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**How a sample of residential childcare staff conceptualize and use
attachment theory in practice**

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Abstract

Attachment theory features throughout policy and research for young people in residential care. However, there is limited empirical understanding of how this translates into practice. This research therefore aimed to construct an explanatory theory of how residential staff make sense of, and use, attachment theory in practice. It also aimed to identify whether any components of attachment theory are particularly salient to staff and to what extent their conceptualizations draw upon contemporary attachment theory. Constructivist grounded theory was used in the form of twenty interviews with staff, through an iterative process of data collection and analysis, theoretical sampling, and member reflections. Results indicate that staff focus upon a natural process of building relationships, often without a coherent narrative to describe attachment theory to practice links. This natural process is challenged by tensions within the residential system. Findings are contextualized within existing research and future recommendations are outlined.

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Key words: Residential childcare, attachment, staff, relationships, accommodated

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Highlights

1. Residential childcare workers regard and enact attachment in their work as a natural process

2. Attachment theory is drawn upon more explicitly when relationships with youth in care are difficult
3. Whilst relationship difficulties with youth in care were described sensitively and empathically, attachment-specific processes were often overlooked
4. Reflective function or mentalization were articulated as 'self-awareness' or 'being human', and considered essential
5. Contradictions between the task of fostering attachment security in traumatized youth and the impermanence of residential care were noted

How a sample of residential childcare staff conceptualize and use attachment theory in practice

In Scotland, only a small proportion of children looked after by the state are accommodated in residential settings (Milligan & Furnivall, 2011; Scottish Government, 2016). However, these young people experience an array of complex needs and demonstrate higher rates of mental health difficulties compared to the general population and children in alternative placement types, such as foster care (Audit Scotland, 2010; Ford, Vostanis, Meltzer & Goodman, 2007; Leloux-Opmeer, Kuiper, Swaab & Scholte, 2017; McAuley & Davis, 2009; Meltzer, Lader, Corbin, Goodman & Ford, 2004). Entry into care is often precipitated by early adverse experience and accompanied by relationship loss, which can be exacerbated by placement moves (Coman & Devaney, 2011; Milligan & Furnivall, 2011; Unrau, Seita & Putney, 2008), contributing to poorer physical health and educational attainment (Meltzer et al., 2004). Consequently, these young people exhibit high rates of trauma related symptoms and attachment-related difficulties, with their internal representations of unhelpful relationships often played out in the residential setting (Bifulco, Jacobs, Ilan-Clarke, Spence & Oskis, 2017; Howe & Fearnley, 2003; Zegers, Schuengel, van IJzendoorn & Janssens, 2008; Zelechoski et al., 2013).

In this context, residential staff have the most frequent contact with young people, in comparison to other professionals (Furnivall et al., 2007). The fundamental, yet challenging, role of residential staff is recognized in policy and research (Furnivall, 2011; Scottish Executive, 2007). This role is often framed within attachment theory, suggesting that staff can function as a secure base to reorganize attachment behaviours and repair the impact of a young person's difficult early experiences (Harder, Knorth & Kalverboer, 2012; Hawkins-Rodgers, 2007; Moses, 2000). Research shows that interactions and relationships between

staff and young people can facilitate therapeutic change, including attachment security (Cahill, Holt & Kirwan, 2016; Duppong, Lambert, Gross, Thompson & Farmer, 2017; Garcia Quiroga & Hamilton-Giachritsis, 2017). A recent systematic review recommends that residential services should provide attachment-informed care (Steels & Simpson, 2017).

However, there is very limited empirical understanding of how the interactions and relationships between staff and young people may mediate or moderate outcomes (James, Thompson & Ringle, 2017). Therefore, there is a need to bridge the gap between the perceived value of attachment-informed care and how residential staff make sense of, and use, attachment theory in practice.

1.1. Attachment Theory

Children are biologically predisposed to form interpersonal attachments to others and seek proximity to caregivers, to obtain the comfort of a secure base, from which they can safely explore the world (Bowlby, 1944, 1988). In this cross-cultural framework, attachment theory proposes that children form internal mental representations of their early caregiving experiences, which then function as a template for future relationships (Bowlby 1988; van IJzendoorn & Sagi-Schwartz, 2008). This can influence their view of themselves and others and may subsequently impact upon their development (Bowlby, 1988). The basis of a child's attachment style is derived from the way in which their caregiver responds to their needs (Ainsworth, Blehar, Waters & Wall, 1978; Bowlby 1988). More specifically, secure attachment is nurtured through warm, sensitive and responsive parenting. Conversely, insecure attachment (avoidant or ambivalent) is formed through a caregiver's lack of, or inconsistent response to a child's needs (Ainsworth et al., 1978). In instances of early maltreatment where a parent is either frightened or frightening, a child may develop a

disorganized attachment style (Main & Solomon, 1990; see also Granqvist et al., 2017). More recent work critiques this categorical view of attachment and conceptualizes it as a dimensional construct across a continuum of security (Chae et al., 2018; Fraley & Spieker, 2003; Fearon & Roisman, 2017). These dimensions describe attachment anxiety and attachment avoidance, and map onto the categorical construct whilst allowing a more nuanced description of an individual's style. Crittenden's Dynamic Maturational Model (2006) presents a hybrid between categorical and dimensional constructs which she argues is especially well-suited to understanding and supporting children in foster care, who typically have had disrupted attachment experiences.

It is argued that attachment strategies can change dependent upon context, including caregiver-enrichment, and maturation (King, Humphreys & Gotlib, 2019), and different strategies may be adaptive for individual and group survival (Crittenden, 2006; 2017; Ein-Dor & Herschberger, 2016). Understanding a child's presentation in the context of their attachment style allows caregivers to respond to the underlying emotional need in a way that can increase attachment security (Golding, 2008; Selwyn et al., 2016). Notably, there is limited understanding of attachment theory within the context of multiple caregivers (Howes & Spieker, 2016), although alternative non-monotropic paradigms of attachment have been mooted, including the independent and integration paradigms of attachment (van IJzendoorn, Sagi & Lambermon, 1992). These paradigms propose that the attachment system might reflect independent influences of multiple enduring attachment relationships on development or represent a synthesis of multiple dyadic attachment relationships that have influenced each other (integration). Keller (2016) articulates this as alloparenting: an attachment bond "embodied in a relational network" (p. 61). The evidence is lacking for the effects of multi-caregiver attachment, rather than contradictory (King, Humphreys & Gotlib, 2019). However,

these alternative paradigms, along with evidence of change potential in the attachment system, highlight the importance of context and the potential importance of alternative caregivers in fostering positive and reparative attachment relationships, and therefore of how the context of residential childcare may impact upon attachment security and resultant interpersonal strategies for young people. Prior to this, there is a need to understand what attachment-informed care looks like within residential settings. Throughout existing literature, the concept of attachment is referred to in different ways, including: bond, relationship, behaviours and/or disorder; and many terms are used without being clearly defined (Chaffin et al., 2006; McLean, Riggs, Kettler & Delfabbro, 2013). Despite attempts to clarify terminology, there is a risk of presuming a shared understanding across different professional groups; and experiencing pitfalls when applying attachment theory to settings outside the original parent-child context (Salmon & Rapport, 2005; Schuengel & van IJzendoorn, 2001). The multi-agency nature of residential childcare therefore requires an understanding of different professional viewpoints, in order to facilitate more effective joint-working, including training and support for residential staff (Bazalgette, Rahilly & Trevelyan, 2015). In this study, we take an open view on which, if any, attachment theory is the “right” one for the residential care setting, allowing participants to generate an understanding of attachment that may accord with pre-existing theories.

1.2. Staff Training and Views of Attachment

It is recommended that residential staff receive training on working with “attachment difficulties” (National Institute of Clinical Excellence [NICE], 2015; Scottish Executive, 2007). However, there are gaps and variations in the provision of training (Furnivall, McKenna, McFarlane & Grant, 2012; Gharabaghi, 2010; House of Commons Education Committee, 2016). In recent systematic reviews, the effectiveness of staff training remains

unclear due to methodological limitations and poor reporting standards of included evaluations (Everson-Hock et al., 2011; Hermenau, Goessmann, Rygaard, Landolt & Hecker, 2016; James et al., 2017; Morison, Taylor & Fawns, 2018). Consequently, despite the perceived value of training on “attachment difficulties,” it remains unclear how staff understand, and translate, this theory into practice.

In a mapping exercise, Furnivall et al. (2012) examine the degree to which attachment theory is taught and used in practice. They indicate a lack of shared language on attachment and a sense that professionals know “the word but not the underlying theory” (Furnivall et al., 2012, p. 29). However, their method and data analysis lack transparency. Other findings highlight that professionals, including residential staff, often attribute challenging behaviour to attachment difficulties, and blur theoretical concepts when transferring them to practice (McLean et al., 2013; McLean, 2011). More specifically, they conceptualize attachment in a way that is not consistent with contemporary theory, such as perceiving attachment to be a close relationship, a transferable skill, and a capacity that is limited, or undesirable, in some children (McLean et al., 2013). The salience of these themes for residential staff is unclear due to heterogeneous sampling.

1.3. Justification for Current Study and Aims

Although attachment theory features throughout policy and research, there is limited empirical evidence of how it is used in practice. Existing research suggests a lack of shared language between professionals and a blurring of theoretical concepts into practice. To the best of our knowledge, no previous research has focused solely upon frontline residential staff, who have a fundamental role in supporting young people.

The overall aim of this study is, therefore, to explore how residential childcare workers make sense of, and use, attachment theory in their practice with young people. This study also aims to identify whether any components of attachment theory are particularly salient to residential childcare workers, and to what extent their conceptualizations of attachment draw upon contemporary attachment theory. This may enhance multi-agency work; stimulate a shared language between professionals; bridge the gap between theory and practice; and help to refine training and support for residential staff.

2. Method

2.1. Design

Qualitative methods were selected due to the limited existing evidence base, and the aim of obtaining a rich and in-depth understanding, which could be otherwise limited by quantitative methods (Corbin & Strauss, 2015; Smith et al., 2015). Grounded theory was the most appropriate method for the research aims due to its focus upon actions and social processes (Charmaz, 2014; Glaser & Strauss, 1967). Grounded theory tends to ask questions focused upon “what” and “how” certain processes occur (Sbaraini, Carter, Evans & Blinkhorn, 2011).

To increase transparency, the research team identified with a constructivist approach, including a subjective epistemological stance and relativist view (Charmaz, 2006). It is therefore assumed that individual interpretation and co-creation of knowledge can produce multiple realities (Breckenridge et al., 2012; Charmaz, 2014).

2.2. Sampling and Participants

We used purposive sampling, whereby participants were selected on the basis of employment as a residential childcare worker. Through member reflections, all participants

were given the opportunity via email to provide feedback on early categories and the connections between them (Charmaz, 2014).

Telephone or email contact was made with service managers across three local authorities. Participant information sheets were then disseminated to residential childcare workers and recipients were notified to inform their service manager or the research team if they wished to participate in the study. For inclusion, participants had to be employed either part-time or full-time as a residential childcare worker, for a minimum duration of six months.

Twenty participants were interviewed across eight residential childcare services. All residential care services were delivered by, or on behalf of, a local authority. As such they all follow the same model of care providing group-based accommodation for young people due to, variously, foster- or kinship-care placement breakdown, multiple placement breakdowns, respite care, or shared residential and family-based care. Placement length will vary between individuals, and none of the included services had a special remit to provide only one type of care or to deliver a specific model of care. All the services are bound by The Standard for Residential Child Care (Scottish Social Services Council, 2015) which specifies the need for staff to be knowledgeable about theories of attachment, reflecting a priority focus on relationships. Participants were 14 females and 6 males; all Scottish; aged between 24-63 years ($M=45.8$, $SD=11.7$). All participants were employed full-time. Length of experience within residential childcare ranged from 1-32 years ($M=14.6$, $SD=8.9$), with 95% detailing previous training on attachment theory through NHS Child and Adolescent Mental Health Services (CAMHS), local authority, or previous qualifications. Eight participants detailed their highest qualification as University degree level, followed by 11 at college level (e.g. Higher National Certificate), and one with Secondary School exam qualifications. 14

participants had parenting experience aside from their residential childcare role, including two participants as foster carers.

2.3. Procedure

In accordance with the research aims, a semi-structured interview was used. This was designed to facilitate in-depth exploration of the participants' perspective, including their meanings and actions regarding attachment theory (Charmaz, 2014). A semi-structured interview schedule with open-ended questions on core topics was therefore constructed. This was piloted with one participant, who provided feedback on their experience of the interview process.

All interviews were audio-recorded and conducted one-to-one between December 2016 and March 2017 by the first author in a private space at the participants' place of work. Interview duration ranged from 29-109 minutes ($M=49$, $SD=18.01$). During interviews, the researcher used the interview schedule as a flexible tool for exploration, whilst also taking the participants' lead and asking follow-up questions, to clarify meanings and obtain further detail (Charmaz, 2014). Interview content evolved in line with emerging ideas, using transcripts and re-listening to guide initial theory development, that could be explored in later interviews (Charmaz, 2014).

After each interview, memos were noted, including observations of staff and interview process (Charmaz, 2014; Sbaraini et al., 2011). Participants completed a written, demographic questionnaire and a debrief was then provided. Participants were informed that they would be notified of findings upon study completion.

2.4. Ethics

Ethical approval was granted by the University and three Local Authorities. This study was also registered with the NHS Research and Development department of the primary recruitment site. This study adhered to a data management plan, including principles of data protection and confidentiality. All data was anonymized upon transcription. Participants completed written, informed consent and were aware of their right to withdraw from the study without any adverse effects.

2.5. Data Analysis

Interview audio-recordings were transcribed verbatim by the first author between December 2016 and April 2017. All transcripts were read and then re-read, and audio-recordings were retained to inform analysis (e.g. tone of voice). In constructivist grounded theory, an iterative process of data collection and analysis is used for constructing theory (Charmaz, 2014). Data analysis was supported by the use of Dedoose software, resulting in an audit-trail (Dedoose Version 8.0.35, 2018). During initial analysis, line-by-line coding was completed, with a particular focus upon actions and processes (Charmaz, 2014). Focused coding was then conducted using the constant comparative method of comparing data and codes within and between transcripts. Throughout this process, theoretical sampling was used in the form of new interview questions and participant selection based upon potentially relevant criteria, to explore gaps and variations within the data and test preliminary interpretations (Charmaz, 2014).

This enabled theoretical saturation, whereby no new properties of the theoretical categories were found (Charmaz, 2014). The majority of core categories, apart from one (e.g. “The role of context”), saturated within the first half of the sample (N=10), with only minor

refinements throughout remaining interviews. Full saturation was achieved by the latter quarter of all interviews.

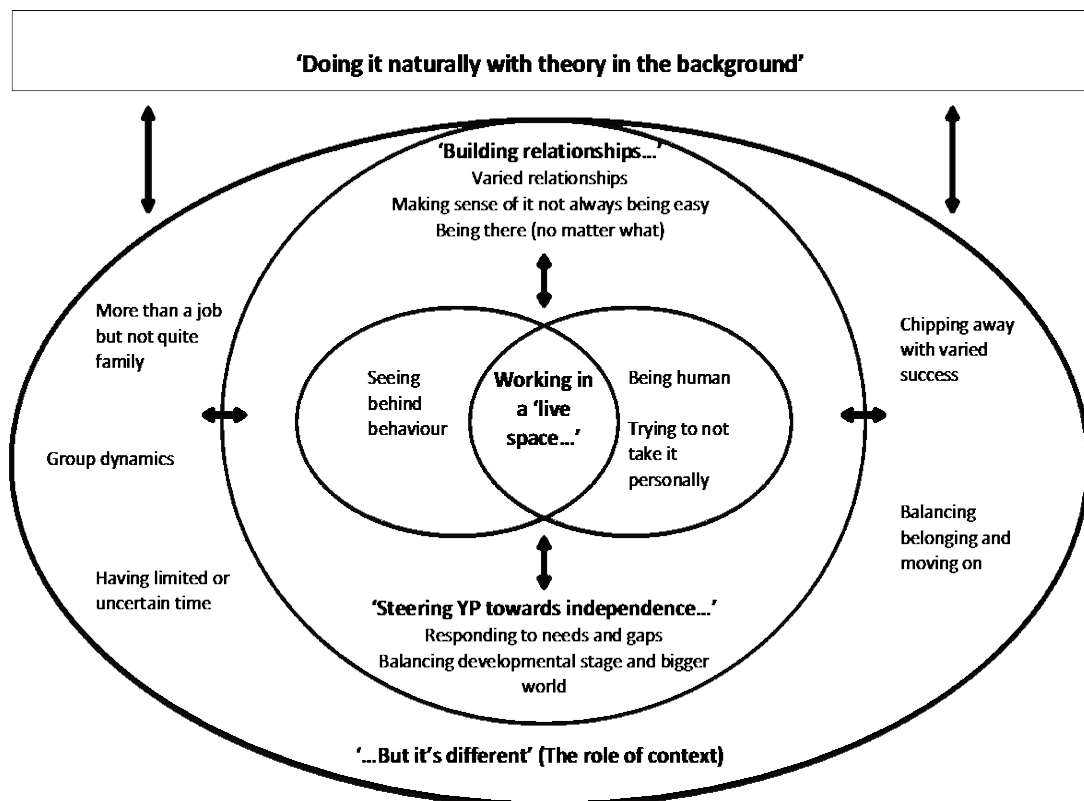
Throughout analysis, memo-writing informed the construction of theoretical categories; for example, documentation of codes, comparisons, assumptions, interpretations and further lines of enquiry (Charmaz, 2014). In line with a constructivist approach, different forms of analysis were used to deepen understanding and identify different viewpoints, with no one genre offering an absolute truth (Ellingson, 2009). As part of the crystallization process, 50% of transcripts were read by the second and third authors (25% each) and then discussed. Coding was also discussed on a regular basis with the second author. Findings were sent to all participants (N=20) for reflections, of which six responded from four different services, to refine the final categories (Charmaz, 2014).

3. Results

The primary aim was to generate an explanatory theory of how residential staff make sense of, and use, attachment theory in practice. Secondary aims were to identify whether any components of attachment theory are particularly salient to residential staff and to what extent their conceptualizations draw upon contemporary attachment theory. Findings indicate that “doing it naturally with theory in the background” is the substantive grounded theory, linked to four other core theoretical categories (See Figure 1). Staff outlined an on-going temporal process of “building relationships” through “working in a live space” between staff and young people. Being in this space helped to strengthen relationships and identify needs, which facilitated “steering young people towards independence”. Staff also recognized “it’s different” to parenting in a non-corporate family, due to tensions created by contextual factors. Categories and sub-categories are described in turn using anonymized interview excerpts, with all participants linked to a number. Categories are largely inter-related and

overlapping, reflecting the complexity of attachment-informed care within the residential setting.

Figure 1: A Grounded Theory Model of Attachment-Informed Care in Residential Childcare.



3.1.1. Doing it Naturally with Theory in The Background.

All staff described their practice with young people as a natural process, as opposed to being explicitly theory driven. Staff often referred to building relationships and parenting as being “natural”, “automatic” or “common sense”:

I believe it's just a natural thing to do...but I never think 'I'm doing this because of the attachment', never, it's an automatic... (P07)

Within this natural process, many staff described using themselves - their personality and experiences - more than theory:

...our practice isn't done from reading a journal, it comes from a wee bit
kinda deeper inside... (P10)

Throughout all interviews, staff had a general awareness of attachment theory and often reflected gaining a “loose” understanding from it. They often recognized its value but described it as not being at the forefront of their practice; for example, it not being “up there” in priorities, not remembering or thinking about theory, or believing they could use it more:

...it's like, it's there, it's on the back-burner, you are aware of it, you know
about it, emm... (P14)

The majority of staff also had difficulty articulating themselves, whilst explicitly discussing attachment:

...[long pause] if you took the attachment theory or whatever, he has had like
loads of foster placements cos he just cannae [cannot] seem to, I don't know,
you know that way [long pause], how he would [pause] know what I mean
[mumbles], like, like, if I... (P06)

Some staff could articulate themselves more clearly when discussing concrete concepts they may use in practice, such as Playfulness, Acceptance, Curiosity and Empathy (PACE) (Becker-Weidman & Hughes, 2008). Interestingly, others described using elements of attachment theory but finding it hard to explain how. Some staff also outlined exceptions where theory comes to the forefront; for example, to consolidate their practice or when the natural process is not working:

... if we are doing something wrong and it's not working, then that's when you would need to dig in and look at the theories... (P08)

Moreover, staff describe connecting with theory more and seeing its relevance when it can be linked to particular young people. This appeared to help staff translate theory into practice:

...but if it is relevant and you can relate to it, it has that kinda same effect where you go “Oh, do you know what actually” and you start thinking about maybe individual young people that you're working with just now or maybe even somebody that you worked with in the past and you think “Oh, right, ok.” (P18)

3.1.2. Building Relationships.

It was evident that staff rarely spoke about attachment theory unless prompted, yet they had a strong narrative in regards to a core, natural process of building relationships. Occasionally, they used the terms “relationship” and “attachment” interchangeably. Building relationships was often associated with getting to know the young people, both in terms of their current presentation and history:

...and it really is about building relationships full-time. I believe that relationships, and I have said it for a long time, is the crux of everything that you do... (P20)

These relationships were often described as being varied with young people, whereby some are closer than others, and young people will often seek out a particular staff member.

Staff often attributed varied relationships to different characteristics and personalities, including use of themselves in relationship formation:

...my relationships with the young people are all kinda different given their personality and their experiences, how just young people get on with you and your personality because it, it can be quite a natural thing...relationships take a lot of work and stuff like that but there is definitely young people that you come across that it is more natural with because of you know maybe similar experiences or personalities, sense of humor, morals or whatever...but I would like to think that I have got...good relationships, stronger ones with certain individuals than others but that's just human nature really... (P19)

Therefore staff acknowledged that there is not one, prescriptive way of “being” with young people:

...you are using who you are as well as, you know, whatever skills might be around in your colleagues...so, it's a collective effort, it's not about everybody having to be bound by the job description of a residential [staff member]... (P15)

Alongside varied relationships, the majority of staff described that relationships are not always easy. They did not explicitly mention young people’s attachment strategies being activated however they described young people presenting in conflicting ways with them, whereby every moment and day can be different, even if they have a close relationship with a young person. Staff often described being pushed away and not allowed close to young people, yet also being pulled and tested:

...she'll kinda push people away if they start getting too close, so, emmm even if you have got a good relationship wae [with] her, doesnae [doesn't] mean it's always going to be a good day [Laughs]... (P02)

Staff often made sense of relationships not being easy through using their knowledge of the young people's backgrounds, particularly placement moves, adults being in and out of their lives, and the associated feelings of rejection, abandonment and loss. Throughout interviews, there was a salient recognition and understanding of the mistrust that young people may present with:

...they are wary of people because of their experiences in the past but ehh, they cannae [cannot] really get close to people or trust people because they will go away and leave them and they will go and see somebody else or whoever it might and they will be left to start off, you know, all over again... (P11)

In response to making sense of mistrust, staff described being there “no matter what” in their relationships with young people. This included being there regardless of the young person's presentation and a need to continue being there, despite challenges. This often had a purpose of proving to the young people that they could be trusted, whereby they were not going to be another adult to leave or reject them:

...because often they will maybe push you to see how far they can push you, to see how far, how much you will take emm, so it's just about “Naw, I'll be here for you.” (P01)

3.1.3. Working in a Live Space.

Throughout all interviews, staff provided multiple examples of two parallel, overlapping processes, which occur in practice; more specifically, using awareness of their own experience and that of young people, to then work in a “live space”:

...but we do work in a live space and it's that space between where the child is at and the practitioner is at and the working space is in between and that's the space where the work gets done... (P05)

In order to see behind the young people's behaviour, staff identified young people's thoughts, feelings, needs and triggers. These often co-occurred in the data and functioned to try and make sense of the young people's behaviour. As highlighted by one staff member, “...it's about meeting the young person at where they are at” (P04). To enable this, many staff spoke about needing to firstly “take a step back”:

...so if you can ascertain what it is they are wanting because behaviour comes from feelings and needs so you'll maybe be seeing behaviour but you'll have to take the step back and go right, what are they really wanting here? They are behaving this way but that's because of what's underneath... (P01)

It was common for staff to recognize inconsistency between a young person's behaviour and the emotion underneath:

...right in your face, grabbing your clothes, [laughs] right up close to you, shouting and bawling, swearing at you, threatening you with, you know, “I'm going to do this, I'm going to do that” but again, they weren't, they were just totally and utterly fearful... (P05)

One staff member explicitly highlighted how seeing behind a young person's behaviour can support the process of building relationships:

...so, what you see is not always what it is and down below, so, that's what you have kinda got to, walk through the door and think "...there is something happened," not just that they are shouting and bawling for no apparent reason, and once you do that, it kinda helps your relationships more and more.... (P12)

However, a small number of staff members talked about sometimes finding it difficult to see behind behaviour and make sense out of it:

They would go into tantrums for no reason whatsoever and they always say there is a trigger but sometimes there is nae [no] trigger, there is nothing... (P07)

In a parallel process to seeing behind young people's behaviour, some staff described the value of self-awareness, whilst others evidenced this implicitly in their reflections upon incidents with young people. Through self-awareness, staff identified their own feelings, often labelled as "being human":

You're tired, you're a wee bit burnt out yourself, you get a bit crabbit [grumpy], more crabbit than you would normally be, that sort of thing, you know. End of the day, we're human beings just the same as anybody else.... (P03)

Staff subsequently spoke about the importance of trying to not take behaviour personally. This was a common strategy for regulating their own emotions; and it helped to both facilitate, and respond to, seeing behind behaviour:

I think, what you have always gotta try to remember, it might sound some of the most personal, it might feel personal some of the behaviour that they display but it's no really aimed at you, it's aimed at the world, it's aimed at "Why, why, why is this? Why am I here? Why has this happened to me?"(P01)

3.1.4. Steering Young People Towards Independence.

Throughout interviews, staff showed a range of actions towards young people, all of which had a temporal component of trying to move them forward and encourage their development. Using relationships often helped to facilitate this process. Staff frequently spoke about the future and young people moving on and therefore needing the skills to become independent. Two staff members used the word "steer" to describe this process, which appeared to encapsulate a mixture of direction and movement, towards moving on:

...and it's just about trying to steer him in the right way and get the right supports in place before he moves on from here... (P11)

The process of steering young people was largely underpinned by meeting young people "where they are at", particularly identifying their needs and subsequently responding to them. Needs were often related to knowledge of individual young people's backgrounds, including gaps in their development. This resulted in a variety of staff actions including, but not limited to, teaching new skills (e.g. managing emotions, social skills), giving new experiences, and providing safety, nurture, structure, routine and boundaries. Staff recognized that every young person is different and there is not one approach that works for all young people. All interviews reflected an element of staff explaining and reasoning with young people, to aid

their learning. Moreover, all interviews reflected a core process of identifying and then responding to a need, to advance development:

...what it is I'm trying to achieve for them as part of their, their care plan to support their safety, their development and eh, their individual needs... (P05)

In many interviews, staff discussed trying to steer young people, whilst also balancing this with their current development stage. Over three quarters of staff acknowledged a young person's developmental stage in terms of their functioning, in contrast to their actual chronological age:

...when [young person] started crying, it's because she's only 2 or 3 and you have said no to her and she is really disappointed and you know, it's things like that that you have to, you have to give cognizance to but at the same point, you have to equip children for being 15 years old out in the community and so, I think, I think that getting that balance is probably one of the most difficult tasks that we have got... (P15)

Similarly, staff often recognized a tension between steering young people within a protective environment and the realities of a bigger world:

...you are there to protect them...it's for their protection and guidance because they will be moving on and it's a big, bad world out there... (P07)

3.1.5. **...But it's Different (The Role of Context).**

Alongside evidence that staff are engaged in natural processes of parenting and building relationships, they also highlighted many differences due to the residential context. This

category was constructed from a range of different tensions, with staff re-iterating the difficulties and dilemmas of their role in their feedback from participant reflections. The following quotation illustrates this sense of difference:

We try and install that same.... upbringing for our young people that's in care, as a young person that's not in care emm...you try and make it a similar upbringing but it's also very different... (P04)

Staff often discussed the tension of trying to establish their role. Staff varied both within and between transcripts in terms of how they conceptualized their role, albeit they all moved back and forth along a continuum of being paid but it not being a “normal” job; being different from real-life family; and sometimes being like family (e.g. “big sister or auntie-ish kinda role”, “daft dad”). Some staff speculated whether young people may also experience this tension:

...you might see them wanting or looking for a mother or father and wanting you to be that person but knowing that you are not that person 'cos you work here and that can be really, really difficult for them to manage, knowing that you go home and this is where they are left... (P16)

Staff also recognized the complexity of trying to parent individual young people in a group-living situation. For example, often having to “divide” themselves between young people and manage group dynamics. In particular, staff articulated efforts to address individual needs, whilst also being aware of the wider group. They also described incidents whereby young people may influence each other, resulting in heightened anxiety and agitation across the group:

It can be difficult because we have [number] young people, we are not having one young person and we could have [number] of those young people really annoyed at one time or you could have one or you could have the whole house up in arms and feeding off each other... (P19)

Many staff referred to “chipping away” and making small steps, yet not knowing if change will happen due to the difficulties that young people have experienced. On this basis, they recognized needing to do things differently. At times, noticing small steps of progress appeared to give staff a sense of accomplishment. However, chipping away also sat alongside a sense of hopelessness, whereby staff expressed concern that they may not be able to fix or change everything and may not be able to make an impact:

...and her issues are so deep rooted I don't know if we will ever see any kinda outcome or whether it will be, if she does have a positive outcome, it will be a lot further down the line when she's not with us anymore [sigh]... (P02)

Indeed, staff often reflected on varied outcomes for young people, often with an underlying sense of frustration:

...emm, that's what we try to do here with them, the youngsters. Some buy in, some don't buy in, for whatever reason it is, and if we had a magic formula, you know, we would be successful... (P11)

Closely linked to “chipping away” with young people was the difficulty of it taking time. Over three quarters of staff reflected on everything taking more time with young people. However, this appears to create a particular tension in a system where time is uncertain or limited:

...as I say, their time here is short and we have got to try and cram a lot in if they stay until they're 16, 17, 18... (P11)

Certainly, others reflected on the differential impact of having either limited, or more time, to facilitate building relationships:

...this is like a long-term unit that we are working in, which is quite good because you have that opportunity to build relationships. You can work with some children for many years... (P17)

I have never really had too many problems with the kinda building a bit of a relationship with most kids...apart from, at times, you maybe have some kids that come in and they are just a wee bit more short-term and you don't get that time to really kinda build on it... (P18)

In a final but predominant tension, many staff talked about the difficulty of creating belonging and claiming young people, alongside the tension of what happens when they need to leave residential care. Many tried to ease this tension through keeping in touch and reminiscing with young people or, as illustrated in the following quotation, creating a gradual separation:

...but it's been very important as well for the young person to hear that even though you will move out to there, you will still come back for dinners and that could be quite frequently at the beginning and then eventually, you know, as he starts to adapt then he can, that can be less and less but you'll still be welcome to come here and visit, you know, like you would if you were moving on from the family home... (P04)

However, in other instances, staff spoke about the separation being more difficult, and conflicting with other core, natural processes, such as building relationships:

...they don't get to come back to you, they don't get to come up and visit you, they don't get to come back in. So, you teach them that this becomes their home and I am a safe person to be with, and there is a lot of automatic bonding, natural bonding happens, within some of the really good relationships, because some of the kids open up and when they open up to you personally and work through a lot of deep things then that bonding automatically happens and then they are told "Right, off you go but you know, you need to phone and you can't visit" and it's awful, awful... (P20)

4. Discussion

4.1. Summary of Findings

Overall, findings indicate that staff appear to practice in an attachment-informed way. However, they do not always have explicit awareness of theory or a coherent narrative to describe theory-to-practice links. Instead, they focus upon a core, natural process of building and maintaining relationships. This occurs in a challenging context which can, at times, undermine the natural process. Theory sits in the background but can be drawn upon to address specific difficulties, particularly when there is clear relevance to a young person. Staff had difficulty articulating attachment theory and therefore, they did not tend to conceptualize attachment in relation to contemporary theory. At times, they considered attachment to be interchangeable with relationships. On this basis, staff did not explicitly describe any components of attachment theory as being particularly salient, albeit they recognized the value of relationships with young people.

The importance of relationships is perhaps not surprising given that existing qualitative research highlights relationships as being at the heart of residential childcare practice (Cahill et al., 2016; Steels & Simpson, 2017). The finding of varied relationships is also supported, through young people having the choice of different adults to connect with in the residential setting (Cahill et al., 2016; Furnivall, 2011). However, it is novel to establish that staff narrative is dominated by relationships, in contrast to the language of “attachment-informed” care in policy and research. Our findings extend understanding through highlighting that staff have difficulty articulating theory to practice links, yet often demonstrate components of attachment theory in practice. For example, the participants’ description of push and pull within the relationships and “having a bad day” can be understood as part of the dynamic of a disorganized attachment style being expressed by the young person. The participants described (resisting) being pulled into this. Without explicit understanding of this manifestation of attachment style through supervision or training, the worker is at risk of perpetuating unhelpful attachment behaviours and of suffering negative psychological consequences themselves (Golding, 2008). This may reflect the essence of attachment theory as a natural human process, not usually involving explicit theoretical awareness (Bowlby, 1944; 1988). This natural process may be indicative of staff attachment styles and their subsequent influence upon interactions with young people. Existing evidence suggests that client-therapist attachment styles, alongside complexity of client presenting issues, may influence the therapeutic alliance (Bucci, Seymour-Hyde, Harris & Berry, 2016). Moreover, oppositional attachment styles in the client and therapist may produce a better alliance (Bucci et al., 2016). Despite this research not being conducted in residential care, it highlights the potential influence of staff attachment style on relationships with young people.

Staff use of common sense in practice is evident in existing literature but may also be derived from learning within the milieu, particularly when staff are sensitive to their environment (Smith, 2017; Ward, 2004). This re-iterates the importance of encouraging staff self-awareness and reflective practice. Common sense may contribute to a culture of ordinary living but special considerations are required in residential care (Ward, 2004). It is therefore encouraging to clarify through current findings that staff can bring theory to the forefront. However, findings concur with existing research that theory may be blurred upon translation into practice, such as describing attachment as being interchangeable with relationships (Furnivall et al., 2012; McLean et al., 2013). Therefore, theory could become rhetoric or risk being misused, creating a disconnection from the evidence base. Nevertheless, in line with previous research, staff use knowledge of young people's backgrounds, to make sense of difficult relationships and conflicting presentations (McLean, 2015; Tomkins, 2014). These findings extend current understanding by highlighting that staff pay particular attention to the impact of repeated loss, separation, and associated mistrust; and young people's developmental, as opposed to chronological, age. Staff also try to see behind behaviour to establish its meaning and not take it personally (Moses, 2000; Watson, 2002).

Interestingly, inter-related staff actions of working in a live space, consistently being there, and steering young people, resonate with components of attachment theory. In particular, they apply to maternal sensitivity (e.g. identifying and responding to needs) and establishing a secure base (Ainsworth et al., 1978; Bowlby, 1988). However, research critiques maternal sensitivity through the intergenerational transmission of attachment and the "transmission gap." Arguably, maternal and infant attachment is not fully mediated by maternal sensitivity, and the association between maternal sensitivity and infant attachment is not as strong as previously considered (Pasco Fearon & Roisman, 2017; van IJzendoorn,

1995; Verhage et al., 2016). The mechanisms of change within clinical interventions, which aim to foster attachment security, therefore remain unclear (Fearon & Roisman, 2017). However, current findings also resonate with understanding of reflective functioning, whereby staff reflect upon their own and young people's mental states, to find meaning in behaviour and respond to young people's needs (Fonagy & Target, 1997). A recent systematic review concludes that higher maternal reflective functioning is associated with adequate caregiving, and a child's attachment security (Camoirano, 2017). The live space was the closest reference that participants made to their own attachment system being activated by the relationships with young people. Exploring the extent to which staff attachment systems are recognized, understood and, perhaps, permitted within the residential care setting deserves more attention. Whilst Camoirano's (2017) review is not conducted within residential care, it may suggest benefit in supporting staff reflective function.

However, the micro-caregiving environment, including child-caregiver ratio, can also impact upon attachment security in alternative care (Garcia Quiroga & Hamilton-Giachritsis, 2017). Certainly, current findings indicate the likely impact of contextual factors upon relationships and attachment-informed care. Research increasingly outlines staff tension in defining their role; particularly the continuum of being staff but also like family (Fowler, 2015; Kendrick, 2013; McLean, 2015; Steels & Simpson, 2017). Other findings express concern regarding the dynamics of group care, including the impact of young people's behaviour on each other (McLean, 2015; Mullan, McAlister, Rollock & Fitzsimons, 2007) and balancing the needs of individuals, with those of the wider group (Furnivall et al., 2007; McLean, 2015). Similarly, existing research reflects the issue of having limited or uncertain time with young people in residential care, with a particular focus on the value of time in building relationships (Cahill et al., 2016; Steels & Simpson, 2017; Tomkins, 2014). The

importance of creating belonging is also recognized (Skoog, Khoo & Nygren, 2015; Watson, 2002). However, current findings draw attention to the conflict of belonging in a system where young people need to move on.

It is clear from this novel, grounded theory model that staff have a complex and challenging role, fraught with tensions in the residential system. Understandably, staff sometimes feel hopeless and perceive difficulty in making a difference (Furnivall, 2007). The importance of staff support is paramount given the parallels which may be drawn to wider research on staff burnout and traumatic stress in residential settings (Abbate, 2015; Steinlin et al., 2017).

4.2. Strengths and Limitations of the Study

Findings inform our understanding of attachment theory implementation into practice, including potential barriers, and implications for staff support. Study rigor is evident through a crystallization process, including constant comparison between and within the data; theoretical sampling; involvement of three authors during analysis; and participant reflections (Mays & Pope, 2000; Tracy, 2010). Detailed memos and a reflexive process demonstrate sincerity, alongside the value of congruence between a constructivist position and study aims, method and analysis (O'Brien et al., 2014; Tracy, 2010).

This study was challenged by a rapid uptake of participants and therefore may not have derived full benefit from an iterative process of data collection and analysis. The nature of the research aims increased the risk of findings being deduced from existing theory, although the above strengths and retention of staff language ensured findings were grounded within data.

From a constructivist viewpoint of no absolute truth, findings may not generalize to other similar settings or staff groups.

4.3. Implications for Research

Disparity between attachment theory research and the residential staff narrative, illustrates a need for greater communication between different stakeholders. Clearer definitions of both attachment-informed care and relationships are required in research and practice to address the risk of theory becoming rhetoric. Recommendations for attachment-informed care must not overlook the complexity of the residential system and challenges faced by staff. Failure to recognize these inherent tensions is likely to result in over-simplistic references to attachment theory, which do not resonate with practice. To encourage effective transmission of theory into practice, lessons may be learnt from implementation science (Bauer, Damschroder, Hagedorn, Smith & Kilbourne, 2015). Future attachment training evaluations may benefit from measurement of staff behaviour, alongside learning, and training acceptability (Kirkpatrick, 1994). Use of mixed methods and longer-term outcomes may also help to detect more subtle change in staff practice, if theory is only used when deemed relevant.

Findings highlight the perceived value of relationships between staff and young people. It is therefore recommended that future research develops understanding of interactions between staff, young people and context, to establish how these may influence outcomes (Coman & Devaney, 2011; James et al., 2017). Insight into factors, which could facilitate therapeutic change, may be gained through exploration of staff variables, such as reflective function. Moreover, research would benefit from exploring young people's views on the tensions reported by staff, such as group dynamics.

4.4. Implications for Practice

Young people value diversity within a care team; therefore findings may be considered in relation to staff recruitment. Staff may benefit from reflection upon their own attachment styles and practice implications, including how they respond to young people, thus enacting principles of transactional relationships and mind-mindedness (King, Humphreys & Gotlib, 2019). Although these findings suggest didactic, theory-based training may be less effective, it is nevertheless recommended that residential staff receive training on attachment theory (Scottish Social Services Council, 2015): specifically, training which provides explicit links to examples of young people; limits the use of jargon; creates an individualized, safe space to discuss relationships; and facilitates reflective functioning (Camoirano, 2017). Other structures such as on-going supervision, consultation and team meetings, are critical in facilitating theory to practice links, and overcoming interpersonal challenges within residential childcare (James et al, 2017). Support structures may also help to prevent staff burnout; in particular, when there is a focus upon reducing staff negative affect and depersonalization of young people, and increasing job satisfaction and a sense of personal accomplishment (Abbate, 2015). Consideration of staff burnout is fundamental given the potential implications for quality of care and staff turnover.

System factors, such as effective matching of keyworkers and young people, adequate child-caregiver ratios and greater certainty around placement length, may ease formation and maintenance of relationships. However, this does not remove the fundamental conflict between attachment-informed, relationship-based practice in a system which is at odds with processes being encouraged; especially its inability to provide indefinite relationships for all young people. Our findings highlight the need to increase permanency and reduce placement breakdowns in longer-term care. In the instance of residential care being the best option for a young person's needs, increased support and flexibility is required for staff and young people

to manage tensions of moving on and maintaining contact. This is important to avoid a further difficult loss, which may undermine relationships within residential childcare.

In conclusion, staff practice is often consistent with contemporary attachment theory, yet their narrative focuses upon relationships and does not tend to describe theory to practice links. It is important to consider this finding to bridge the gap between theory and practice, and ensure effective use of staff training and support. Recommendations for attachment-informed care must not overlook the complexity of the residential system and the challenges faced by residential staff.

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