**West Sussex Attachment and Developmental Trauma Strategy 2017-2020**

This is a dynamic document that has begun in West Sussex Children’s Services with a commitment to embed attachment theory into all of our interventions with families. As we have worked with our partners in IPEH, Education and Health they have also expressed the same commitment. Therefore although this began as a Children’s Services Document, the plan is for it to expand to include the Children’s Workforce in West Sussex.

**1. Purpose**

In devising an attachment and developmental trauma strategy for West Sussex we have one overriding intention:

For our interventions to improve outcomes and enhance life chances for all of the children and families that we work with,

by:

1. Identifying attachment and developmental trauma difficulties in families at the earliest stage possible
2. Providing support to develop, improve and strengthen positive attachments, particularly where they have been disrupted or broken
3. Helping to repair and restore the impact of developmental trauma

This strategy brings together the contributory work of professionals across Children’s Services, IPEH and those of related professions in formulating an attachment and developmental trauma strategy for staff within the West Sussex Children’s Services workforce. The attachment and developmental trauma strategy should be read in the context of the use of evidence-informed approaches in social work (Munro 2011), and DfE, Children in Care Research Priorities and Questions (March 2014) as well as NICE Guidance relating to Children’s Attachment (November 2015).

**1.1 Definitions**

**Attachment** can be defined as the reliance relationship a child develops towards his or her caregiver(s). An attachment figure is someone who offers continuity and consistency in a child’s life as well as providing physical care and emotional support. Children who have secure attachments are generally able to be comforted by their caregivers when distressed and can rely on them to be ‘secure bases’ from which to explore their environments when they are not distressed. Secure attachments are also essential for developing and maintaining social relationships, regulating emotions and stress as well as developing self- control and emotional maturity (NICE, 2015).

**Psychological trauma** relates to an experience or set of experiences which are deeply distressing or disturbing, which often undermine the individual’s sense of safety in the world, and leave them feeling helpless and vulnerable. Children and young people who experience pervasive traumatic experiences in childhood, particularly at crucial times of neurological and psychological development are at high risk of developing developmental trauma**.**

**Developmental trauma** arises from multiple exposures to interpersonal trauma, such as abandonment, betrayal, physical or sexual assaults or witnessing domestic violence which have consistent and predictable consequences that affect many areas of functioning. These experiences engender intense affects such as rage, betrayal, fear and efforts to ward off the recurrence of those emotions, including the avoidance of experiences that precipitate them or engaging in behaviors that convey a subjective sense of control in the face of potential threats. Children may re-enact their traumatic experiences through their behaviour and often experience a range of somatic (e.g. headaches, stomach aches) and emotional problems (Van der Kolk 2005).

**1.2 Why develop an Attachment approach to intervention?**

As highlighted, attachment theory states that a strong emotional and physical attachment to at least one primary caregiver is critical to personal development. If such an attachment is absent or the primary attachment figure is abusive, the child’s capacity to develop is compromised and they are at risk of being impacted by developmental trauma. Research evidence from early attachment theorists such as John Bowlby (1969), through to modern practitioners such as Dan Hughes (2007) and Pat Crittenden (2008), has emphasised the impact that disrupted/unsatisfactory early attachment experiences can have upon children and young people.

Attachment theory can provide insight into:-

* The relationship between attachment relationships and brain development in children.
* How attachment experiences impact upon the behaviour of children and adults, and how their behaviour functions to keep them safe.
* What a child’s behaviour may be communicating i.e.: behaviour as an expression of the impact of early trauma.
* The interaction between the attachment patterns of parents and children; and how these can present risk to the child in families where parents have not made sense of their own attachment traumas.
* How providing interventions which address the sensitivity and attunement in the parent/child dyad can improve outcomes for children in high risk families.
* The impact of separation and loss upon children placed in substitute family care.
* How providing the opportunity for secure attachments through therapeutic parenting and re-parenting approaches for traumatised children can help them recover from these early experiences

We have developed the concept of an ‘attachment lens’ with the aim that all practice in West Sussex will be viewed through an attachment and developmental trauma theoretical framework. This will inform all our assessments and interventions with children and their families from the front door.

**2. Integrating the Signs of Safety Approach with an Attachment and Developmental Trauma Framework in Children’s Social Care.**



**The Signs of Safety, Stability and Success model is an innovative solution focused, safety-organised approach to child protection casework.** We have developed a practice framework formed from a Signs of Safety approach, using an attachment and development trauma theoretical base as the above diagram demonstrates.

This Signs of Safety model is grounded in partnership and collaboration. It expands the investigation of risk to encompass a focus on strength and resilience taking into account positive attachments in families.

In using Signs of Safety through an attachment lens, we have a clear approach to undertaking attachment and developmental trauma based assessments and interventions, which help us to identify concerns, strengths and evaluate our work with families.

In order to help children, young people and families to achieve stability in their lives, we must first make sure they are safe. This includes both physical safety and emotional safety by making sure that they are helped to achieve a secure attachment to their caregivers. Once children and young people have achieved safety, we need to help them and their families achieve stability, in order that they can then reach success in their lives. We aspire for success for all our children, young people and families.

The Signs of Safety, Stability and Success model through an attachment lens ensures that children and their families are receiving the right help from the right service at the right time to make sure that they are safe, stable and successful now and in the future.

**3. Aims**

The overarching aims of the attachment and developmental trauma strategy are:-

* For workers to undertake all assessment and interventions with our children, parents, families and carers through an understanding of attachment and developmental trauma, from the first contact with the family through to permanence.
* For attachment and trauma to be integrated within the Signs of Safety Approach
* To embed the twin concepts of attachment and developmental trauma across children’s services to facilitate the development of a common language and understanding within our workforce
* For West Sussex Children’s Services to provide evidence informed ‘what works’ interventions.

**4. Our vision for the Attachment and Developmental Trauma Strategy**

In devising the strategy we are aiming for the following outcomes for our children, service, parents, carers, adopters, special guardians and staff:

**4.1 Our Children**

* To maximise the outcomes and increase the life chances of all of the children that we work with.
* To have the opportunities to develop a more positive self-esteem and sense of themselves.
* To increase our children’s experiences of positive home environments.
* To be more securely attached with their parents or care-giving adults.
* For our children to feel secure and know that their parents/carers understand and love them and make them feel special.

**4.2 Our Parents**

* To be listened to, understood and have their experiences valued
* To maximize positive experiences with their children
* To have an active role in developing plans for their families through a signs of safety approach
* To understand attachment and how to build attachment within their family
* To have the opportunity to establish sufficient personal safety and emotional stability in order to be available and able to increase the levels of sensitivity and responsiveness in their attachment relationships with their children.

**4.3 Our Adoptive Parents and Special Guardians**

* To be listened to, understood and have their experiences valued
* To maximize positive experiences with their children
* To have an active role in developing plans for their families through a signs of safety approach
* To understand attachment and how to build attachment within their family
* To be given the opportunity to develop an increased capacity to make sense of their own experiences; to reflect on and gain insight into their attachment strategies and parenting behaviours.
* To feel confident in using knowledge of attachment and trauma and implement evidence informed strategies to support children

**4.4 Our Foster Carers and Supported Lodging Providers**

* To understand and recognise developmental trauma and the impact of early trauma on brain development
* To feel confident in using knowledge of attachment and trauma and implement evidence informed strategies
* To understand the process and impact of caring for a child with developmental trauma and the importance of self-care practices
* To feel confident in managing challenging behaviour and risk which will enable them to offer more stable placements.
* To have an active role in care planning for the children in their care

**4.5 Our Staff**

* To understand parents as individuals, who are likely to have suffered their own attachment trauma, and who’s parenting behaviours often function to keep themselves safe and protected from harm.
* To be skilled in offering evidence informed attachment-focussed assessments and interventions to children and their birth families using signs of safety approach.
* To be skilled in offering evidence informed attachment-focussed assessments and interventions to children and their carers, adopters or guardians using signs of safety approach.
* To understand that birth families are doing the best they can to meet the needs of their child.
* For our workforce to understand that the majority of our children will have experienced some degree of lack of responsive care and trauma; and many may experience developmental trauma.
* To understand how early trauma impacts upon brain development and the neuroscience underlying this.
* To identify the main attachment figure for the child and keep this person central to care planning.
* Understand how their own attachment style and history impacts on their interactions with others.
* Staff to have good emotional intelligence

**4.6 Our Children’s Services**

* To work towards being a ‘Good’ Authority.
* To embed the use and understanding of concepts relating to attachment and developmental trauma across West Sussex Children’s Services to better support our aim of improving stability and permanence for all of our children.
* To ensure that our workforce prioritises improving attachment relationships in families, in the knowledge that doing so reduces risk and improves child outcomes.
* To further support the development of Fostering and Adoption Services to work towards becoming a centre of excellence

**5. Wider service and partners.**

Poor or difficult attachment and the resulting developmental trauma impacts all areas of children’s and families lives. With this awareness we are working with our partners in education and health to implement this strategy in order to take a holistic approach.

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