at six months predicts attachment behaviour at three years, even towards another sibling. Early experiences can have a significant impact on a child's developmental pathway.

Children presenting with a secure attachment relationship are less likely to show high dependency on their caregiver at four to five years. On the other hand, children who have an insecure attachment experience may continue to search for strategies to ensure that they get their needs met or might already have closed down such strategies because they have not been effective, or because they may even have drawn unhelpful responses from their caregiver.

**Implications for the child's developing relationships**

"A pattern of attachment established during childhood can be enduring and may eventually become a feature of the way the child, young person and adult interacts with other people ... the internal working model which develops as a result of early interactions influences later relationships."

(Daniel et al. 1999, p27)

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The child with an insecure pattern is more likely to show less positive attitudes towards peers and increased behavioural and social difficulties. Sroufe and Fleeson (1988) cited in Daniel et al. (1999) discuss that the relationship problems that a child has experienced are transmitted to significant others – teachers, substitute carers, professionals as well as peers (Howarth 2007). Those who are least well equipped to handle stress and relationship difficulties are most likely to meet them (Howe 1999).

**Loss of separation from a relationship**

"Existing relationships are important and must be treated with respect. Even in abusive situations children are likely to have made attachments which have to be taken seriously. Children can always surprise us with the extent of their attachment to people who have apparently treated them with extreme cruelty."

(Daniel et al. 1999, p37)

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Fahlberg (1994) reminds us that responses can vary from severe depression in a child who is well attached to his or her caregiver and then abruptly separated from them to almost no reaction in a child who has experienced neglect and has little connection with his or her caregiver. It is important not to be taken aback by a joyous reaction in a child who is separated from neglectful care. It is also important to remember that the child will need at some point to grieve for that lost relationship.

McLeod (2008) makes the point that in asking a child to draw or complete a family tree, for example, the simple activity of putting the family structure down on paper may be distressing for the child for a number of reasons including conflicting family relationships and bereavements. It is important that assumptions are not made in mapping the child's context.

further

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Child's response to temporary separation

Four phases in the child's reaction to separation:

1. Protest
2. Withdrawal
3. Detachment
4. Recovery on a shallow level

(Howe 1991, p57)

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### Child's response to temporary separation-

A child who has a secure attachment experience will:

1. protest and cry uncontrollably
2. withdraw – general restlessness and regression
3. detach, demonstrated by apathy and listlessness with the child showing no interest in anybody or anything
4. recover in behaviour but without any commitment to any relationship.

Upon reunion, the child may exhibit a mixture of extreme clinging, crying, anger and even temporary rejection – for example, by ignoring the parent.

Given the passivity in the child who has experienced neglect – it is possible that similar displays will not be observed even though the child may be experiencing similar reactions. Responses for the neglected child might include:

- seeking an alternative caregiver or caregivers
- child dependent on unfamiliar others
- child potentially vulnerable to exploitation.

Appreciating the importance of relationships

- Numbness, shock and disbelief
- Yearning, searching, pain, tension and misery
- Anger and resentment; in some cases guilt
- Disorganisation, despair and depression and withdrawal
- Adjustment, reorganisation and, if all goes well, resolution

(Fairbairn 1954)

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Past experience of loss together with the quality of current relationships can have a significant impact on the way that the child grieves and ultimately adjusts to the loss.

Recovering relationships

"There is great reparative potential in the improvement of existing relationships and the making of new, healthy relationships."

(Green et al. 1999, p87)

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Daniel, Wassell and Gilligan (1999) highlight the potential of attachment theory in offering a means of working with a child-parent dyad or a family system to develop new and healthy attachments informed by an understanding and analysis of the relationship difficulties in the child's or family's life.

Even though a move from his or her home is painful, the child deserves to have his or her needs met in a better way. Children can develop more secure attachment relationships and their internal working model can change in the context of reparative relationships. Practitioners can also contribute to this by demonstrating sensitive and consistent patterns of response to the children they work with.

further

Assessing attachment

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